



# Provider Bulletin

Reference: B1300336

May 2013

[colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf)



## Did you know...?

Effective June 1, 2013 when a provider requests a duplicate copy of a provider claim report (PCR) there will be two options for receiving the PCR. Option one (1); the Department's fiscal agent, Xerox State Healthcare, will send an encrypted email with a copy of the PCR attached. Option two (2); the Department's fiscal agent will mail a copy of the PCR via FedEx. More information is available on Department's website ([colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf)) → Provider Services → [Frequently Asked Questions](#). Please contact the Department's fiscal agent with questions at 1-800-237-0757.

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## All Providers

### Memorial Day Holiday

Due to the Memorial Day holiday on Monday, May 27, 2013, claim payments will be processed on Thursday, May 23, 2013. 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 (1) or two (2) days. State, the Department of Health Care Policy and Financing's (the Department) fiscal agent, and the ColoradoPAR Program offices will be closed on Monday, May 27, 2013. Offices will re-open for business on Tuesday, May 28, 2013.



### ColoradoPAR

#### Mandatory Prior Authorization Request (PAR) Submission into CareWebQI (CWQI)

All PARs and revisions processed by and submitted to the ColoradoPAR Program must be entered through [CWQI](#).

As of April 1, 2013, PARs submitted via fax or mail **will not** be processed and subsequently not reviewed for medical necessity. These PARs will be returned to providers via mail.

This requirement only impacts PARs currently processed by the ColoradoPAR Program:

- Diagnostic imaging – limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Durable Medical Equipment (DME)/Supply – All (including repairs)
- Dental
- Home Health – Pediatric Home Health (formerly known as EPSDT Extraordinary and Long Term Home Health for Children)
- Medical/surgical services
- EBI Bone Stimulator
- Second surgical opinions
- Physical and occupational therapy (OT/PT) services
- Out-of-state Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- Orthodontia
- Private Duty Nursing (PDN)
- Vision

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 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

ColoradoPAR Program PARs  
[www.coloradopar.com](http://www.coloradopar.com)

## Submitting Clinical Documentation with CWQI

Clinical information is imperative for prior authorization review. When submitting PARs, please answer the clinical questions in CWQI and attach the relevant clinical information needed for determinations. It is the responsibility of the provider to submit all relevant supporting documentation so that medical reviews can be completed in a timely fashion. Suggested documents include clients' histories and physical reviews, progress and office notes, lab results, and current medications. If clinical information is missing or inadequate, messages will be sent to the submitter via the CWQI message system. Please review all messages in order to keep PARs moving through the process.



Missing or inadequate clinical information will result in lack of information (LOI) denials. PAR submitters have 24 hours to respond to requests for more information before LOI denials are issued.

When submitting PARs through CWQI, please submit all clinical documentation, including digital X-rays, in the following forms:

doc; docx; xls;xlsx; ppt; pdf; jpg; gif; bmp; tiff; tif; and jpeg.

If the clinical documentation cannot be submitted electronically, fax or mail to:

Mail: ColoradoPAR Program                      Fax: 1-866-492-3176  
 2401 NW 23<sup>rd</sup> Street, Suite 2  
 Oklahoma City, OK 73107

The electronic PAR format is required unless an exception is granted by the ColoradoPAR Program. Exceptions may be granted for providers who submit five (5) or less PARs per month.

To request an exception or for more information, please contact the ColoradoPAR Program at 1-888-454-7686.

### CWQI Access

Each individual submitting PARs through CQWI must have their own User Identification (UID). This UID can be requested by completing the CareWebQI User Access Form located on the ColoradoPAR Program's website ([coloradopar.com](http://coloradopar.com)) → CareWebQI → [CareWebQI User Access Form](#). When requesting a UID, please allow one week for processing. If a UID is not received within a week, please check the junk mail folder and/or contact the ColoradoPAR Program for technical support at 1-888-454-7686, Option 1. Please do not submit duplicate requests, as this can slow the process.



### CWQI Training

The ColoradoPAR Program offers online training on the use of CWQI via WebEx for providers needing additional instruction on electronic PAR submission. Trainings are available for the following providers:

1. All other Medical
2. Dental/Orthodontic
3. Pediatric Long Term Home Health (LTHH)

For more information, including updated training materials and schedules, please visit [coloradopar.com](http://coloradopar.com), email [RES\\_ColoradoPAR@apshealthcare.com](mailto:RES_ColoradoPAR@apshealthcare.com), or call 1-888-454-7686.

