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Did you know...?

If you are a provider in one (1) of the following counties: Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Mesa, Mineral, Montezuma, Montrose, Ouray, Pitkin, San Juan, or San Miguel, revalidation and enrollment begins Thursday, October 1, 2015. Providers may utilize the new [Online Provider Enrollment \(OPE\) tool](#). Please refer to the [revalidation and enrollment wave schedule](#) to find your county's assigned wave.

All Providers

International Classification of Diseases, 10th Revision (ICD-10) is Live

Effective October 1, 2015, ICD-10 is now active and replacing ICD-9 diagnosis codes. Providers should note the ICD-10 implementation is Date of Service (DOS) specific:

1. ICD-9 diagnosis and surgical procedure codes will be required on claims that contain DOS or dates of discharge (DOD) on or before September 30, 2015.
2. ICD-10 diagnosis and surgical procedure codes are required on claims that contain DOS or DOD on or after October 1, 2015.
3. Claims submitted with both ICD-9 and ICD-10 codes will reject. Providers will have to submit two (2) different claims based on the DOS or DOD.

There are a few Denial/Error code descriptions relating to ICD-9 that will change due to the implementation of ICD-10 on October 1, 2015. Providers may refer to [Appendix R](#) for a list of all error descriptions. Be sure to verify the correct DOS or DOD to determine which code is in error. Additional information can be found in the [Provider Billing Manuals](#) as well as the ICD-10 section of the [Provider Implementation](#) website.

ColoradoPAR New Vendor Information

On September 1, 2015, [eQHealth Solutions](#) began operating as the Department of Health Care Policy and Financing's (the Department) ColoradoPAR vendor.



**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

Please visit the eQHealth Solutions website for provider information, training materials, and access to the PAR portal eQSuite. Please make note of the following contact information:

ColoradoPAR Provider Line

eQHealth Solutions Customer Service

888-801-9355 (toll free phone)

ColoradoPAR Provider Fax

eQHealth Solutions Fax Line

866-940-4288 (toll free fax)

Reminder: Medicaid Billing Provider ID on CMS 1500 Paper Claim Forms

When submitting CMS 1500 paper claims, it is required that providers use their eight (8) digit Colorado Medical Assistance Program provider number. The Medicaid provider number is different from a national provider identification (NPI) number.

The Medicaid billing ID is required.

- Field 33B – Billing Provider Number

28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
\$ 30 08	\$	
33. BILLING PROVIDER INFO & PH # ()		
HCBS EBD Provider		
100 Any Street		
Any City		
a.	b.	04567890

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

When using the rendering provider, please use the eight (8) digit Medicaid ID in the following field:

- Field 24J – Rendering Provider Number

F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
903 90	30		NPI	
			NPI	

When using the referring provider, please use the eight (8) digit Medicaid ID in the following field:

- Field 17A – Referring Provider Number

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			15. OTHER DATE			
MM	DD	YY	QUAL.	MM	DD	YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a.			
			71b.	NPI		
16. ADDITIONAL CLAIM INFORMATION (OPTIONAL)						

Note: If the NPI is the only provider ID used, the paper claim will not be processed, and the claim will be returned to the provider.

Medicaid Provider Rate Increase Update

Medicaid provider rate increases were approved during the 2015-2016 legislative session and are effective for dates of service beginning July 1, 2015. All rates require approval from the Centers for Medicare and Medicaid Services (CMS). The Department has worked to obtain approval from CMS to implement the rates with an effective date of July 1, 2015. Some providers will be paid retroactively if there is a delay in rate implementation. Further rate increases will be implemented when approved. Please reference the [Targeted Rate Increase Fact Sheet](#) for more information.

Medicaid Cessation Resource Group

Tobacco use remains the leading cause of preventable death and disease in Colorado, killing more than 5,100 Coloradans each year. Providers are one of the most influential forces in a smoker's life in providing encouragement and support towards the decision to quit. Medicaid tobacco treatment is comprehensively covered in Colorado, but current utilization of the counseling and pharmacotherapy benefits is low.

The Colorado Department of Public Health and Environment (CDPHE) invites providers to participate in a new Medicaid Cessation Resource Group (MCRG) to support the integration of the Colorado Medicaid tobacco cessation counseling and pharmacotherapy benefits into clinical practice. Medicaid Cessation Resource Group members will help plan and discuss mechanisms and issues related to integrating care coordination efforts for Medicaid members and providers. Group members will be asked to provide their expertise via in-person (quarterly) and virtual (bi-monthly) meetings by:

- (1) Contributing to the assessment of current clinical workflow processes around tobacco interventions,
- (2) Collaborating on developing health care systems change processes,
- (3) Testing proposed monitoring systems and data collection/analysis,
- (4) Providing feedback on training materials and developing a communications plan, and
- (5) Participating in project evaluation activities.

The first meeting is on Monday, November 2, 2015. All meetings will be held at CDPHE at:
4300 Cherry Creek Drive South
Glendale, CO 80246

Call-in numbers will be available for anyone unable to participate in person.

