



Provider Bulletin

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January 2012

colorado.gov/pacific/hcpf

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Did you know...?

You cannot change your email address or discontinue emails by replying to the MedAssist mailbox. Emails sent to MedAssist are automatically deleted and do not receive a response. Providers must make email changes through the Web Portal or by completing the *Provider Enrollment Update Form* or the *Electronic Provider Enrollment Update Form* located under *Provider Services* > [Forms](#) under *Update Forms* in the Provider Services Forms section of the Department's Web site.

All Providers

HIPAA 5010 Implementation Update

Since the HIPAA 5010 update dated September and November 2011, the Department of Health Care Policy and Financing (the Department) has made significant changes to the implementation plan and many transaction implementation dates have been moved to the January 1, 2012 compliance date.

For updated implementation information, please refer to the current [HIPAA 5010 Implementation Fact Sheet \(12/11\)](#) located in the Provider Services [Specifications](#) section of the Department's Web site located at colorado.gov/pacific/hcpf.

Updated Companion Guides

The updated 837 Institutional (837I), 837 Professional (837P), 837 Dental (837D), 270/271, 276/277, 278U, 820, 834, 835, and 1.2/D.0 NCPDP Batch Companion guides have been posted in the Provider Services [Specifications](#) section of the Department's Web site. These revised companion guides are made available to assist our trading partners.

Final revisions which include the addition of examples to the 837 Institutional (837I), 837 Professional (837P), 837 Dental (837D), 270/271, and 1.2/D.0 NCPDP batch companion guides will be finalized and available by January 1, 2012.

Final revisions to the 276/277, 278U, 820, 834, and 835 batch companion guides will be completed prior to the HIPAA 5010 implementation of these transactions.

PAR Status Verification via the Automatic Voice Response System (AVRS)

At the end of December 2011, providers were able to begin to verify PAR status on the AVRS using one of the following criteria:

- Client ID *and* effective date; **OR**
- PAR ID



The information the provider can access using the AVRS includes the following: status of a PAR; the approved amount; the number of approved units; the remaining amount; the remaining units; and the procedure codes or revenue codes available on the PAR.

Accountable Care Collaborative (ACC) Update

The ACC is a new Colorado Medical Assistance Program to improve clients' health and reduce costs. As of December 2011, the ACC program has roughly 70,000 enrollees.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments

P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

Benefits of being an ACC Primary Care Medical Provider (PCMP)



- **Administrative Support:** The Regional Care Collaborative Organizations (RCCOs) are charged with assisting providers in navigating Medicaid administrative systems.
- **Practice Support:** RCCOs are responsible for supplying providers with practical tools and resources to fulfill the basic elements of a Medical Home. Practice support may include clinical tools, client materials, operational practice support, data, reports and other resources.
- **Data Analytics and Reporting Capabilities:** Through the Statewide Data and Analytics Contractor, PCMPs will receive client level utilization data on the clients in their panel.
- **Per Member per Month Payment (PMPM):** PCMPs will receive \$3 per member per month reimbursement for providing medical home level services and are eligible for an additional \$1 based on regional performance. While the program is in the initial phase, PCMPs are receiving \$4 PMPM.

Interested providers are encouraged to contact the RCCO in their area. For contact information please refer to the [ACC Contact Information sheet](#) under *Incentive Programs and Provider Support*. Becoming a PCMP does not ensure that clients will be enrolled in your panel. The contracting and enrollment processes may take several months.

ACC Referral Requirement

- There is currently a grace period in effect for referrals. During this grace period, PCMPs are expected to provide a referral for their clients to see specialists and other primary care providers; however, claims without a referral submitted by specialists and other primary care will be processed for payment.
- The grace period will remain in effect until the policy is fully re-evaluated with stakeholders.
- All providers will be given notice about any change before it occurs.

Next ACC Program Improvement Advisory Committee Meeting

January 18, 2012

10:00 A.M. to 12:00 P.M.

225 E. 16th Avenue

Denver, CO 80203

1st Floor Conference Room

These meetings are open to public and there is a period for public comment. More information about the committee can be found on the Department's [ACC Program Improvement Advisory Committee](#) web page. Feel free to contact Kathryn Jantz at Kathryn.Jantz@state.co.us or Greg Trollan at Greg.Trollan@state.co.us with questions.