## Family Planning Providers

### Long-Acting Reversible Contraceptive Rate Increase

In order to cover the providers' costs for these methods, rates for two long-acting reversible contraceptive methods have been increased for dates of service on or after February 1, 2013. The reimbursement rate for the levonorgestrel intrauterine device (J7302, Mirena IUD) has been increased to \$703.25. The reimbursement rate for the etonogestrel implant (J7307, Implanon/Nexplanon) has been increased to \$659.42. Adjustments may be submitted for claims with dates of service on or after February 1, 2013. Please contact Ginger Burton with questions at [Ginger.Burton@state.co.us](mailto:Ginger.Burton@state.co.us) or 303-866-2693.



## Home and Community Based Services (HCBS) Non-Medical Transportation (NMT) Providers

### **Revised Rates for Dates of Service on or after July 1, 2013**

Client Prior Authorization Requests (PARs) began displaying the revised NMT rates released by the Department in January 2013 for dates of service beginning July 1, 2013. These revised NMT rates have not yet been finalized by the Department. To ensure clients have the necessary number of NMT trips authorized for dates of service on or after July 1, 2013, case managers were required to begin PAR revisions in March 2013. Once finalized, any changes to the rates will be updated on the PAR and in the Medicaid Management Information System (MMIS) prior to July 1, 2013.

The Department is currently reviewing all feedback received by providers during January- March 2013. The final decision regarding NMT rates will be communicated to providers at a formal meeting held at the Department on May 13, 2013. In order to accommodate all providers please RSVP to Nicola Jackson at [Nicola.Jackson@state.co.us](mailto:Nicola.Jackson@state.co.us) if planning to attend in person.

#### **Meeting Details:**

Monday, May 13, 2013  
1:00 p.m. - 2:00 p.m.

The meeting will be held at:  
225 E. 16<sup>th</sup> Avenue  
Denver, CO 80203



Department staff will be in the front lobby to greet providers and direct them to the meeting location.

For providers that choose not to attend in person, a call in option is available.

To participate, please call: 1-720-279-0026 or 1-877-820-7831 and enter 610450# as the participant.

Please contact Randie Wilson at 303-866-6199 or Nicholas Clark at 303-866-2436 with questions or for more information.

## Home Health Providers

### **Prior Authorization Request (PAR) Form Changes**

Effective May 1, 2013, the Department will require Home Health providers and Case Management Agencies to use a new paper PAR form for **Adult** Long Term Home Health. For revisions or dates of service beginning June 1, 2013 the Department's fiscal agent will no longer accept the old Long-Term Home Health PAR forms. Pediatric Long-Term Home Health PARs are unaffected by this change. The new Adult PAR form is located on the Department's website → [Provider Services](#) → Forms → [Prior Authorization Request \(PAR\) Forms](#).

For content or format questions about the new form, please contact Guinevere Blodgett at [Guinevere.Blodgett@state.co.us](mailto:Guinevere.Blodgett@state.co.us) or 303-866-5927.

### **Home Health Telehealth**

Effective May 1, 2013, the Colorado Medical Assistance Program will reimburse Home Health Telehealth services provided to any client receiving Medicaid acute or long-term Home Health reimbursable services. Clients must meet all other Telehealth requirements as outlined in the [Home Health Benefit Coverage Standard](#).

When Medicare or insurance allows a reimbursement for a client's Home Health services, the Agency shall not enroll the client in the Medicaid Home Health Telehealth Services. Agencies will be required to track inpatient admission and emergency room visits for Medicaid clients who also have Medicare or other insurances for evaluating the efficacy of the telehealth service.

Please contact Guinevere Blodgett for more information at [Guinevere.Blodgett@state.co.us](mailto:Guinevere.Blodgett@state.co.us) or 303-866-5927.



## Mental Health Providers

### **Update to Appendix T: Community Mental Health Services Program Covered Diagnoses and Procedures**

Effective January 1, 2013, the psychiatric codes covered by the Community Mental Health Services Program were updated to comply with the American Medical Association's (AMA's) 2013 CPT codebook.

Please refer to the Appendices located in the Provider Services [Billing Manuals](#) section of the Department's website for the updated Appendix T (Community Mental Health Services Program Covered Diagnoses and Procedures). Claims submitted to the Department for dates of service on or after January 1, 2013 will be impacted by the change. Claims submitted to the Department for dates of service before January 1, 2013 will continue to be processed according to the previous covered procedure code list. For billing questions, please contact the Department's fiscal agent at 1-800-237-0757.

Please contact Sarah Campbell with any other questions at [Sarah.Campbell@state.co.us](mailto:Sarah.Campbell@state.co.us).



## Prenatal Plus Program Providers

### **Prenatal Plus Program Billing Manual**

On April 30, 2013, an updated version of the Colorado Medicaid Prenatal Plus Program billing manual was made available in the Provider Services [Billing Manuals](#) section of the Department's website.

