



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

# Provider Bulletin

Reference: B1200325

August 2012



## Did you know...?

### Fiscal Agent Name Change from ACS, A Xerox Company, to Xerox State Healthcare

In 2010, Xerox acquired Affiliated Computer Services (ACS). Since that time, ACS has been known as "ACS, A Xerox Company". The Department's fiscal agent is now being referred to as **Xerox State Healthcare**.

Some updates will be made to the Department's communications and publications reflecting the Xerox name and logo. Publications will note "Xerox State Healthcare". There has also been a change to the fiscal agent's email extension, which is now formatted with "@xerox.com".

Feel free to contact Xerox State Healthcare at 1-800-237-0757 with questions.

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## All Providers

### Prior Authorization Request (PAR) Submission to the ColoradoPAR Program

The ColoradoPAR Program now processes PARs for the following benefits:

- Audiology
- Dental and Orthodontics
- Durable Medical Equipment (DME)/Supply- All (including repairs)
- Diagnostic imaging – limited to non-emergency Computed Tomography (CT) Scans and Magnetic Resonance Imaging (MRI), and all Positron Emission Tomography (PET) Scans
- Medical/surgical services
- Reconstructive surgery
- EBI Bone Stimulator
- Second surgical opinions
- Physical and occupational therapy services
- Transportation
- Out-of-state non-emergency surgical services
- Organ transplantation
- EPSDT Extraordinary Home Health
- Private Duty Nursing
- Vision - including contact lenses



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

#### 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

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

Questions can be directed to the ColoradoPAR Program at 1-888-454-7686.

### Online PAR Processing with CareWebQI

Please continue to use the [CareWebQI](#) online portal to submit PARs to the ColoradoPAR Program. PARs submitted through this portal have faster processing times and allow for greater continuity of care. Submitting PARs through the CareWebQI portal allows the medical review staff to see medical documentation quickly and provide a decision faster than those PARs submitted by fax. All PARs will continue to be processed in a timely manner regardless of the submission method.

### Submitting Clinical Documentation with CareWebQI

Clinical information is imperative for PAR review. Be sure to answer the clinical questions in CareWebQI when submitting a PAR and attach relevant clinical information needed for PAR determinations.

Submit all relevant supporting documentation with the PAR so that the medical review can be completed in a timely fashion. It is the responsibility of the provider who submits the PAR to provide all relevant information. If clinical information is missing or inadequate, a message will be sent to providers via the CareWebQI message system. Please stay current with these messages in order to keep the PAR moving through the process. Missing or inadequate clinical information will result in a lack of information (LOI) denial. PAR submitters will have 24 hours to respond to requests for more information before a LOI denial is issued.

### **Training on CareWebQI**

If training is needed for CareWebQI, visit [coloradopar.com](http://coloradopar.com) for more information, including updated trainings and schedules. The ColoradoPAR Program offers CareWebQI training the second Wednesday of the month at 1:00 p.m. MST. The ColoradoPAR Program offers training to providers who would like on-site training. If interested, please email the ColoradoPAR Program at [RES\\_ColoradoPAR@apshealthcare.com](mailto:RES_ColoradoPAR@apshealthcare.com).

For WebEx trainings, please be sure to log on prior to the scheduled time for online training and to make sure the correct software is available for viewing the presentation. If technical assistance is needed with using the WebEx, please call 1-866-863-3910 OR see <https://www.webex.com/login/attend-a-meeting> for more information.

### **Nurse Advice Line**



Please remind clients who receive Medicaid benefits that the Nurse Advice Line is available 24 hours a day, 7 days a week. This is a triage call line that is answered by a nurse to help clients determine the best level of care needed. The number to call is 1-800-283-3221.

### **Client Over-Utilization Program (COUP)**

A reminder to all providers that Colorado Medical Assistance Program has a Client Over-Utilization Program (COUP) in place. The COUP is a statewide utilization control program that safeguards against unnecessary or inappropriate use of care or services. This program provides a post-payment review process allowing for the review of Medicaid client utilization profiles. It identifies excessive patterns of utilization in order to rectify over-utilization practices of clients. The COUP will restrict clients to one designated pharmacy and primary care physician when there is documented evidence of abuse or over-utilization of allowable medical benefits.

