



Provider Bulletin

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June 2011

colorado.gov/pacific/hcpf

In this issue:

All Providers	1
FY 2011-12 Rate Reductions	1
Elimination of Reimbursement for Circumcision	1
Adding/Changing Banking Information.....	2
CLIA Update	2
Termination of TPID Form	2
Independence Day Holiday.....	2
Dental Providers	3
Limits on Fluoride Applications & Dental Prophylaxis	3
Elimination of Reimbursement for Oral Hygiene Instruction	3
Elimination of Reimbursement for Dental Implants	3
DME & Supply Providers	3
Specific Rate Reductions.....	3
Hospital Providers	3
Hospital Readmission Within 48 Hours.....	3
Facility Rate Reductions for Uncomplicated Cesarean Sections	3
HH, PDN, and HCBS Providers	3
F Y 2011-12 Provider Rate Reductions.....	3
Revised LTHH, PDN, EPSDT HH PAR Form.....	4
Nursing Facility Providers	4
FY 2011-12 Provider Rate Reductions	4
Practitioners	4
Provider Referrals	4
Free Text Message Program for Pregnant Women/New Mothers	4
Pregnant Women/Clients Who Smoke	5
Pharmacy	5
Preferred Drug List (PDL) Update	5
New Prior Authorization Policies.....	6
DUR Board Updates	6
June and July 2011 Workshops	6
Termination of TPID Form.....	A-1
Rate Tables.....	B-1 - B-5



Did you know...?

Medical coding in U.S. health care settings will change from ICD-9-CM to ICD-10 on October 1, 2013. The transition will require business and systems changes throughout the health care industry. Everyone who is covered by the Health Insurance Portability and Accountability Act (HIPAA) must make the transition, not just those who submit Medicare or Medicaid claims. The compliance dates are firm and not subject to change. Preparing now can help providers avoid potential reimbursement issues. For more information go to the Centers for Medicare and Medicaid (CMS) Web site at: <http://www.cms.gov/ICD10/>.

All Providers

Fiscal Year (FY) 2011-12 Provider Rate Reductions Effective for dates of service on or after July 1, 2011, many of the Department of Health Care Policy and Financing's (the Department's) reimbursement rates will be reduced due to current state budget circumstances. Rates paid to physical health managed care organizations will also include a corresponding decrease, as these provider payments are based on fee-for-service expenditures.

General Rate Reductions

Rates for the following services will be reduced by 0.75% as of July 1, 2011:

- Physician and Clinic
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Emergency and Non-Emergent Medical Transportation
- Dental
- Vision
- Occupational, Physical, and Speech Therapy
- Rehabilitative
- Outpatient Substance Abuse Treatment
- Ambulatory Surgery Center
- Dialysis
- Anesthesia
- Laboratory and Radiology
- Durable Medical Equipment and Supplies
- Pharmacy
- Drugs administered in the office setting including vaccine administration
- Home Health
- Family Planning
- Inpatient and Outpatient Hospital



An updated fee schedule reflecting fee schedule rate changes will be posted in the [Provider Services](#) section of the Department's Web site at colorado.gov/pacific/hcpf on July 1, 2011. Please contact Teresa Knaack at Teresa.Knaack@state.co.us or at 303-866-3064 with any questions.

Elimination of Reimbursement for Circumcision Effective for dates of service on or after July 1, 2011, the Department will no longer reimburse claims for circumcision. The following CPT codes will no longer be reimbursed: 54150, 54160, and 54161. This change does not affect the CHP+ Program. Please contact Dana Batey at Dana.Batey@state.co.us or at 303-866-3852 with any questions.



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

New Instructions for Adding or Changing Banking Information

When providers using an Employee Identification Number (EIN) enroll and add banking information to the Colorado Financial Reporting System (COFRS), the information is screened with the Internal Revenue Service (IRS). The same screening occurs when providers change banking information, update the billing address, or indicate a legal name change (with no change in EIN). A W-9 must be submitted for enrollment or to update banking information. However, if the information provided on the W-9 does not exactly match what is on file with the IRS, a copy of the IRS LTR 147C will be required for verification. An IRS LTR 147C is a letter from the [U.S. Department of the Treasury](#) IRS that shows the legal name, dba, address, and EIN exactly as it is registered. Providers are encouraged to provide a copy of the IRS LTR 147C with the W-9 to avoid delays in updating COFRS and payments. A copy of the IRS LTR 147C can be obtained by calling 1-800-829-4933. Questions regarding the IRS LTR 147C can be emailed to HCPFAR@hcpf.state.co.us.



