



colorado.gov/hcpf

Provider Bulletin

Reference: **B1500364**

March 2015



Did You know...?

Home and Community-Based Services (HCBS) and Long Term Care providers may experience a service span issue where members have a lapse/gap in service. This occurs when the member changes from one category to Long-Term Care/Home and Community-Based Services or vice versa. This is a known Colorado Benefits Management System (CBMS) issue where the Technical Assistance Group and Deloitte have been working towards implementing a solution in March 2015. More information coming soon on steps to correct these spans.

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All Providers

Medicare-Medicaid Enrollees

Providers are reminded that Medicaid is always the payer of last resort. Services rendered to Medicare-Medicaid enrollees, members with both Medicare and Medicaid coverage, must be billed to Medicare first.

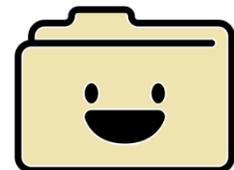
Providers must be able to provide documentation for claims that Medicare-Medicaid enrollees, where appropriate, have been denied by Medicare prior to submission to the Colorado Medical Assistance Program. Per the Provider Participation Agreement, the documentation must be retained for six (6) years following the Medicare denial.

The Colorado Medical Assistance Program requires that a copy of the Medicare Standard Paper Remit (SPR) accompany any paper claims for Medicare-Medicaid enrollees that are submitted for reimbursement.

Record Retention

Providers must maintain records that fully disclose the nature and extent of services provided. Upon request, providers must furnish information about payments claimed for Colorado Medical Assistance Program services. Records must support submitted claim information. Such records include, but are not limited to:

- Treatment plans
- Prior Authorization Requests (PARs)
- Medical records and service reports
- Records and original invoices for items, including drugs that are prescribed, ordered, or furnished
- Claims, billings, and records of Colorado Medical Assistance Program payments and amounts received from other payers



Each medical record entry must be signed and dated by the person ordering and providing the service. Computerized signatures and dates may be

**Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202**

Contacts

Billing and Bulletin Questions
1-800-237-0757

Claims and PAR 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

ColoradoPAR Program PARs
www.coloradopar.com

applied if the electronic record keeping system meets Colorado Medical Assistance Program security requirements. Records must be retained for at least six (6) years or longer if required by regulation or a specific contract between the provider and the Colorado Medical Assistance Program.

ColoradoPAR Program

ColoradoPAR
Program

Process to Submit Diagnostic Imaging Prior Authorization Requests (PARs)

1. In Section two (2) of CareWebQI ([CWQI](#)): select the 'Diagnostic Imaging' PAR type.
2. In Section five (5) of CWQI procedure codes are required fields.
 - a. Note: Diagnostic procedure codes are listed as Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS).
 - b. CareWebQI only allows a CPT/HCPCS code to be entered one (1) time.
3. Multiple units can be requested for each Diagnostic Imaging PAR.
 - a. When multiple scans are needed use the same procedure code and enter two (2) units.
 - i. Enter a description for each body part in the provider comment field such as RT, LT, shoulder, elbow, knee, etc **and** why a second or third scan is needed.
 - ii. Example: If an MRI Shoulder and MRI Elbow is requested, enter procedure code 73222 with two (2) units.
 - b. Submit a revision to request additional unit(s).
 - i. In Section nine (9) of CWQI: populate the 'Revision' drop down with 'YES'.
4. Select 30-days for the PAR if a member will be able to complete an imaging scan in 30 days.
 - a. Note: This will be useful if an additional scan is needed in the near future.
5. Please refer to the state imaging rules and regulations in the Code of Colorado Regulations [10 CCR 2505-10 Section 8.660](#).

The screenshot shows a web form titled "Detail for: CPT/HCPCS 73222". It has two main sections: "Code Attributes" and "Additional Information". In the "Code Attributes" section, there is a field for "Requested Units" with the value "1". In the "Additional Information" section, there are several input fields: "*Service Description:" (containing "MRI Upper Ext"), "Model Number:", "Serial Number:", "Modifier 1:", "Modifier 2:", "Modifier 3:", "Modifier 4:", "Provider Comment:", and "Diagnosis Type:". Two blue arrows point to the "Requested Units" field and the "Provider Comment" field.

Group Home Resident PARs

If a PAR is being requested for a member residing in a Group Home, do not select 'YES' for Nursing Facility.