Medicaid clients that meet any one of the following criteria during a three-month period may be placed in the COUP:

- Use of sixteen or more prescriptions;
- Use of three or more pharmacies;
- Use of three or more drugs in the same therapeutic category, e.g., Oxycodone, Oxycontin, Hydrocodone;
- Has excessive Emergency Room (ER) and physician visits; OR
- A referral or analysis indicates possible over utilization.



Exceptions can be made when use of services is determined to be medically necessary.

Roles and responsibilities of COUP Primary Care Provider/Primary Pharmacy are as follows:

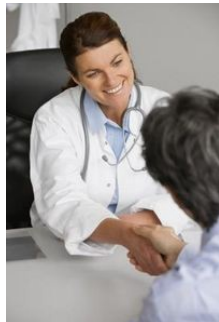
1. The COUP primary care provider will serve as the case manager for the client. The COUP primary care provider shall authorize and monitor services rendered to the client by any other health care provider and/or pharmacy.
2. COUP primary care providers will be responsible for member referral to any specialist provider(s) determined necessary by primary care provider. In addition, the primary care provider is responsible for approval of all prescriptions. Some exceptions may be made in the case of a pain specialist working with the client that is not also the primary care provider.
3. COUP primary care providers (primary care physician or primary pharmacy) may terminate their participation in the COUP by contacting the COUP Coordinator at 1-888-454-7686 (option 2). The COUP Coordinator shall notify the client immediately to select another primary care provider (primary care physician or primary pharmacy).

The COUP primary care provider (primary care physician or primary pharmacy) will be asked to continue as the primary care provider for the 45 day post-notification date while a new COUP provider (primary care physician or primary pharmacy) is assigned.

If interested in becoming a COUP provider, please contact Sarah Kennedy at [skennedy@apshealthcare.com](mailto:skennedy@apshealthcare.com).

### **Accountable Care Collaborative (ACC) Program Referral Requirement**

The ACC program will no longer require that specialists get an administrative referral from the Primary Care Medical Provider (PCMP). This means that the PCMPs provider billing ID is not needed on a specialty claim for the claim to be paid. This policy will be officially effective after new Regional Care Coordination Organizations (RCCOs) contracts are executed.



Based on stakeholder feedback, the Department of Health Care Policy and Financing (the Department) has decided that an administrative referral or a claims based referral for specialist services is not necessary. Instead, the Department will work with RCCOs to ensure that PCMPs and specialists establish protocols for a clinical referral process. A clinical referral process would ensure there is coordination and an appropriate exchange of information between specialists and PCMPs but would not

be tied to payment.

The Statewide Data and Analytics Contractor (SDAC) will develop data to help RCCOs and PCMPs understand where clients are going and build processes for sharing clinical information.

If interested in providing input on the clinical referral process, please contact Leslie Weems at [Leslie.Weems@state.co.us](mailto:Leslie.Weems@state.co.us) or 303-866-3393 for information about the next Provider and Community Relations Subcommittee meeting.

### **Medicaid Payment Reform**

The Department is getting ready to begin implementation of payment reform legislation, which was passed during the last legislative session. This legislation, HB 1281, allows the Department to accept proposals for innovative payment reforms that will demonstrate new ways of paying for improved client outcomes while reducing costs.

The Department is developing a formal process for requesting, receiving, evaluating and selecting proposals. The first step will be a call for abstracts which is expected to be released in August 2012. Look for more information to be posted on the Department's Web site ([colorado.gov/hcpf](http://colorado.gov/hcpf)) as it becomes available later in the summer of 2012. For questions, contact Joe Rogers at [Joe.Rodgers@state.co.us](mailto:Joe.Rodgers@state.co.us) or 303-866-2715.