Please contact Laura Gerard at Laura_Gerard@jsi.com or 303-262-4325 if interested in joining MCRG, the call-in number for the meeting, or for more information by Friday, October 23, 2015 so an accurate count of attendees can be planned for.

Columbus Day Holiday

Due to the Columbus Day holiday on Monday, October 12, 2015, State offices and the ColoradoPAR Program offices will be closed. Xerox State Healthcare and DentaQuest are conducting business during regular business hours. The receipt of warrants and Electronic Funds Transfers (EFTs) may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.



Dental Providers

"Take 5" Pay for Performance Program – Update

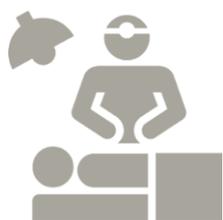
Due to an unforeseen delay in compiling and validating required data that meets federal reporting requirements, the "Take 5" Pay for Performance Program provider payments are delayed. DentaQuest began posting all provider reports that detail payment(s) on the DentaQuest Provider [Web Portal](#) in the third week of September. DentaQuest will mail the first cycle of checks in mid-October 2015 and on a monthly basis moving forward.

As a reminder for providers, the "Take 5" Program payments will be made by DentaQuest via paper checks that **will be mailed to the billing entities on behalf of the rendering providers**. Please refer to the updated "Take 5" Pay for Performance Program [Frequently Asked Questions \(FAQ\)](#) document or contact DentaQuest Provider Services at 855-225-1731 for more information.

Medical/Surgical Providers

Billing for Assistant Surgeon Services

Assistant surgeon services are reported on claims by adding modifier code "80" to the surgical procedure code. Surgical procedures where an assistant surgeon is allowed are individually reviewed based on national coding guidelines.



Payment up to 20 percent of the surgeon's maximum allowable reimbursement is allowed for the first procedure and 5 percent of the surgeon's maximum allowable reimbursement is allowed for any subsequent procedures.

Using modifier code "80" prevents the claim from being denied as a duplicate service. When the same physician is reimbursed for primary surgical services performed concurrently, or consecutively, on the same patient, and on the same day, assistant surgeon services are not paid.

Reimbursement for assistant surgeon services is not allowed for non-physician assistants, e.g., Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS). Colorado Medical Assistance Program guidelines only allow for assistant surgeon services to be billed by a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO). With modifier "80" now identifying assistant surgeon services, the previous modifier code "AS" will not be accepted for payment.

Please contact Rebecca Kurz at Rebecca.Kurz@state.co.us with questions.

Pharmacy Providers

Morphine Equivalent Limitations Update

Implementation of the morphine equivalent limitations policy is anticipated within the next few months. The Department is continuing to develop a policy for opioid-containing products and methadone that will apply a limit on the total daily milligrams of opioids and methadone that can be dispensed using morphine equivalents conversion calculations. Under this new policy, the daily milligrams of morphine equivalents for each opioid containing agent (including both long-acting and short-acting) and methadone that a member is currently taking will be added together. Prescriptions that exceed the maximum daily limit of 300 milligrams of morphine equivalents will be denied. In addition, the current policy that limits short-acting opioids to four (4) per day except for acute pain situations will continue to be in effect. Further details will be provided in future announcements.



Psychiatric Consultation for Children

The Department is pleased to announce a valuable service to help providers manage psychiatric medications for children. The Department's Drug Utilization Review (DUR) provider, the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, in collaboration with Colorado Behavioral Health Systems, specifically the Colorado Psychiatric Access and Consultation for Kids (C-PACK) program, has child psychiatrists available to provide consultation to Medicaid providers. The service includes phone or email consultations to optimize pharmacotherapy. Please contact Nila Mahyari, PharmD, DUR Clinical Specialist at Nila.Mahyari@state.co.us for additional information or to be connected with a child psychiatrist. Child psychiatrist responses are usually provided within a few days of the initial request. Care coordination is not a service provided by DUR.

Total Annual Prescription Volume Survey

The Department contracted Mercer Government Human Services Consulting (Mercer) to conduct the total annual prescription volume (TAPV) survey. The prescription volume information submitted by most pharmacy providers will be used to determine each pharmacy's dispensing fee for the 2016 calendar year.

Pharmacies that meet the regulatory definition of a Government or Rural Pharmacy will have their dispensing fee determined by their pharmacy type (per 10 CCR 2505-10, Sections 8.800.1 and 8.800.13).

Mercer began distributing surveys to pharmacy providers on September 30, 2015. The completed surveys can be returned by mail, email, or fax and must be received by Mercer by October 31, 2015. Each pharmacy provider (other than Government or Rural Pharmacies) that chooses not to participate in the prescription volume survey will be placed in the lowest dispensing fee tier, currently paying \$9.31 per eligible Medicaid prescription.