Tax Season and 1099s

Don't forget to update current provider enrollment information with the fiscal agent. By using the [Provider Enrollment Update Form](#) or the [Electronic Provider Enrollment Update Form](#), addresses, National Provider Identifiers (NPIs), licenses, and affiliations may be updated. In addition, an email address may be added or updated to receive electronic notifications.

The forms are available by visiting *Provider Services* under the [Forms](#) section of the Department's Web site.

With the exception of provider license and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Program Web Portal (Web Portal). Updated provider license and NPI information must be made using the Provider Enrollment Update Form.

January and February 2012 Holidays

Martin Luther King Day Holiday

Due to the Martin Luther King Day holiday on Monday, January 16, 2012, claim payments will be processed on Thursday, January 12, 2012. The processing cycle includes claims accepted by Thursday before 6:00 P.M. Mountain Time (MT). The receipt of warrants will be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, January 16, 2012. ACS offices will be open during regular business hours.

Presidents' Day Holiday



Due to the Presidents' Day holiday on Monday, February 20, 2012, claim payments will be processed on Thursday, February 16, 2012. The processing cycle includes claims accepted by Thursday before 6:00 P.M. MT. The receipt of warrants will be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, February 20, 2012. ACS offices will be open during regular business hours.

Practitioners

Lead Screening Diagnosis Code

Due to the Centers for Medicare and Medicaid (CMS) reporting changes, laboratories and providers who bill procedure code 83655 (Lead Screen) should begin to use the following diagnosis codes as applicable:

V15.86 – exposure to lead

V82.5 – special screening for other conditions such as screening for heavy metal poisoning

Codes billed without the use of one of these two diagnosis codes are not able to be reported to CMS.

Please contact Gina Robinson at Gina.Robinson@state.co.us or at 303-866-6167 with any questions.

Office-Administered Injections and Devices

National Drug Code (NDC) Requirements

Two additional Current Procedural Terminology (CPT) /Health Care Procedural Coding System (HCPCS) codes for office-administered injections and devices now require a NDC to be included on the claim. As described in the November 2011 Provider Bulletin ([B1100308](#)), NDCs for office-administered injections and devices should always be included on the medical claim. However, claims submitted with the CPT/HCPCS codes below will no longer be reimbursed unless a valid NDC from the crosswalk is included on the claim:



CPT/ HCPCS Code	CPT/HCPCS Code Description	NDC (Colorado Medicaid)	NDC Description
Codes Being Added to the Crosswalk and Associated NDCs			
J7300	Intrauterine copper contraceptive	51285020401	ParaGard T 380-A IUD
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	60574411401	Synagis 50 mg/0.5 mL

The HCPCS/NDC crosswalk has also been updated to add additional allowable NDCs for three CPT/HCPCS codes that already appear on the crosswalk:

Codes Already on the Crosswalk – Additional NDCs			
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g. liquid), 500 mg	61953000501	Flebogamma Dif 10%; Package size 50
		61953000502	...; Package size 100
		61953000503	...; Package size 200
J7307	Etonogestrel (contraceptive) implant system, incl implant and supplies	00052027401	Nexplanon 68 mg Implant
90660	Influenza virus vaccine, live, for intranasal use	66019010910	FluMist Nasal

These additional codes and NDCs can be found on the updated [HCPCS / NDC Crosswalk for Billing Physician-administered Drugs](#) located in the [Billing Manuals](#) section under *Appendices* of the Department's Web site. For additional questions, please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436.

Providers Serving Pregnant Women

New Tobacco Cessation Counseling Benefit for Pregnant Women



Effective for dates of service on or after January 1, 2012, tobacco cessation counseling for pregnant women and women in the early postpartum period (up to 60 days postpartum) will be covered with certain limitations. Reimbursement for a limited number of units is available when the counseling is face-to-face and consistent with the counseling practices described in the U.S. Public Health Service publication, [Treating Tobacco Use and Dependence \(2008 Update\): A Clinical Practice Guideline](#).