Clinical Laboratory Improvement Amendments (CLIA) Update

As a reminder, beginning on July 1, 2011, claims submitted for any dates of service for procedures covered by CLIA must have a CLIA number of the laboratory where the procedure was done on file with the fiscal agent, ACS, or on the claim. The submitted CLIA number must certify the provider for the procedure(s) and the date(s) of service on the claim. Claims or claim lines without a valid CLIA number will be denied. Please refer to the May 2011 Bulletin ([B1100301](#)) for more information.

Questions regarding claims processing or responses should be directed to ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

Termination of Trading Partner ID Form

The [Termination of Trading Partner ID Form](#) is for any providers who no longer want or need access to the Colorado Medical Assistance Program Web Portal (Web Portal). It is important that providers complete this form (when appropriate, as outlined below) to help ensure that the Trading Partner Management System database has the most current provider information and Medicaid provider status. For your convenience, the form is included as Attachment A of this bulletin and is available in the Provider Services [EDI Support](#) section.

When to use this form:

Providers should complete this form and submit it to the fiscal agent whenever requesting to be terminated from the Colorado Medical Assistance Program, meaning services for Medicaid clients will no longer be provided. Providers should also complete this form when submitting electronic transactions (such as claims, PARs, eligibility inquiries, etc.) or retrieving reports through the Web Portal is no longer needed.

Do not use this form:

Providers should **not** use this form if they are changing their submission of claims or other Web Portal transactions to/from a clearinghouse or billing agent. Instead, the clearinghouse/billing agent should enroll for its own Trading Partner ID (TPID) using the [EDI Submitter Enrollment Form](#), and then the provider should complete the [Provider EDI Update Form](#) so that its TPID can be linked to the clearinghouse/billing agent.

Providers and clearinghouses/billing agents with questions about which forms should be completed in order to ensure their TPIDs are configured correctly for Web Portal use should contact ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.



Independence Day Holiday



Due to the Independence Day holiday on Monday, July 4, 2011, claims will be processed on Thursday, June 30, 2011. The processing cycle includes claims accepted on or before Thursday at 6:00 P.M. Mountain Time (MT). The receipt of warrants will be delayed by one or two days.

The State and fiscal agent offices will be closed on Monday, July 4, 2011.

Dental Providers

Limits on Fluoride Applications and Dental Prophylaxis

Effective for dates of service on or after July 1, 2011, fluoride application (D1203, D1204, and D1206) is limited to a maximum of three applications per client per state fiscal year (July 1 – June 30). Also effective July 1, 2011, dental prophylaxis (D1110 and D1120) is limited to two cleanings per client per state fiscal year. Please contact Marcy Bonnett at Marcy.Bonnett@state.co.us or at 303-866-3604 with any questions.

Elimination of Reimbursement for Oral Hygiene Instruction

Effective for dates of service on or after July 1, 2011, the Department will no longer reimburse claims for oral hygiene instruction (D1330). Please contact Marcy Bonnett at Marcy.Bonnett@state.co.us or at 303-866-3604 with any questions.

Elimination of Reimbursement for Dental Implants

Effective for dates of service on or after July 1, 2011, the Department will no longer reimburse claims for surgical placement of endosteal dental implants (D6010 and D6012), eposteal dental implants (D6040), or transosteal dental implants (D6050). Please contact Marcy Bonnett at Marcy.Bonnett@state.co.us or at 303-866-3604 with any questions.



Durable Medical Equipment and Supply Providers

Specific Rate Reductions for Fiscal Year 2011-12

Effective for dates of service on or after July 1, 2011, the Department will reduce reimbursement for blood glucose/reagent strips from \$31.48 per box of 50 strips to \$18 per box.

Effective for dates of service on or after July 1, 2011, the Department will reduce reimbursement for negative pressure wound therapy to \$88.50 per day.

You may contact Anna Davis at Anna.Davis@state.co.us or at 303-866-2113 if you have any questions.

Hospital Providers

Denial of Hospital Readmission Within 48 Hours

Effective for dates of service on or after July 1, 2011, all claims for hospital readmissions in which a client is readmitted to the same hospital within 48 hours of discharge, will be denied unless the readmission is completely unrelated to the first admission. This will apply to all claims for second admissions dated July 1, 2011 or later. This change means that the hospital will receive payment only one time for what is essentially one episode of care. For more information, please see the October 2010 bulletin ([B1000289](#)) article regarding B4 condition code. Please contact Dana Batey at Dana.Batey@state.co.us or at 303-866-3852 with any questions.