The Prenatal Plus billing manual contains billing instructions for Medicaid providers who are part of the Prenatal Plus Program. Program providers administer care coordination by arranging access to a registered dietician and a mental health professional, who work together to help women who receive Colorado Medicaid benefits reduce their risk of having low birth weight babies. Prenatal Plus Program services are in addition to a woman's regular prenatal care services. Please use the manual for reference when submitting claims for Prenatal Plus services. The billing manual will be updated annually.

Please contact Kirstin Michel at [Kirstin.Michel@state.co.us](mailto:Kirstin.Michel@state.co.us) or 303-866-2844 with questions.

## Pharmacy Providers

### **Abilify, Risperidone, and Zyprexa**

Beginning May 15, 2013, preferred atypical antipsychotic drugs including Abilify, Risperidone and Zyprexa will be monitored by the Department's automatic prior authorization process, SmartPA. These drugs will only be dispensed if the client's age and dispensing dosage is consistent with the Food and Drug Administration (FDA) approved minimum ages and dosages unless a drug prior authorization is approved prior to dispensing.

- Abilify will not be dispensed to anyone under age six (6) on the date of service.
- Between ages six (6) and nine (9) only maximum dosages of up to 15mg per day will be permitted.
- Between ages 10 and 17 only maximum dosages of up to 30mg per day will be permitted.
- Risperidone will not be dispensed to anyone under age five (5) on the date of service.
  - Between ages five (5) and nine (9) only maximum dosages of up to 3mg per day will be permitted.
  - Between ages 10 and 17 only maximum dosages of up to 6mg per day will be permitted.
- Zyprexa will not be dispensed to anyone under age 13 on the date of service.
  - Between ages 13 and 17 only maximum dosages of up to 10mg per day will be permitted.



### **Coordination of Benefits (COB) Manager**

The Department implemented *COBManager* in April 2013. This new tool will ensure that commercial coverage pays first when a Medicaid client also has commercial pharmacy coverage. *COBManager* was described in the July ([B1200324](#)) and August ([B1200325](#)) 2012 Provider Bulletins.

The Department has contracted with Health Management Systems, Inc (HMS) to receive pharmacy claims on a daily basis and search the HMS eligibility database to verify other coverage. If there is other coverage, HMS will submit the claim to the commercial Pharmacy Benefit Management (PBM) as if the claim came directly from the pharmacy. If the claim is successfully adjudicated, an adjustment is sent to the Department in the form of a "rebill" claim showing the amount paid by the commercial PBM.

Providers can search for activity or download transactions affected by *COBManager* through a secure [HMS web portal eCenter](#). Please contact HMS for eCenter access or more information at 1-855-438-6420.

### Updates to Pharmacy Web Pages

The [Pharmacy](#) section of the Department's website has been updated to make it easier and faster for users to find information. Please contact Chris Ukoha with questions at [Angela.Ukoha@state.co.us](mailto:Angela.Ukoha@state.co.us).

## May and June 2013 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 posted in the Provider Services [Training Workshops](#) section of the Department's website.



### Who Should Attend?

Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

Staff who submit claims, are new to billing Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops.

### May 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM <b>*WebEx –</b> Vision 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 Nursing Facility 1:00 PM-3:00 PM	9 DME/Supply Billing 9:00 AM-11:00 AM FQHC/RHC 1:00 PM-3:00 PM	10 <b>*WebEx –</b> Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	11

### June 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Audiology 1:00 PM-3:00 PM	12 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM <b>*WebEx –</b> Dialysis 1:00 PM-3:00 PM	13 Provider Enrollment 9:00 AM-11:00 AM <b>*WebEx –</b> IP/OP Hospital 1:00 PM-3:00 PM	14 Basic Billing – Waiver Providers 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	15

### Reservations are required for all workshops

Email reservations to:

[workshop.reservations@xerox.com](mailto:workshop.reservations@xerox.com)

Or Call the Reservation hotline to make reservations:

1-800-237-0757 or 1-800-237-0044 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 by 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.

**All Workshops presented in Denver are held at:**

Xerox State Healthcare  
Denver Club Building  
518 17<sup>th</sup> Street, 4<sup>th</sup> 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 17<sup>th</sup> 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 Station** - A Light Rail map is available at: [http://www.rtd-denver.com/LightRail\\_Map.shtml](http://www.rtd-denver.com/LightRail_Map.shtml).

**Free MallRide** - The MallRide stops are located on 16th St. at every intersection between 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 at 1-800-237-0757.**

**Please remember to check the [Provider Services](#) section of the Department's website at: [colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf)**