### **Direct Deposit Information**

Providers who use Electronic Funds Transfer (EFT) can receive payments up to a week sooner than those receiving paper checks (warrants). Providers who are currently receiving paper checks and are interested in receiving payments through EFT, must complete and submit the W-9 and EFT forms located under Other Forms in the Provider Services [Forms](#) section of the Department's Web site. To avoid processing delays, the information provided on the W-9, EFT form, and a voided check must all match the information on file with the Internal Revenue Service (IRS). Please allow 30 days to process the request. Paper checks will be issued until the EFT has been established. After 30 days, check with the bank to verify that EFT has been set up.



Providers who wish to update their account information should use this same process.

Feel free to send an email to [hcpf@state.co.us](mailto:hcpf@state.co.us) with questions.

### **Labor Day Holiday**



Due to the Labor Day holiday on Monday, September 3, 2012, the receipt of warrants will be delayed by one or two days. State, the Department's fiscal agent (Xerox State Healthcare), and ColoradoPAR Program offices will be closed on September 3, 2012. Offices will re-open during regular business hours on Tuesday, September 4, 2012.

## **New Provider Manual Section**

The new [Colorado 1500 General Billing Information](#) has been posted in the Provider Services [Billing Manuals](#) section of the Department's Web site. Please use this manual section with the Colorado 1500 Specialty Manuals.

## **Dental and Orthodontic Providers**

### **Prior Authorization Request (PAR) Submission**

The ColoradoPAR Program is now processing all Dental and Orthodontic PARs. PARs will no longer be accepted by the Department's fiscal agent for processing and will be denied for being sent to the incorrect agency. PARs that are denied by the Department's fiscal agent must be resent to ColoradoPAR Program in order to be processed. Please submit Dental and Orthodontic PARs and relevant clinical information by fax or mail to the ColoradoPAR Program at:

Fax: 1-866-492-3176      Mail: 2401 NW 23rd Street, Suite 2D  
Oklahoma City, OK 73107

## **Durable Medical Equipment (DME)/Supply Providers**

### **Special Prior Authorization Request (PAR) Submission Requirements**

As of July 2, 2012, the PAR process for certain DME codes changed. In an effort to increase efficiency and timely access to services, the [ColoradoPAR Program](#) is no longer doing a clinical review for selected codes. The special provider bulletin, [B1200323](#), will soon be revised with the most recent list of codes. Providers are still required to submit a "notification" into CareWebQI in order to provide these services, and the notification will then be auto-authorized. The notification process is the same as the PAR process in CareWebQI, except providers will no longer have to provide the clinical indications for the codes listed in the special bulletin. Although providers will have auto-authorization, a PAR ID must still be obtained in order to provide and bill for services. A PAR ID is still required when submitting claims to the Colorado Medical Assistance Program.



It is the provider's responsibility to maintain clinical documentation to support services provided in the client's file in the event of an audit or retroactive review. Suggested documents include, but are not limited to, the history and physical reviews of the client, progress notes, office notes, lab results and medications being prescribed. As with all PARs and notifications, an auto-authorized service is not a guarantee of payment.

PLEASE NOTE: Services may be audited after being rendered to ensure services provided are appropriate and that all appropriate documentation is maintained.

For any questions please contact the ColoradoPAR Program at 1-888-454-7686.

## **Home Health Providers**

### **Prior Authorization Request (PAR) Submission**

Beginning August 24, 2012, Long Term Home Health PARs for clients 20 and under will be processed by the ColoradoPAR Program. The PAR process will not be changing at this time and providers should continue to follow the process that has been in place since December 2011.

Please contact ColoradoPAR with any questions at 1-888-454-7686.

### **Revenue Code Change**



Effective September 1, 2012, the acute home health assess and teach revenue code 589, will no longer be active. Please bill all acute home health nursing visits including assess and teach services using revenue code 550. Please contact Guinevere Blodgett at [Guinevere.Blodgett@state.co.us](mailto:Guinevere.Blodgett@state.co.us) or 303-866-5927 with questions.



## **Home and Community Based Service (HCBS) Waiver Providers**

### **Procedure Code Changes**

Four procedure codes for services in the HCBS for persons with Developmental Disabilities (HCBS-DD) and HCBS-Supported Living Services (HCBS-SLS) waivers are effective September 1, 2012. The procedure code for Supported Employment-Job Placement Services will change from T2038 to H2024 and the procedure code for Non-Medical Transportation Services-Other (Public Conveyance) will change from T2025 to T2004.