Facility Rate Reductions for Uncomplicated Cesarean Section Deliveries

Effective for dates of service on or after July 1, 2011, Diagnosis Related Group (DRG) code 371 (cesarean section without complicating condition) will be reimbursed at the same rate as DRG code 372 (vaginal delivery with complicating condition). Please contact Dana Batey at Dana.Batey@state.co.us or at 303-866-3852 with any questions.

Home Health (HH), Private Duty Nursing (PDN), and Home and Community Based Services (HCBS) Providers

FY 2011-12 Provider Rate Reductions

Effective July 1, 2011, the Department will implement a 0.75% across-the-board provider rate reduction for HH, and a 0.50% across-the-board provider rate reduction for PDN and HCBS programs. Individual program rate adjustment explanations and schedules are included in Attachment B of this bulletin. Please contact ACS Provider Services at 1-800-237-0044 or 1-800-237-0757 with questions.

Revised Long Term Home Health, Private Duty Nursing, EPSDT Extraordinary HH Prior Authorization Request (PAR) Form

The [LTHH, PDN, EPSDT HH Prior Authorization Request \(PAR\) Form](#) has been revised by removing the rates. Please refer to provider bulletins for the most current rates. The form is still available under Prior Authorization Request Forms in the Provider Services [Forms](#) section of the [Department's Web site](#).

Nursing Facility Providers

FY 2011-12 Provider Rate Reductions

Nursing facility per diem rates will be reduced by 1.50% as of July 1, 2011. The Department anticipates that both hospice rates for room and board and Program of All Inclusive Care for the Elderly (PACE) rates will be affected by this reduction, as these rates are tied to the nursing facility rates. Please contact ACS Provider Services at 1-800-237-0044 or 1-800-237-0757 with questions.

Practitioners

Provider Referrals

The Department's mission is to improve access to cost-effective and quality health care services for Coloradans.

Are there any Specialists, Home Health Agencies, or other providers that you commonly refer your patients to for commercial insurance who are not currently Medicaid or CHP+ Providers? If so, we need your help. Please ask those providers to contact one of the following for more information about becoming a provider:

Adult Referrals

Amy Brown, Provider Recruiter
Department of Health Care Policy and Financing
303-866-2412
1-800-221-943

Amy.Brown@state.co.us

Children Referrals

Lisa Foster, Provider Recruiter
Family Voices of Colorado
303-995-3758
1-800-881-8272

lfoster8@hotmail.com

Thank you for your continued support and participation in Colorado Medical Assistance and CHP+ Programs.

Free Text Message Program for Pregnant Women and New Mothers

The [Text4Baby](#) program has been extended through 2013. Please spread the word to your clients, program participants, and patients about this **free** mobile educational program designed to give pregnant women and new mothers' critical health information by text. While not everyone has access to the Internet, 90% of Americans have a mobile phone.

Here's how the program works:

Women can sign up for the service by texting BABY to 511411 (or BEBE for Spanish to the same number). Once signed up, they will receive free "Short Message Service" text messages each week, timed to their due date or baby's date of birth.

These messages focus on a variety of topics critical to maternal and child health including:



- Nutrition,
- Mental health,
- Birth defects prevention
- Oral health,
- Safe sleep,
- Seasonal flu, and

- Immunization information.

The messages also connect women to prenatal and infant care services.

Additional information and frequently asked questions about the program can be found at www.text4baby.org/. You may dial 1-703-837-7548 or send an email to info@text4baby.org for more details.

Providers Serving Pregnant Women and Medicaid Clients Who Smoke

Share Your Thoughts on the Pregnancy and Medicaid Tobacco Cessation Campaign Materials

As described in the August 2010 Provider bulletin ([B1000287](#)), the Department has been partnering with multiple health providers and community organizations to support the Colorado Department of Public Health and Environment's (CDPHE's) recent tobacco cessation campaign.

This campaign is intended to help motivate Medicaid clients and pregnant women who smoke to call the Colorado QuitLine for support.

FREE materials have been designed to help inform clients and providers about the Colorado QuitLine services. This includes the new QuitLine program specially designed for pregnant women, and the expanded Medicaid tobacco cessation medication benefit. CDPHE is conducting a survey to gather information from the community about the use of these campaign materials. Please take 5-10 minutes to complete the online survey and provide us with your valuable feedback **no later than June 17, 2011** by clicking [here](#). To place an order for FREE materials, please go to cohealthresources.org and select "QuitLine" under the Campaign dropdown menu.