Coding Requirements:

CPT Codes and Modifiers	Description	Reimbursement	Max Units per Client per Year
99406 + HD (individual session)	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$10.12	5*
99407 + HD (individual session)	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$19.67	3* (combined, indiv and/or group)
99407 + HD + HQ (group session)		\$9.84	

*The unit limits above apply to each client per fiscal year, not per provider. A fiscal year is July1 – June 30. Delivery of this service should be coordinated between clinical prenatal care providers, maternity support service providers, and others.

One of the two following **diagnosis codes** must be used on the claim in addition to the **modifiers** above:

649.03	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium; antepartum condition
649.04	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium; postpartum condition

Provider Requirements:

Allowable **rendering provider types** include:

Physician	Osteopath	Nurse Practitioner
Certified Nurse-Midwife	Physician Assistant	Registered Nurse

If provided in the context of or incident to a Federally Qualified Health Center (FQHC) encounter, no additional reimbursement is available.

All providers rendering tobacco use cessation counseling for pregnant and postpartum women (or health care professionals rendering this service under the delegation authority of one of the provider types above) must have completed an approved tobacco use cessation counseling training. Upon request, the health care professional who provided the service must be able to show a certificate of completion of an approved prenatal-specific tobacco use cessation counseling training course dated prior to the date of service on the claim; recovery of reimbursements will be made from audited providers unable to provide proof of completion of an approved training. At this time, approved trainings include:

- [Marshall University – “Help Your Pregnant Patients Stop Smoking – A Web-Based CME Course”](#)
- [Dartmouth Medical School – “Smoking Cessation for Pregnancy and Beyond”](#)
- [American College of Obstetrics and Gynecology – “Smoking Cessation During Pregnancy”](#)
- [Colorado Department of Public Health and Environment \(CDPHE\) – “Tools to Help Pregnant Women Quit Smoking”](#) (To request a certificate of completion from CDPHE, fill out an [online request](#).)

Reminder:

- All Medicaid services provided to pregnant women and women in the postpartum period are copayment-exempt. Please remember to mark the pregnancy indicator on submitted claims.

Additional Information and Resources:

- Tobacco cessation prescription medications and other tobacco cessation products are available to Medicaid clients, including pregnant and postpartum women, with prior authorization. Visit the [Pharmacy – Tobacco Cessation Assistance](#) web page for information on prior authorization and referrals.
- Please visit the Department’s Tobacco-Free Living [Healthy Living Initiatives](#) web page for additional tobacco cessation information and a provider toolkit.
- Visit the [Maternal Wellness – Smoking Cessation](#) web page of CDPHE for a wealth of information on tobacco cessation during pregnancy.
- All Medicaid clients who smoke should be referred to the [Colorado QuitLine](#) at 1-800-QUIT-NOW. Free [Prenatal Tobacco Cessation QuitLine](#) materials are available.



For questions or concerns, please contact Ginger Burton at Ginger.Burton@state.co.us or 303-866-2693.

Pharmacy

Pharmacy Billing

Interactive claim submission is a real-time exchange of information between the provider and the Colorado Medical Assistance Program. Effective January 1, 2012, interactive claim submission must comply with D.0 requirements. The D.0 Payer Sheets are included in the [Pharmacy Billing Manual](#) located in the [Provider Services](#) under *Billing Manuals* section of the Department’s Web site.

Pharmacy Providers - Payer of Last Resort

Medicaid is always the payer of last resort. In order to bill the Colorado Medical Assistance Program for claims where the client has a third party insurer, pharmacies must first bill the third party insurer. When billing the Colorado Medical Assistance Program with the ‘Other Coverage Code’ available values, one of the following codes is required for claims submitted for third party eligible clients:



- 0 = Not Specified
- 1 = No other coverage identified
- 2 = Other coverage exists – payment collected
- 3 = Other coverage exists – this claim not covered
- 4 = Other coverage exists – payment not collected

Refer to the following documents for information regarding additional details that must also be provided for each code:

- colorado.gov/pacific/hcpf → For Our Providers → Provider Services → Billing Manuals → Pharmacy Manual
- colorado.gov/pacific/hcpf → For Our Providers → Provider Services → Training → Billing Training and Workshops

*Note: This article supersedes the February 2009 Provider Bulletin ([B0900263](#)) and August 2009 Provider Bulletin ([B0900269](#)) articles titled Pharmacy Providers Payer of Last Resort and National Council for Prescription Drug Programs (NCPDP) Reject Code 41.