Physical Therapy (PT)/Occupational Therapy (OT) PARs

All PT/OT PAR requests for chronic conditions will be approved for a six (6) month duration. If additional therapy is needed after six (6) months, a re-evaluation will be required to extend the PAR.

Durable Medical Equipment (DME) PARs

An invoice must be submitted with all DME requests in order to be processed.

CWQI Access

As of February 1, 2015, a new [User Agreement](#) for CWQI is available. Providers may be asked to sign a new agreement in order to avoid a disruption in CWQI access. Reminder: Please **do not share** usernames and/or passwords for CWQI with any other individuals. This account is **only** for the user that is listed on the CWQI User Access Form. All individuals submitting PARs for a company/clinic must have

their own login. Sharing accounts can be considered a violation of HIPAA, and the Department will be notified of violations.

Please contact the [ColoradoPAR Program](#) at 1-888-454-7686 with questions.

Intent to Submit an Application to Extend Colorado's Title XXI Section 1115 Demonstration Project

In April 2015, the Department intends to submit an application to extend Colorado's Title XXI Section 1115 Demonstration Project No. 21-W-00014/8. Under this project, Colorado expanded the income eligibility level for uninsured pregnant women through 260 percent (%) of the Federal Poverty Level (FPL).¹

The demonstration has three (3) main objectives:

- Decrease the uninsurance rate for pregnant women.
- Increase prenatal and postpartum care for pregnant women enrolled in the demonstration.
- Increase the number of healthy babies born to pregnant women enrolled in the demonstration.

The application will request an extension of the federal authority for Colorado to continue to receive Title XXI funds for pregnant women with income from 142% - 195% of the FPL through September 30, 2019. During this timeframe Colorado will:

- Continue to reach out to eligible pregnant women with an FPL above 142% - 260%, and
- Enroll and provide prenatal/postpartum care to eligible pregnant women.

Two (2) meetings for public comment regarding the application are as follows:

- March 10, 2015

1:30 p.m. - 2:00 p.m.

Colorado Access

10065 East Harvard Avenue, 6th Floor Conference Room

Denver, CO 80231

- March 16, 2015

9:00 a.m. to 9:30 a.m.

Department of Health Care Policy and Financing

303 E. 17th Avenue, 7th Floor, Conference Room 7B

Denver, CO 80203

Call-In Information:

Denver metro area: 720-279-0026

Out of Denver metro area: 1-877-820-7831

Participant Code 118721#

The [full public notice](#) will be posted on March 10, 2015.

Learn more about the [Section 1115 demonstration program](#).

Send written comments to:

Colorado Department of Health Care Policy & Financing

Attn: CHP+ 1115 Prenatal Waiver Application

1570 Grant Street

Denver, CO 80203-1818



¹ The federal poverty levels listed in this article are post-MAGI-converted levels.

Dental Providers

DentaQuest Office Reference Manual (ORM) Update



An updated version of the Colorado Medicaid Dental Program DentaQuest Office Reference Manual (ORM) was released on Tuesday, February 3, 2015. Most of the updates occur in the narrative sections. Future changes will be posted on the [DentaQuest](#) website and Provider Web Portal (PWP) for easy reference.

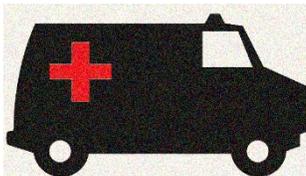
An important note for participating orthodontic providers: the Department's orthodontic policy has been moved into the ORM for consistency and provider ease. The orthodontic policy remains as it existed in the Department's February 2010 Provider Bulletin ([B1000279](#)), and it has been updated to include the current practices already in place with DentaQuest as part of the administration of the benefit.

Qualified Medical Personnel – Billing Procedures Guidance

Reminder: Qualified Medical Personnel who submit claims for reimbursement for limited Current Dental Terminology (CDT) codes, updated billing guidance was published as part of the revised ORM. Please refer to section 16.00 of the ORM regarding "Billing Procedures for Medical Personnel" (pg. 58-59) for further information.