Refer to the updated HCBS-DD and HCBS-SLS Service Rates sheet posted on the [DDD Web site](#). Contact Lori Thompson, Program Services Manager, at [Lori.Thompson3@state.co.us](mailto:Lori.Thompson3@state.co.us) or 303-866-7395 with questions.

### **Program Rates**

HCBS rates that were effective July 1, 2011 will continue through this next fiscal year, July 1, 2012 through June 30, 2013. Individual program rate schedules are included in Attachment A of this bulletin. For questions concerning HCBS rates, please contact Randie Wilson at 303-866-6199.

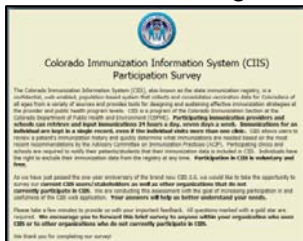


## **Immunization Providers**

### **2012 Colorado Immunization Information System (CIIS) Participation Survey**

The CIIS is a confidential, population-based, computerized system managed by the [Colorado Department of Public Health and Environment](#) (CDPHE) that houses immunization information for people of all ages. Medical providers who administer vaccines to patients can enroll to have the immunization information for their patients housed in CIIS. This is not a mandatory requirement for providers; it is completely voluntary. The benefit of CIIS is that it helps providers track the vaccines that their patients have received and additionally provides CDPHE with immunization data. For more information on CIIS, please click [here](#). In June 2011, CIIS replaced their home-grown, legacy system with a modern immunization registry called CIIS 2.0 that has greater features and functionality such as a school companion application, inventory management module, and many additional reports. CDPHE has just celebrated the one-year anniversary of CIIS 2.0.

One of CDPHE's goals is to increase provider participation in CIIS. In order to do so, CDPHE is surveying providers who do participate in CIIS and those who do not. The survey will help CDPHE to better understand the needs of medical providers. Click on the link below to take the survey and provide your feedback by August 15, 2012.



**[TAKE THE SURVEY](#)**

For questions or comments regarding the survey or CIIS, please contact Diana Herrero at [Diana.Herrero@state.co.us](mailto:Diana.Herrero@state.co.us) or 303-692-2695.

## **Pharmacy Providers**

### **Drug Utilization Review (DUR) Board News**

Tuesday, August 21, 2012  
7:00 p.m. - 9:00 p.m.  
225 E. 16<sup>th</sup> Avenue  
Denver, CO 80203  
1<sup>st</sup> Floor Conference Room

The upcoming DUR Board meeting will be addressing the following Drug Classes: Protease Inhibitors to treat Hepatitis C; Bisphosphonates; Biguanides; Hypoglycemic Combinations; Meglitinides; Thiazolidinediones; Newer Diabetic Agents (DPP-4 inhibitors, amylinomimetics and incretin mimetics); Erythropoiesis Stimulating Agents; Stimulants and ADHD Treatments; and Drugs to treat Urinary Incontinence.

Interested parties who would like to present testimony to the DUR Board must sign up at least 24 hours in advance by contacting Jim Leonard at [Jim.Leonard@state.co.us](mailto:Jim.Leonard@state.co.us) 303-866-3502.

For the meeting agenda, please visit the [Drug Utilization Review \(DUR\) Board](#) Web page of the Department's Web site.

### **COBManager**

The Department is programming a new process to ensure commercial payors pay pharmacy claims prior to billing the Colorado Medical Assistance Program for clients with commercial pharmacy coverage. It is anticipated that this new process will be implemented on August 1, 2012. With COBManager, the Department's third party liability vendor (HMS) will match pharmacy claims on a daily basis with commercial eligibility data and submit claims to the Commercial Pharmacy Benefit Manager (PBM) when there is coverage under a commercial plan. The pharmacy provider is then paid by the Commercial PBM as a separate transaction. HMS sends a rebill (NCPDP B3) claim to the Colorado Medical Assistance Program showing the amount paid by the PBM in order to coordinate benefits. Please check the [Pharmacy](#) Web page of the Department Web site for the latest information on this project.