Pharmacy Claim Form

The [Pharmacy Claim Form](#) (PCF) has been updated, and instructions for completing the form are included in the Pharmacy Billing Manual. Previous versions of the form will not be accepted and will be returned to the provider. The new document is available under *Provider Services* under *Billing Manuals* in the section of the Department’s Web site.

Emergency Three-Day Prescription Supply

Reminder: In an emergency, when a prior authorization cannot be obtained in time to fill the prescription, pharmacies may dispense a 72-hour supply (three days) of covered outpatient prescription drugs to an eligible Colorado Medical Assistance Program client by calling the Department’s Prior Authorization Helpdesk at 1-800-365-4944 for approval. An emergency situation is any condition that is life threatening or requires immediate medical intervention.



Next Pharmacy & Therapeutics (P&T) Committee Meeting

Tuesday, January 10, 2012
 1:00 P.M. - 5:00 P.M.
 225 E. 16th Avenue
 Denver, CO 80203
 1st Floor Conference Room



Classes to be reviewed include: Agents to Treat Alzheimer's disease, Atypical Antipsychotics, Growth Hormones, Intranasal Corticosteroids, Leukotriene Modifiers, MS Agents, Ophthalmic Allergy Products, Sedative Hypnotics and Statins/Statin Combinations.

Preferred Drug List (PDL) Update

Effective January 1, 2012, the following medications will be preferred agents on the PDL and will be covered without a prior authorization:

Antiplatelets

Aggrenox, Effient, Plavix

Targeted Immune Modulators for RA

Enbrel and Humira

Newer Generation Antidepressants

Bupropion (IR, SR, XL), citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine IR, ER (tab), XR (caps)

Please see PDL for updated criteria specific to Cymbalta.

Phosphodiesterase Inhibitors

Adcirca and Revatio are preferred, but an indication of Pulmonary Hypertension must be documented.



Endothelin Antagonists

Letairis

Prostanoids

Veletri and generic epoprostenol

Antiemetics

ondansetron and Zofran (brand) tablets (including ODT)

ondansetron suspension for children under 6

Please see PDL for criteria specific to Emend.

Proton Pump Inhibitors

Aciphex, lansoprazole 15mg OTC (currently available as Prevacid 24hr), Nexium Packets, generic omeprazole capsules (RX), Prevacid Solutab (Please note: only brand name Solutabs will be covered) (for children under 6) and Prilosec OTC

Triptans and Combinations

Imitrex (brand) injection/nasal spray/tablets, generic sumatriptan tablets and Maxalt MLT

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the [PDL](#) web page under *For Our Providers > Provider Services > Forms > Pharmacy*.

For questions or comments regarding the PDL contact Jim Leonard at Jim.Leonard@state.co.us.

Appropriate use of Proton Pump Inhibitors (PPI)

PPI Quantity Limits – Prior authorization will be required for proton pump inhibitor therapy beyond 100 days. Prior authorization will be approved for clients with Barrett's Esophagus, Erosive Esophagitis, GI Bleed, Hypersecretory Conditions (Zollinger Ellison), or Spinal Cord Injury clients with any acid reflux diagnosis. In addition, clients with documented continuation of symptomatic gastroesophageal reflux disease (GERD) or recurrent peptic ulcer disease who have documented failure on step down therapy to an H2-receptor antagonist (of at least two weeks duration) will be approved for up to one year of daily PPI therapy.

Prior Authorization Criteria (Appendix P) Updates effective January 15, 2012

Quantity Limits will be added for the following drugs:

Copaxone (glatiramer acetate injection) will be limited to 1 unit per 30 days (1 unit = 1 kit = 30 day supply under approved dosing).

Duac Convenience Kit (clindamycin/benzoyl peroxide) will be limited to 1 unit per 30 days (1 unit = 1 kit).