Medicaid clients are eligible for free or low-cost smoking cessation medications. In order to help clients obtain this benefit, providers should follow these steps:

1. Provide the client with a prescription for a tobacco cessation product. All Food and Drug Administration (FDA) approved tobacco cessation prescription medications and over-the-counter tobacco cessation products are available through Colorado Medical Assistance Program for a maximum of two 90-day courses per year.
2. Submit the [Colorado Medicaid Pharmacy Prior Authorization Form](#) by fax to the Prior Authorization Help Desk at 1-888-772-9696 or call 1-800-365-4944 to receive approval.
3. Go to the Fax-to-Quit section of the [Colorado Health Providers](#) Web site and fax the [Colorado QuitLine Fax Form](#) to the Colorado QuitLine at 1-800-261-6259. Clients should also be encouraged to call the Colorado QuitLine at 1-800-QUIT-NOW (1-800-784-8669) and visit [MyQuitPath.org](#).

For further information or questions about Medicaid smoking cessation benefits, please contact Ginger Burton at Ginger.Burton@state.co.us or 303-866-2693.

Pharmacy

Preferred Drug List (PDL) Update

Effective July 1, 2011, the following medications will be preferred agents on the Medicaid PDL and will be covered without a prior authorization:

Antihistamines (newer generation):

cetirizine and loratadine generic dosage forms

Angiotensin Receptor Blockers, Combinations and Renin Inhibitors:

Avapro, Diovan, losartan, Avalide, Diovan-HCT, losartan/HCTZ generic products

Anticholinergic Inhalants:

ipratropium nebulizer solution, Atrovent HFA and Spiriva

Anticholinergic and Short Acting Beta-2 Agonist Combinations:

albuterol/ipratropium nebulizer solution and Combivent inhaler

Corticosteroid Inhalants:

Asmanex, budesonide nebulizer solution, Flovent HFA and diskus and Qvar inhaler

Corticosteroid and Long-Acting Beta-2 Agonist Combinations:

Advair diskus, Dulera and Symbicort Inhaler

Short-acting Beta-2 Agonists:

albuterol nebulizer solution, ProAir HFA and Ventolin HFA

Long-acting Oral Opiates:

1st line: methadone and morphine ER; 2nd line: fentanyl patches

Skeletal Muscle Relaxants:

baclofen, tizanidine and cyclobenzaprine

Topical Immunomodulators:

Elidel and Protopic for clients age 2 years and older.



The complete PDL and prior authorization criteria for non-preferred drugs are posted in the Pharmacy [Preferred Drug List \(PDL\)](#) section of the [Department's Web site](#).

New Prior Authorization Policies

Based upon recommendation from the Drug Utilization Review (DUR) Board at their May 17, 2011 meeting in Denver, the following new policies will be implemented starting July 1, 2011:

Makena (hydroxyprogesterone caproate) will now require prior authorization as an outpatient pharmacy benefit. Makena will be approved if the following conditions are met:

- The drug is administered in the home (or in a long-term care facility) by a healthcare professional;
- The client has a singleton pregnancy and a history of singleton spontaneous pre-term birth;
- Therapy is initiated between 16 weeks gestation and 20 weeks, 6 days gestation;
- Compounded hydroxyprogesterone products are contraindicated.

Newly Approved Drugs: Newly marketed drugs may be subject to prior authorization for a minimum of nine months following FDA marketing approval. Initial approval criteria will include non-preferred criteria for PDL drug classes and FDA approved indications, ages and doses for non-PDL drugs. Please see Appendix P for more information in the Pharmacy [Prior Authorization Policies](#) section.

DUR Board Updates

The DUR Board would like to welcome its newest member, Dr. Deborah Lehman, MD. Dr. Lehman is board certified in both Adult Psychiatry and Child and Adolescent Psychiatry and is currently practicing through Colorado Coalition for the Homeless and in private practice.



The DUR Board currently has an opening for one non-voting pharmaceutical industry representative. Interested parties should submit a CV to the Department for consideration. Please contact Jim Leonard for more information at Jim.Leonard@state.co.us or at 303-866-3502.

June and July 2011 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 June and July 2011 workshop calendars are included in this bulletin and are also posted in the Provider Services [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 assure that there is space available and enough training materials.

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.



Provider Enrollment Application Workshop

This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

June and July 2011 Specialty Workshop Class Descriptions

Audiology

This class is for billers using the Colorado 1500/837P format for audiology services. The class covers billing procedures, common billing issues and guidelines specifically for Audiologists.