### **Proton Pump Inhibitors (PPI)**

Please see the prior authorization criteria listed on the [Preferred Drug List \(PDL\)](#) under the Proton Pump Inhibitors class for significant updates. The pharmacy claims system will be sending a message to pharmacies reminding them of the upcoming changes beginning in August 2012.

The actual criteria will become effective September 15, 2012, and most clients will be limited to 60 days of PPI therapy per year unless criteria are met.

### **Open Pharmacy & Therapeutics (P&T) Committee Positions**

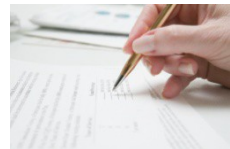
The Department would like to announce that Curriculum Vitae (CV) submissions for potential P&T committee members are currently being accepted. The following positions are open:

- 1 Client Representative
- 1 Pharmacist

Pharmacists applying for committee positions must be licensed and actively practicing in the state of Colorado in order to serve as a member. All selected P&T committee members must disclose any conflicts of interest that could affect the ability to fulfill duties objectively. The Executive Director of the Department will appoint or reappoint committee members to serve the term from January 2013 – December 2013.

Interested parties may submit their CVs to:

Colorado Department of Health Care Policy and Financing  
 Attn: Robert Lodge  
 1570 Grant Street  
 Denver, CO 80203-1818  
[Robert.Lodge@state.co.us](mailto:Robert.Lodge@state.co.us)



The Department is currently accepting submissions until August 15, 2012. Appointed members will be contacted by the Department to confirm their acceptance. P&T committee meetings are generally held quarterly (usually the first Tuesday of each quarter) unless otherwise announced. The meetings are held in Denver, Colorado (unless otherwise specified) and there is currently no reimbursement for service on the committee. Selected members will begin service at the next P&T committee meeting on October 2, 2012.

## **August and September 2012 Provider Billing Workshops**

### **Provider Billing Workshop Sessions**



Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures. The August and September 2012 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 for all workshops

Email reservations to:

[workshop.reservations@xerox.com](mailto:workshop.reservations@xerox.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 date and time of the workshop
- The number of people attending and their names
- 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 to ensure 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:

Xerox State Healthcare  
Denver Club Building  
518 17<sup>th</sup> Street, 4<sup>th</sup> 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.

## August and September 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.)*

### DME/Supply

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

### FQHC/RHC

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

### 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.

### **Occupational, Physical, and Speech Therapy**

This class is for billers using the Colorado 1500/837P claim format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical, and Speech Therapy 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.)*

### **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

### **Transportation**

This class is for emergency transportation providers billing on the Colorado 1500/837P and/or UB-04/837I formats. The class covers billing procedures, common billing issues, and guidelines specifically for Transportation providers.

### **Beginning Billing for 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

### **Web Portal**

Web Portal classes provide an overview of the Colorado Medical Assistance Program Web Portal, a description of its functions and contact and support information.

### **Driving directions to Denver Club Building, 518 17<sup>th</sup> 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.

The Department's 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).

Parking is not provided 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](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@xerox.com](mailto:workshop.reservations@xerox.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.

**August 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 OT/PT/ST 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 Hospice 1:00 PM-3:00 PM	9 DME/Supply Billing 9:00 AM-11:00 AM	10 WebEx - Beginning Billing – CO -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	21	22	23	24	25
26	27	28	29	30	31	

**September 2012**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 <i>Labor Day</i>	4	5	6	7	8
9	10	11 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Transportation 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 Dialysis 1:00 PM-3:00 PM	13 Provider Enrollment 9:00 AM-11:00 AM Pharmacy 2:00 PM-3:00 PM WebEx - Practitioner 1:00 PM-4:00 PM	14 WebEx - Basic Bill for Waiver Providers 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Home Health 3:00 PM-4:30 PM	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