Aldara (imiquimod) will be limited to 12 packets per 28 days without prior authorization.

Criteria has been added limiting high-dose citalopram utilization in response to the Food and Drug Administration (FDA) Safety Communication regarding doses of citalopram exceeding 40mg per day. Doses greater than 40mg per day will require prior authorization.

Criteria has been added limiting use of low-dose Seroquel (quetiapine). Low-dose is being defined as less than 150mg per day, and this therapy will be limited to a 30 day supply for dose titration unless the client is over 65 years of age or a prior authorization is obtained.

Criteria has been added requiring prior authorization for Cialis (tadalafil). Prior authorization will be approved for clients with documented benign prostatic hyperplasia (BPH) who have failed previous trials with finasteride, tamsulosin or non-selective alpha blockers. Please see Appendix P Prior Authorization Procedures and Criteria in the Pharmacy [Prior Authorization Policies](#) section for more details.

For questions regarding the prior authorization criteria update, contact Jim Leonard at Jim.Leonard@state.co.us.

January and February 2012 Provider Billing Workshops

Denver Provider Billing Workshops

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures.

The January and February 2012 workshop calendars are included in this bulletin and are also posted in the Provider Services [Provider Training](#) section of the Department's Web site.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

Reservations are required

Reservations are necessary for *all workshops*.

Email reservations to:

workshop.reservations@acs-inc.com

Or Call Provider Services to make reservations:

1-800-237-0757 or 1-800-237-0044

Press "5" to make your workshop reservation. You must leave the following information:

- Colorado Medical Assistance Program provider billing number
- The number of people attending and their names
- The date and time of the workshop
- Contact name, address and phone number

All this information is necessary to process your reservation successfully. Look for your confirmation by mail within one week of making your reservation.

Reservations will only be accepted until the Friday before the training workshop. This will ensure that there is space available.

If you have not received a confirmation within at least two business days prior to the workshop, please contact Provider Services and talk to a Provider Relations Representative.



All Workshops presented in Denver are held at:

ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

Beginning Billing Class Description



These classes are for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program. Currently the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements, and completion of the UB-04 and the Colorado 1500 paper claim forms.

The Beginning Billing classes do not cover any specialty billing information.

The fiscal agent provides specialty training throughout the year in their Denver office.

Classes do **not** include any hands-on computer training.

January and February 2012 Specialty Workshop Class Descriptions

Dialysis

This class is for billers who bill for Dialysis services on the UB-04/837I and/or Colorado 1500/837P claim formats. The class covers billing procedures, common billing issues and guidelines specifically for dialysis providers. *(This is not the class for Hospitals – please refer to the Hospital Class.)*

FQHC/RHC

This class is for billers using the UB-04/837I and Colorado 1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

Hospice

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Hospice providers.

Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues, and guidelines specifically for Home Health providers.

IP/OP Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for In-patient Hospital and Out-patient Hospital providers.

Practitioner

This class is for providers using the Colorado 1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

Ambulance	Family Planning	Independent Radiologists	Physician Assistant
Anesthesiologists	Independent Labs	Nurse Practitioner	Physicians, Surgeons

Supply/DME

This class is for billers using the Colorado 1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Supply/DME providers.

Waiver Programs

HCBS-BI

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for HCBS-BI providers.

HCBS-EBD

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

Outpatient Substance Abuse

This class is for billers using the Colorado 1500/837P claim format for outpatient substance abuse treatment services: substance abuse assessment, individual and family therapy, group therapy, alcohol/drug screening, case management and social/ambulatory detoxification. The class covers billing procedures, common billing issues and guidelines specifically for outpatient substance abuse providers.

Pharmacy

This class is for billers using the Pharmacy claim format/Point of Sale and/or PCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacies. *(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class.)*

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:



Take I-25 toward Denver

Take exit **210A** to merge onto **W. Colfax Ave. (40 E)**, 1.1 miles.

Turn **left** at **Welton St.**, 0.5 miles.

Turn **right** at **17th St.**, 0.2 miles.

The Denver Club Building will be on the right.