Dental

The class is for billers using the 2006 ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

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

HCBS-DD

This class is for billers who bill on the Colorado 1500/837P claim format for the following: Comprehensive Services (HCBS-DD), Supported Living Services (SLS), Children's Extensive Support (CES), Children's Residential Habilitation Program (CHRP) and Targeted Case Management (TCM). The class covers billing procedures, common billing issues, and guidelines for HCBS-DD 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

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).

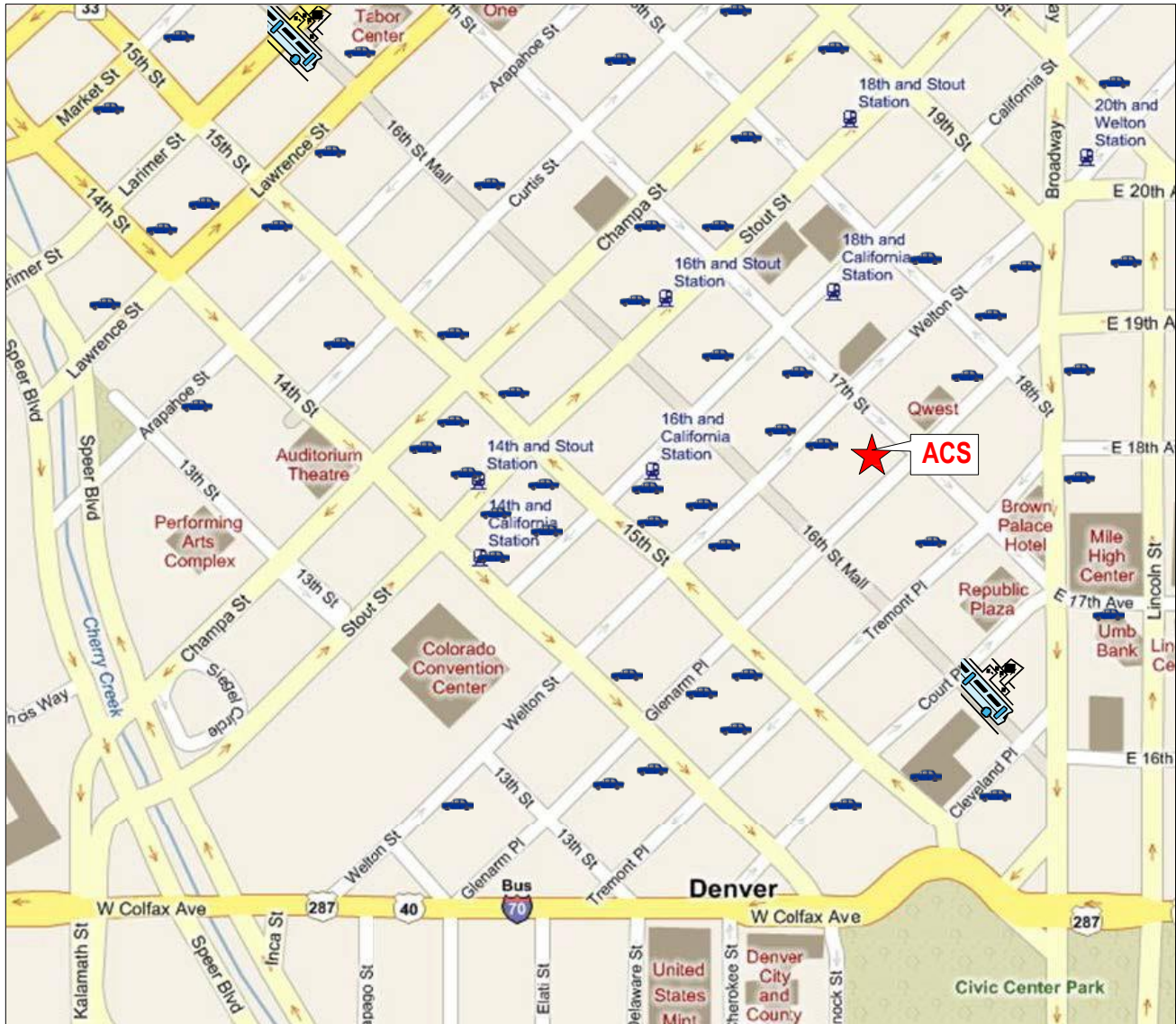
Parking: Parking is not provided by ACS and is limited in the downtown Denver area.

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.