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

**Xerox State Healthcare 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](http://colorado.gov/pacific/hcpf)**

## Home and Community Based Services Rates

### HCBS Waiver for Persons with Brain Injury

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE 07/1/2011	NEW RATE 7/1/2012	UNIT VALUE
Adult Day Services	S5102	\$ 45.88	\$ 45.88	Day
Assistive Technology	T2029	NR*	NR*	Per Purchase
Behavioral Programming	H0025	\$ 12.94	\$ 12.94	Half Hour
Day Treatment	H2018	\$ 72.78	\$ 72.78	Day
Home Modifications	S5165	NR*	NR*	Per Modification; \$10,000.00 Lifetime Maximum
Independent Living Skills Training	T2013	\$ 23.55	\$ 23.55	Hour
<b>Mental Health Counseling</b>				
Family	H0004 HR	\$ 13.37	\$ 13.37	15 minutes
Group	H0004 HQ	\$ 7.49	\$ 7.49	15 minutes
Individual	H0004	\$ 13.37	\$ 13.37	15 minutes
<b>Non-Medical Transportation</b>				
Med Trans. Rate	T2001			Code will end date 07/2013
Taxi	A0100	\$ 46.98	\$ 46.98	1 Way Trip
Mobility Van	A0120	\$ 12.07	\$ 12.07	1 Way Trip
Wheelchair Van	A0130	\$ 15.02	\$ 15.02	1 Way Trip
To and From Adult Day	Relevant Proc Code from above, HB Modifier		Relevant Price from above	1 Way Trip
<b>Personal Emergency Response System</b>				
Installation	S5160	NR*	NR*	Per Purchase
Service	S5161	NR*	NR*	Per Month
Personal Care	T1019	\$ 3.53	\$ 3.53	15 minutes
Relative Personal Care	T1019 HR	\$ 3.53	\$ 3.53	15 minutes
<b>Respite Care</b>				
NF	H0045	\$ 108.40	\$ 108.40	Day
In Home	S5150	\$ 2.94	\$ 2.94	15 minutes
<b>Individual Substance Abuse Counseling</b>				
Family	T1006	\$ 53.53	\$ 53.53	Hour
Group	H0047	\$ 29.98	\$ 29.98	Hour
Individual	H0047	\$ 53.53	\$ 53.53	Hour
Transitional Living	T2016	\$ 126.61	\$ 126.61	Day
Supported Living Program	T2033	NR*	NR*	Day

**NR\*=Rate negotiated by case manager, will vary by client**

### HCBS Waiver for Persons who are Elderly, Blind, or Disabled

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE 07/1/2011	NEW RATE 7/1/2012	UNIT VALUE
<b>Adult Day Services</b>				
Basic Rate	S5105	\$ 21.79	\$ 21.79	4-5 Hours
Specialized Rate	S5105	\$ 27.83	\$ 27.83	3-5 Hours
Alternative Care Facility	T2031	\$ 46.14	\$ 46.14	Day
<b>Community Transition Services</b>				
Transition Coordinator	T2038	NR*	NR*	Per Transition; \$2,000.00 Lifetime Maximum
Items Purchased	T2038	NR*	NR*	Per Transition; \$2,000.00 Lifetime Maximum
<b>Consumer Directed Attendant Support Services (CDASS)</b>				
Consumer Direct Attendant Support Services	T2025	Allocation	Allocation	
Consumer Direct Attendant Support Services Per Member Per Month	T2040	10.75% of Allocation	\$ 310.00	1 Month
<b>Electronic Monitoring</b>				
Installation	S5160	NR*	NR*	Per Purchase
Monitoring	S5161	NR*	NR*	Per Month
Homemaker	S5130	\$ 3.47	\$ 3.47	15 minutes
Home Modification	S5165	NR*	NR*	Per Modification; \$10,000.00 Lifetime Maximum
<b>In Home Support Services (IHSS)</b>				
IHSS Health Maintenance Activities	H0038	\$ 6.55	\$ 6.55	15 minutes
IHSS Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes
IHSS Relative Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes
IHSS Homemaker	S5130	\$ 3.47	\$ 3.47	15 minutes
<b>Medication Reminder</b>				
Install/Purchase	T2029	NR*	NR*	
Monitoring	S5185	NR*	NR*	
<b>Non-Medical Transportation</b>				
Med. Transportation Rate	T2001			Code will end date 07/2013
Taxi	A0100	\$ 46.98	\$ 46.98	1 Way Trip
Mobility Van	A0120	\$ 12.07	\$ 12.07	1 Way Trip
Wheelchair Van	A0130	\$ 15.02	\$ 15.02	1 Way Trip
To and From Adult Day	Relevant Proc Code from above, HB modifier		Relevant rate from above	
Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE 07/1/2011	NEW RATE 7/1/2012	UNIT VALUE
Relative Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes
<b>Respite Care</b>				
ACF	S5151	\$ 51.38	\$ 51.38	Day
NF	H0045	\$ 114.57	\$ 114.57	Day
In Home	S5150	\$ 2.94	\$ 2.94	15 minutes