Non-Citizens and Emergency Dental Services

When rendering covered emergency dental services for non-citizen immigrants, the Department would like to remind providers to reference the Non-Citizen Immigrant code table in the [Dental Billing Manual](#) (pages 52-55) located on the Billing Manuals web page. Providers should continue to submit these claims through the Colorado Medical Assistance Web Portal ([Web Portal](#)) and not through DentaQuest, as these members do not qualify for the Medicaid Dental Program. A non-citizen member is eligible for emergency treatment if the member presents with an acute oral cavity condition that requires hospitalization and/or immediate surgical care. Only the most limited service(s) needed to correct the



emergency oral cavity condition(s) are allowed. Non-citizens are not eligible for any other dental services under any circumstances, and coverage does not include follow-up care. Please refer to section 5.01 of the ORM regarding "Emergency Treatment for Oral Cavity Conditions Adults" for additional guidance, including the "Code Table for Adult Emergency Treatment of Oral Cavity Conditions."

Dental Program – Adult Dental Rule Update

The Department presented its revisions to the Adult Dental Services rule for the [Medical Services Board](#) (MSB) for initial approval at the February 13, 2015 hearing. The rule was passed and is now scheduled for the final reading during the next MSB meeting on March 13, 2015. The Department appreciated all the stakeholders who have contributed their time and expertise in assisting the Department with these revisions to the Adult Dental Services rule as well as the improvements it will bring to the administration of the Medicaid Dental Program.

Billing and Program Updates from DentaQuest

The latest edition, Vol. 2 - Revised October 2014, of the [Colorado Summit](#), the DentaQuest quarterly e-newsletter for Colorado's Medicaid dental providers, is available on the DentaQuest Colorado Providers website. Please check this page regularly for updates to DentaQuest's [Frequently Asked Questions](#) document and for the latest news about the Colorado Medicaid Dental Program. Please direct questions to DentaQuest Provider Services at 1-855-225-1731.

Durable Medical Equipment (DME)/Supply Providers

Durable Medical Equipment Supplier License

Reminder: [House Bill 14-1369](#) implemented a new licensure requirement for DME suppliers. Per 10 CCR 2505- 10, Section 8.076.1.10, Pharmacies and DME/Supply providers must hold current valid licensure where applicable. Providers that provide DME and bill or plan to bill Medicare this calendar year, please contact the [Secretary of State](#) to obtain the necessary license.

After obtaining the license, please mail a copy to:

Xerox State Healthcare
Attention: Provider Enrollment
PO Box 1100
Denver, CO 80202



The license must be accompanied by:

1. A cover letter on letterhead that includes the eight (8) digit Medicaid ID numbers for each location that the license will apply to,
2. A brief explanation to update the license, and
3. A signature.

Please provide a copy of the license for each location.

Please contact Carrie Smith at Carrie.Smith@state.co.us with questions.

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Providers

Update on Accommodation for Submission with Multiple Lines

The claims payment system for FQHCs and RHCs has been modified to accommodate the submission of multiple lines identifying the different services provided to the member without creating denials for additional lines.

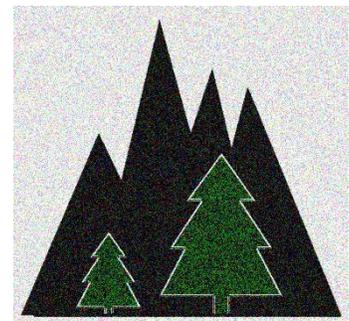
Claim line items on the UB-04 or 837 Institutional (837I) electronic transaction that use a revenue code that is not revenue code **0529** or **0521** will not be reported back to the biller as a denied payment, instead it will be reported as paid at \$0. This change only applies to UB-04 or 837I transactions submitted by an FQHC or RHC.

In order to be reimbursed, an FQHC or RHC that submits UB-04 or 837I electronic transactions must have at least one (1) claim line that identifies revenue code **0529** for FQHCs or revenue code **0521** for RHCs. All other lines on the claim should have the revenue code most appropriate for the service.

Note: The claim line item with revenue code **0529** or **0521** can appear on any line on the claim and with any procedure code.

Please adjust billing practices to conform to this change during claims processing.

Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 with questions.



Pharmacy Providers

Pharmacy Audits



Reminder: Pharmacy providers must maintain records that indicate whether drug therapy counseling was not, or could not, be provided to a Medicaid member (10 CCR 2505-10, section 8.800.9B). Pursuant to state and/or federal audits, providers must furnish information about submitted claims, including records on drug therapy counseling upon request (10 CCR 2505-10, section 8.076.2.D). Any claims where the requested documentation is not received is considered an overpayment subject to recovery, regardless of whether the goods or services have been provided (10 CCR 2505-10, section 8.076.2.G).