June 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10 (WebEx) UB-04 9:00 AM-12:00 PM (WebEx) HCBS-EBD 1:00 PM-4:00 PM	11
12	13	14 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Practitioner 1:00 PM-3:00 PM	15 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM	16 Provider Enrollment Application Workshop 9:00 AM-11:00 AM	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 <i>Independence Day</i>	5	6	7	8	9
10	11	12 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	13 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM IP/OP Hospital 1:00 PM-3:00 PM	14 Dental 9:00 AM-11:00 AM	15 Beginning Billing – Waiver Programs 9:00 AM to 11:30 AM Web Portal 837P 12:00 PM-12:45 PM	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

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.



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Termination of Trading Partner ID

Provider Number: _____ Trading Partner ID: _____

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip Code: _____

I am requesting that the fiscal agent (ACS) terminate my Trading Partner ID. By canceling my Trading Partner ID, I understand that I:

1. Will no longer be able to access the Colorado Medical Assistance Program Web Portal, which includes the ability to access any reports and PAR Letters electronically; and
2. Will no longer be able to submit health care transactions (such as claims, PARs, client eligibility inquiries, etc.) electronically through the Web Portal.

Note: If you want to resume Web Portal access after your Trading Partner ID is terminated, you must re-enroll for a new Trading Partner ID by completing the Provider EDI Enrollment Application.

Provider representative name (please print)

Provider representative signature

Date

Please return this completed form to:

ACS State Healthcare
Colorado Medical Assistance Program Provider Services
P.O. Box 1100
Denver, CO 80201-1100

Updated 05/16/2011

Program Rate Adjustment Explanation and Scheduled for HH, PDN and HCBS

Home Health (HH) Providers

The HH program will receive a 0.75% rate reduction to all services effective July 1, 2011. A 0.75% reduction will also be applied to the Acute and Long-Term Maximum Daily Amount.

FY 2011-12 Rates

SERVICE TYPE	REVENUE CODE		CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE
	Acute Home Health	Long Term Home Health			
RN Assess and Teach	589	None	\$ 94.09	\$ 93.38	Acute only- one visit up to 2 ½ hours
RN/LPN	550	551	\$ 94.09	\$ 93.38	One visit up to 2 ½ hours
RN Brief 1st of Day	n/a	590	\$ 65.85	\$ 65.36	One Visit
RN Brief 2nd or >	n/a	599	\$ 46.10	\$ 45.75	One Visit
HHA BASIC	570	571	\$ 33.46	\$ 33.21	One hour
HHA EXTENDED	572	579	\$ 10.01	\$ 9.93	For visits lasting more than one hour, extended units of 15-30 minutes
PT	420	421 (for 0-17 years LTHH)	\$ 102.89	\$ 102.12	One Visit up to 2 ½ hours
PT for HCBS Home Mod Evaluation	424	424	\$ 102.89	\$ 102.12	1-2 visits
OT	430	431 (for 0-17 years LTHH)	\$ 103.56	\$ 102.78	One visit up to 2 ½ hours
OT for HCBS Home Mod Evaluation	434	434	\$ 103.56	\$ 102.78	1-2 visits
S/LT	440	441 (for 0-17 years LTHH)	\$ 111.81	\$ 110.97	One visit up to 2 ½ hours
Maximum Daily Amount Acute Home Health			\$ 438.41	\$ 435.12	24 hours, MN to MN
Maximum Daily Amount Long Term Home Health			\$ 342.05	\$ 339.48	24 hours, MN to MN

Private Duty Nursing (PDN) Providers

The PDN program will receive a 0.50% rate reduction to all services effective July 1, 2011.

FY 2011-12 Rates

SERVICE TYPE	REVENUE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE
PDN-RN	552	\$ 37.17	\$ 36.98	Hour
PDN-LPN	559	\$ 27.91	\$ 27.77	Hour
PDN-RN (group-per client)	580	\$ 27.85	\$ 27.71	Hour
PDN-LPN (group-per client)	581	\$ 21.37	\$ 21.26	Hour
"Blended" group rate / client*	582	\$ 27.83	\$ 27.69	Hour

* The "blended" rate is available on request for a Home Health Agency that provides Private Duty Nursing to multiple clients at group care settings. All Private Duty Nursing provided in those settings is billed at the same rate and revenue code for an RN or LPN.

HCBS-Elderly, Blind, and Disable (EBD), Persons with Major Mental Illness (MI) and Persons Living with HIV/AIDS (PLWA)

The HCBS-EBD, MI, and PLWA Waiver programs will receive a 0.50% reduction to all services effective July 1, 2011.