NR\*=Rate negotiated by case manager, will vary by client

### HCBS Community Mental Health Supports Waiver

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2012	UNIT VALUE
<b>Adult Day Services</b>				
Basic Rate	S5105	\$ 21.79	\$ 21.79	4-5 Hours
Specialized Rate	S5105	\$ 27.83	\$ 27.83	3-5 Hours
Alternative Care Facility	T2031	\$ 46.14	\$ 46.14	Day
<b>Consumer Directed Attendant Support Services (CDASS)</b>				
Consumer Direct Attendant Support Services	T2025	Allocation	Allocation	
Consumer Direct Attendant Support Services Per Member Per Month	T2040	10.75% of Allocation	\$ 310.00	1 Month
<b>Electronic Monitoring</b>				
Installation	S5160	NR*	NR*	
Service	S5161	NR*	NR*	
Homemaker	S5130	\$ 3.47	\$ 3.47	15 minutes
Home Modification	S5165	NR*	NR*	Per Modification; \$10,000.00 Lifetime Maximum
Medication Reminder				
Install/Purchase	S5185	NR*	NR*	
Monitoring	T2029	NR*	NR*	
<b>Non-Medical Transportation</b>				
Med. Transp. Rate	T2001			Code will end date 07/2013
Taxi	A0100	\$ 46.98	\$ 46.98	1 Way Trip
Mobility Van	A0120	\$ 12.07	\$ 12.07	1 Way Trip
Wheelchair Van	A0130	\$ 15.02	\$ 15.02	1 Way Trip
To and From Adult Day	Relevant Proc Code from above, HB modifier		Relevant rates from above	
Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes
Relative Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes



SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2012	UNIT VALUE
<b>Respite Care</b>				
ACF	S5151	\$ 51.38	\$ 51.38	Day
NF	H0045	\$ 114.57	\$ 114.57	Day
In Home	S5150	\$ 2.94	\$ 2.94	15 minutes

NR\*=Rate negotiated by case manager, will vary by client

### HCBS Waiver for Persons Living with HIV/AIDS

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 7/1/2012	UNIT VALUE
<b>Adult Day Services</b>				
Basic Rate	S5105	\$ 21.79	\$ 21.79	4-5 Hours
Specialized Rate	S5105	\$ 27.83	\$ 27.83	3-5 Hours
<b>Electronic Monitoring</b>				
Installation	S5160	NR*	NR*	Per Purchase
Service	S5161	NR*	NR*	Per Month
Homemaker	S5130	\$ 3.47	\$ 3.47	15 minutes
<b>Non-Medical Transportation</b>				
Med. Transp. Rate	T2001			Code will end date 07/2013
Taxi	A0100	\$ 46.98	\$ 46.98	1 Way Trip
Mobility Van	A0120	\$ 12.07	\$ 12.07	1 Way Trip
Wheelchair Van	A0130	\$ 15.02	\$ 15.02	1 Way Trip
To and From Adult Day	Relevant Proc Code from above, HB modifier		Relevant rate from above	
Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes
Relative Personal Care	T1019	\$ 3.47	\$ 3.47	15 minutes

NR\*=Rate negotiated by case manager, will vary by client