Hepatitis C Medication Update

Effective March 1, 2015, the following drugs are subject to interim prior authorization criteria:

- Harvoni
- Viekira Pak

This criteria is available in the Preferred Drug List (PDL) on the [Forms](#) web page under the pharmacy tab.

Genotropin Update

Effective April 1, 2015, Genotropin will be the preferred growth hormone. Prescribers please plan accordingly.

Preferred Drug List (PDL) Update

Effective April 1, 2015, these are the following drug classes and preferred agents:

Alzheimer Agents

Preferred products will be Donepezil tablet, Donepezil ODT, Namenda immediate release, Galantamine, Galantamine ER.

Atypical Antipsychotics

Preferred products will be Abilify, Abilify ODT, Risperidone, Risperidone ODT, Risperdal, Latuda, Clozapine, Clozaril, Geodon, Ziprasidone, Quetiapine, Seroquel immediate release, Zyprexa, and Olanzapine.

Growth Hormones

Preferred product will be Genotropin.

Insulins

Preferred products will be:

Rapid-acting duration - Novolog pens and vials.

Short-acting duration - Humulin R vial.

Intermediate-acting duration - Humulin N pen and vial.

Long-acting duration - Levemir pen and vial.

Insulin mixtures - All mixtures will be preferred including pens and vials.

Intranasal Corticosteroids

Preferred products will be Fluticasone and Nasonex.

Leukotriene Modifiers

Preferred product will be Montelukast.



Multiple Sclerosis Agents

Preferred products will be Copaxone 20mg injection, Avonex, Betaseron, and Rebif, Gilenya will be preferred with a trial and failure with Copaxone 20mg or a preferred interferon.

Ophthalmic Allergy Agents

Preferred products will be Cromolyn, Patanol and Pataday.

Sedative/Hypnotics (Non-Benzodiazepine)

Preferred products will be Zolpidem, Zaleplon, and Eszopiclone.

Statins/Statin Combinations

Preferred products will be Crestor, Atorvastatin, Pravastatin, and Simvastatin.

Please refer to the PDL on the [Forms](#) web page for more information.

March and April 2015 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

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

The current and following month’s workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are also posted in the [Provider Training](#) section of the Department’s website.



Who Should Attend?

Staff who submit claims, are new to billing Colorado Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops. Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM *WebEx* Vision 1:00PM-3:00PM	11 UB-04 9:00AM-11:30AM Web Portal 837I 11:45AM-12:30PM IP/OP 1:00PM-3:00PM	12 *All Classes WebEx* Waiver 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Pharmacy 1:00PM-3:00PM	13 *All Classes WebEx* CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM OT/PT/ST 1:00PM-3:00PM	14

April 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12	13	14 CMS 1500 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Transportation 1:00PM-3:00PM	15 *WebEx* UB-04 9:00AM-11:30AM *WebEx* Web Portal 837I 11:45AM-12:30PM Hospice 1:00PM-3:00PM	16 *All Classes WebEx* Personal Care 9:00AM-11:30AM Web Portal 837P 11:45AM-12:30PM Home Health 1:00PM-3:00PM	17 Practitioner 9:00AM-11:00AM FQHC/RHC 1:00PM-3:00PM	18

Reservations are required for all workshops

Email reservations to:
workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:
1-800-237-0757, extension 5.

Leave the following information:

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

All the information noted above is necessary to process reservations successfully. Look for a confirmation e-mail within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact the Department's fiscal agent and talk to a Provider Relations Representative.

Workshops presented in Denver are held at:

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

***Please note:** *For WebEx training, a meeting notification containing the website, phone number, meeting number and password will be emailed or mailed to those who sign up.*

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include the following:

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

Free MallRide – The MallRide stops are located on 16th St. at every intersection between the Civic Center Station and Union Station.

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

Xerox State Healthcare Provider Services at 1-800-237-0757.

Please remember to check the [Provider Services](#) section of the Department's website at colorado.gov/hcpf for the most recent information.

Image Attribution

Folder designed by Julien Deveaux

Symptom design by Lemon Liu

Parent designed by Stephen JB Thomas

Dentist designed by Regis Biecher

Ambulance designed by Paulo Valkova

Wheelchair designed by Lloyd Humphreys

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