FY 2011-12

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE	COMMENTS
Adult Day Services					
Basic Rate	S5105	\$ 21.90	\$ 21.79	4-5 Hours	An individual unit is 4-5 hours per day
Specialized Rate	S5105	\$ 27.97	\$ 27.83	3-5 Hours	An individual unit is 3-5 hours per day
Alternative Care Facility	T2031	\$ 46.37	\$ 46.14	Day	May be different for clients with 300% income
Community Transition Services	T2038				1 Unit = 1 Transition
Community Transition Services Items	T2038 52				1 Unit = 1 Purchase
Consumer Direct Attendant Support Services	T2025				Assessed by CM; varies by client
Consumer Direct Attendant Support Services Administration	T2025 52				Assessed by CM; varies by client
Electronic Monitoring					
Installation	S5160				Negotiated by CM; varies by client
Service	S5161				Negotiated by CM; varies by client
Homemaker	S5130	\$ 3.49	\$ 3.47	15 minutes	
Home Modification	S5165	\$10,000.00	\$10,000.00	Lifetime Max	
IHSS Health Maintenance Activities	H0038	\$ 6.58	\$ 6.55	15 minutes	
IHSS Personal Care	T1019 KX	\$ 3.49	\$ 3.47	15 minutes	
IHSS Relative Personal Care	T1019 HR KX	\$ 3.49	\$ 3.47	15 minutes	No limits on IHSS benefits provided by parents of adult children. For all other relatives, the limitations on payment to family applies as set forth in 10 C.C.R. 2505-10, Section 8.485.200
IHSS Homemaker	S5130 KX	\$ 3.49	\$ 3.47	15 minutes	
Medication Reminder	S5185				1 Unit Per Month
Medication Reminder Install/Purchase	T2029				1 Unit = 1 Purchase
Non-Med. Transportation					
Med. Transp. Rate	T2001			1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rates
Taxi	T2001	\$ 47.22	\$ 46.98	1 Way Trip	Taxi: up to \$46.98 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van	T2001	\$ 12.13	\$ 12.07	1 Way Trip	Mobility Van: \$12.07 per trip. Use HB modifier for trips to and from adult day program.
Wheelchair Van	T2001	\$ 15.10	\$ 15.02	1 Way Trip	Wheelchair Van: \$15.02 per trip Wheelchair Van Mileage Add-On: 62 cents per mile Use HB modifier for trips to and from adult day program.

HCBS-Elderly, Blind, and Disable (EBD), Persons with Major Mental Illness (MI) and Persons Living with HIV/AIDS (PLWA) - continued

The HCBS-EBD, MI, and PLWA Waiver programs will receive a 0.50% reduction to all services effective July 1, 2011.

FY 2011-12

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE	COMMENTS
Personal Care	T1019	\$ 3.49	\$ 3.47	15 minutes	
Relative Personal Care	T1019 HR	\$ 3.49	\$ 3.47	15 minutes	Relative Personal Care cannot be combined with HCA Maximum reimbursement not to exceed 1776 units per year
Respite Care					
ACF	S5151	\$ 51.64	\$ 51.38	Day	Limit of 30 days per calendar year
NF	H0045	\$ 115.15	\$ 114.57	Day	Limit of 30 days per calendar year.
In Home	S5150	\$ 2.95	\$ 2.94	15 minutes	Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care

HCBS-Children With Autism (CWA)

The HCBS-CWA Waiver program will receive a 0.50% reduction to all services effective July 1, 2011.

FY 2011-12 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE
Behavior Therapies - Lead Therapist	H0004	\$ 21.64	\$ 21.53	15 minutes
Behavior Therapies - Senior Therapist	H0004 52	\$ 11.27	\$ 11.21	15 minutes
Behavior Therapies - Line Staff	H2019	\$ 3.55	\$ 3.53	15 minutes

Children's HCBS (CHCBS)

The CHCBS Waiver program will receive a 0.50% reduction to all services effective July 1, 2011.

FY 2011-12 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE
Case Management	T1016	\$ 7.83	\$ 7.79	15 minutes
IHSS Health Maintenance Activities	H0038	\$ 6.58	\$ 6.55	15 minutes

HCBS- Pediatric Hospice Waiver (PHW)

The HCBS-PHW program will receive a 0.50% reduction to all services effective July 1, 2011.