Total Annual Prescription Volume (TAPV)	Dispensing Fee
0 – 59,999 TAPV	\$13.40
60,000 – 89,999 TAPV	\$11.49
90,000 – 109,999 TAPV	\$10.25
110,000+ TAPV	\$ 9.31

Rural Pharmacy	\$14.14
Government Pharmacy	\$ 0.00

Please contact the Department at Colorado.SMAC@state.co.us with questions regarding the survey or if you have not received a survey and would like to request one (1).

Transportation Providers

Non-Emergent and Emergent Medical Transportation (NEMT, EMT) ICD-10 Change



On June 6, 2014, the U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance deadline for health care providers, health plans, and health care clearinghouses to transition to International Classification of Diseases, 10th Revision (ICD-10). Currently providers for NEMT services are required to input the ICD-9 diagnosis code on their claim submissions. Beginning October 1, 2015, claims submitted for Home and Community Based Services (HCBS) may use the new ICD-10 diagnosis code R68.89, other general symptoms and signs, for Non-Emergent and Emergent Medical Transportation.

All claims billed with dates of service on or after October 1, 2015 will deny if the ICD-9 code is input on the claim. Please ensure that the ICD-10 code is used to prevent billing issues. Providers will not be able to bill spans that overlap October 1, 2015.

The Department has updated the [Transportation](#) billing manual containing the ICD-9 diagnosis code and replaced that information with the corresponding ICD-10 code. Updated billing manuals are available on the Department's [billing manuals](#) website.

Waiver Providers

Home and Community Based Service Providers ICD-10 Change

On June 6, 2014, the U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance deadline for health care providers, health plans, and health care clearinghouses to transition to International Classification of Diseases, 10th Revision (ICD-10). Currently providers for HCBS services are required to input the ICD-9 diagnosis code 799.9 on the claim submission. Beginning October 1, 2015 claims submitted for HCBS services may use the new ICD-10 diagnosis code R69, illness unspecified, for the following HCBS waivers under which the client is receiving services:

- HCBS Elderly, Blind, and Disabled (EBD)
- HCBS Community Mental Health Supports (CMHS)
- HCBS Brain Injury (BI)
- HCBS Spinal Cord Injury (SCI)
- HCBS Developmental Disabilities (DD)
- HCBS Supported Living Services (SLS)
- Children's HCBS (CHCBS)
- Children's Extensive Supports (CES)
- Children's Habilitative Residential Program (CHRP)

- Children with Life Limiting Illness (CLLI)

The Children with Autism (CWA) waiver may use the new ICD-10 diagnosis code F84.0.

All claims billed for dates of service on or after October 1, 2015 will deny if the ICD-9 code is used on the claim. Please ensure that the ICD-10 code is used to prevent billing issues.

Providers will not be able to bill spans that overlap October 1, 2015.

The Department has updated the HCBS waiver billing manuals that contain ICD-9 diagnosis codes and replaced that information with the corresponding ICD-10 codes. The updated billing manuals are available on the Department's [billing manuals](#) website.



October and November 2015 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

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

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

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



Who Should Attend?

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

October 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
11	12	13 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Vision 1:00 p.m.-3:00 p.m.	14 *WebEx* UB-04 9:00 a.m.-11:30 a.m. *WebEx* Web Portal 837I 11:45 a.m.-12:30 p.m. Nursing Facility 1:00 p.m.-3:00 p.m.	15 Pharmacy 9:00 a.m.-11:00 a.m. *WebEx* Home Health 1:00 p.m.-3:00 p.m.	16 Practitioner 9:00 a.m.-11:00 a.m. Transportation 1:00 p.m.-3:00 p.m.	17
18	19	20	21	22	23 *WebEx* Personal Care 1:00 p.m.-3:00 p.m.	24

November 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. DME/Supply 1:00 p.m.-3:00 p.m.	11 UB-04 9:00 a.m.-11:30 a.m. Web Portal 837I 11:45 a.m.-12:30 p.m. FQHC 1:00 p.m.-3:00 p.m.	12 *All Classes WebEx* Waiver 9:00 a.m.-11:30 a.m. Web Portal- 837P 11:45 a.m.-12:30p.m. Personal Care 1:00 p.m.-3:30 p.m. Web Portal 837P 3:45 p.m.-4:30 p.m.	13 *All Classes WebEx* CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m.	14

Reservations are required for all workshops

Email reservations to:
workshop.reservations@xerox.com

Or Call the reservation hotline:
800-237-0757, extension 5.

Leave the following information:

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

All the information noted above is necessary to process reservations successfully. Look for a confirmation e-mail within one (1) 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 (2) business days prior to the workshop, please contact the Department's fiscal agent and talk to a Provider Relations Representative.

Workshops presented in Denver are held at:

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

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

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two (2)-way street).

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

Some forms of public transportation include the following:

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

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

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

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

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

Image Attribution:

Ship by Remy Medard

Mountain Rescue by Misirlou

Coin by Stolkramaker

Children by Yolanda Ferranti

Syringe by Richard Pasqua