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

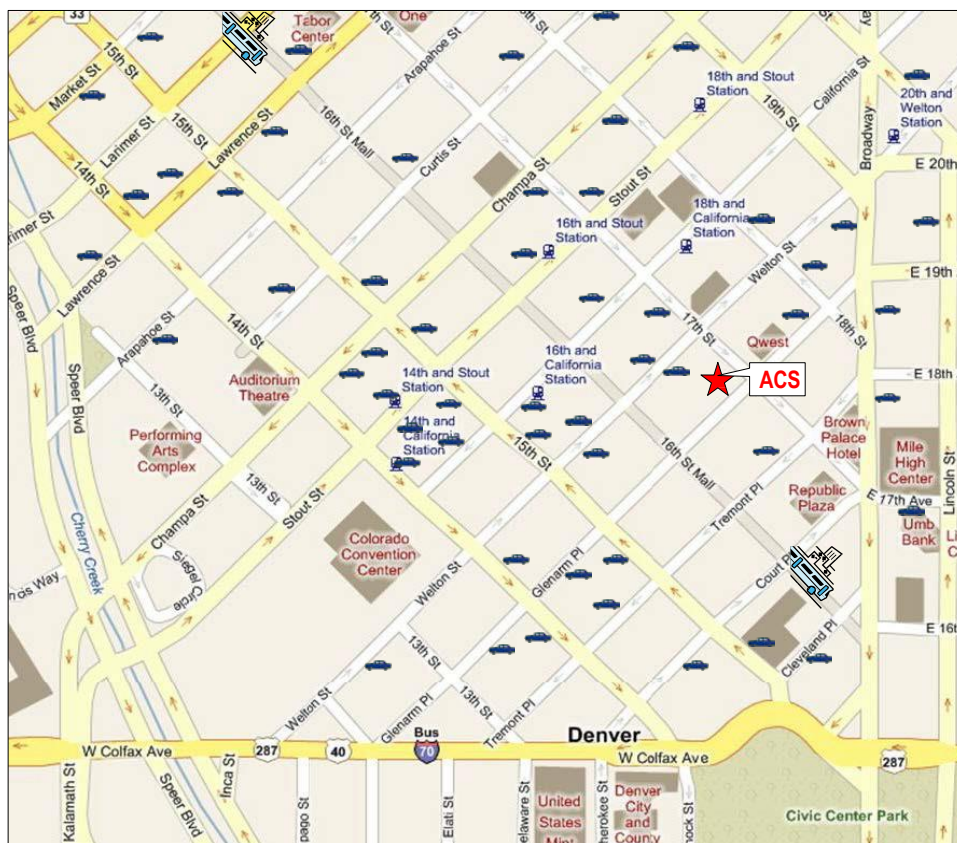
Parking is not provided by ACS and is limited in the downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

Light Rail Station - A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml.

Free MallRide - The MallRide stops are located at every intersection between Civic Center Station and Union Station.

Commercial Parking Lots - Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



Please note: Email all WebEx training reservations to workshop.reservations@acs-inc.com.

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

January 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 <i>New Years Day Observed</i>	3	4	5	6	7
8	9	10 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	11 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Hospice 1:00 PM-3:00 PM	12 WebEx - Practitioner 9:00 AM-12:00 PM WebEx - IP/OP 1:00 PM-3:00 PM	13 Basic Billing - Waiver Providers 9:00 AM-11:30 PM Web Portal 837I 11:45 AM-12:30 PM	14
15	16 <i>Martin Luther King Day</i>	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Substance Abuse 1:00 PM-3:00 PM	8 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Dialysis 1:00 PM-3:00 PM	9 Supply/DME Billing 9:00 AM-11:00 AM Pharmacy 2:00 PM-3:00 PM Home Health 3:00PM-4:30 PM	10 WebEx - Beginning Billing – CO -1500/1500 9:00 AM-12:00 PM WebEx - FQHC/RHC 1:00 PM-4:00 PM	11
12	13	14	15	16	17	18
19	20 <i>Presidents' Day</i>	21	22	23	24	25
26	27	28	29			

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to

ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Please remember to check the [Provider Services](#) section of the Department's Web site at:

colorado.gov/pacific/hcpf