FY2011-12 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE	COMMENTS
Expressive Therapy	G0176 UD	\$ 54.88	\$ 54.61	1 Hour	Limited to 39 hours total per 365 days
Individual Counseling	H0004 UD	\$ 13.72	\$ 13.65	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Family Counseling	H0004 UD HR	\$ 13.72	\$ 13.65	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Group Counseling	H0004 UD HQ	\$ 7.69	\$ 7.65	15 Minutes	Limited to 98 hours total per 365 days across all H0004
Respite Care Unskilled	S5150 UD	\$ 3.49	\$ 3.47	15 Minutes	Up to 4 hour visit. Limited to 30 days (unique dates of service per 365 days)
Respite Care Unskilled	S5151 UD	\$ 69.96	\$ 69.61	1 Day	Limited to 30 days (unique dates of service per 365 days)

HCBS- Pediatric Hospice Waiver (PHW) - continued

The HCBS-PHW program will receive a 0.50% reduction to all services effective July 1, 2011.

FY2011-12 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE	COMMENTS
Respite Care Skilled RN/LPN	S9125 UD	\$ 144.16	\$ 143.44	1 Day	Limited to 30 days (unique dates of service per 365 days)
Respite Care Skilled RN/LPN	T1005 UD	\$ 8.99	\$ 8.95	15 Minutes	Limited to 4 hours per visit. Limited to 30 days (unique dates of service per 365 days)
Palliative/Supportive Care Skilled RN/LPN	S9126 UD	\$ 132.57	\$ 131.91	1 Day	
Palliative/Supportive Care Skilled RN/LPN	T2043 UD	\$ 32.21	\$ 32.05	1 Hour	Limited to 4 hours per visit.

HCBS-Persons with Traumatic Brain Injury (BI)

The HCBS-BI Waiver program will receive a 0.50% reduction to all services effective July 1, 2011.

FY2011-12 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE	COMMENTS
Adult Day Services	S5102	\$ 46.11	\$ 45.88	Day	At least 2 or more hours of attendance 1 or more days per week
Assistive Technology	T2029				Negotiated by SEP through prior authorization
Behavioral Programming	H0025	\$ 13.01	\$ 12.94	Half Hour	
Day Treatment	H2018	\$ 73.15	\$ 72.78	Day	At least 2 or more hours of attendance 1 or more days per week
Electronic Monitoring					
Installation	S5160				Negotiated by CM; varies by client
Service	S5161				Negotiated by CM; varies by client
Home Modifications	S5165	\$10,000.00	\$10,000.00	Lifetime Max	
Independent Living Skills Training	T2013	\$ 23.67	\$ 23.55	Hour	
Mental Health Counseling					
Family	H0004 HR	\$ 13.44	\$ 13.37	15 minutes	
Group	H0004 HQ	\$ 7.53	\$ 7.49	15 minutes	
Individual	H0004	\$ 13.44	\$ 13.37	15 minutes	Must obtain Department approval over 30 cumulative visits of counseling
Non-Medical Transportation	T2001				
Med Trans. Rate	T2001			1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport rate.
Taxi	T2001	\$ 47.22	\$ 46.98	1 Way Trip	Taxi: up to \$46.98 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van	T2001	\$ 12.13	\$ 12.07	1 Way Trip	Mobility Van: \$12.07 per trip. Use HB modifier for trips to and from adult day program.

HCBS-Persons with Traumatic Brain Injury (BI) - continued

The HCBS-BI Waiver program will receive a 0.50% reduction to all services effective July 1, 2011.

FY2011-12 Rates

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2011	UNIT VALUE	COMMENTS
Wheelchair Van	T2001	\$ 15.10	\$ 15.02	1 Way Trip	Wheelchair Van: \$15.02 per trip Wheelchair Van Mileage Add-On: 62 cents per mile Use HB modifier for trips to and from adult day program.
Personal Care	T1019	\$ 3.55	\$ 3.53	15 minutes	Not to exceed 10 hours per day
Relative Personal Care	T1019 HR	\$ 3.55	\$ 3.53	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Respite Care					
NF	H0045	\$ 108.94	\$ 108.40	Day	
In Home	S5150	\$ 2.95	\$ 2.94	15 minutes	All inclusive of client's needs
Individual Substance Abuse Counseling					
Family	T1006	\$ 53.80	\$ 53.53	Hour	
Group	H0047 HQ	\$ 30.13	\$ 29.98	Hour	
Individual	H0047 HF	\$ 53.80	\$ 53.53	Hour	
Transitional Living	T2016	\$ 127.25	\$ 126.61	Day	
Supported Living Program	T2033			Day	Per diem rate set by Department using acuity levels of client population