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## Did You Know?

The best way for providers to refund Health First Colorado (Colorado's Medicaid Program) payments is to submit an electronic adjustment. The amount due will be subtracted from the future payments for processed claims and will appear on a Remittance Advice (RA). If providers choose to submit a paper check, it must be accompanied by a [Refund to Health First Colorado or Return Warrant Form](#), located on the [Provider Forms web page](#) under the Claim Forms and Attachments drop-down, for the full amount of the check. The member ID and Internal Control Number (ICN) must be included.

## All Providers

### Enrollment Application Date of Birth (DOB) Requirement Reminder

Providers are reminded to enter the actual DOB for individuals, owners and managing employees, in the appropriate sections (Provider Identification and Disclosures) of the enrollment application. In accordance with federal screening rule [42 CFR § 455.104](#) and Colorado Code of Regulations [10 CCR 2505-10 8.125.15](#), a verification is completed for all individuals, and when the DOB does not match, the application is returned for correction(s) or denied.

## Updated Process for Member Date of Death (DOD) Verification

A future update to the Colorado interChange will match the member DOD to the DOD in the Colorado Benefits Management System (CBMS), the eligibility system of record. This update will ensure Colorado interChange has valid and complete member information and prevent billing issues for providers.

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## Clinics, Non-Physician Practitioner, Occupational Therapist, Rehabilitation Agencies

### Non-Covered Modalities Under the Occupational Therapy Benefit

The following modalities are not covered under the occupational therapy benefit for Health First Colorado due to not meeting the medical necessity standard. See [10 C.C.R. 2505-10, § 8.076.1.8](#).

- Eye Movement Desensitization and Reprocessing
- Internal Family Systems
- Relationship Development Intervention

Refer to the [Outpatient Physical and Occupational Therapy billing manual](#) for more information, located on the [Billing Manuals web page](#) under the CMS 1500 drop-down section.

Contact Alex Weichselbaum at [Alex.Weichselbaum@hcpf.state.co.us](mailto:Alex.Weichselbaum@hcpf.state.co.us) with any questions.

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## Dental Providers

### Child Health Plan *Plus* (CHP+) Prenatal Dental Benefit

Effective October 1, 2019, dental services will be available for CHP+ prenatal women. The benefits are the same as services provided for current CHP+ children except for orthodontics (braces). These benefits include:

- Diagnostic services (exams and x-rays)
- Preventive (fluoride, sealants and cleanings)
- Basic restorative services (fillings)
- Endodontic (root canals)
- Emergency dental services

The annual maximum allowable is \$1,000 per calendar year (July 1 through June 30) while the member is eligible and enrolled. As with all CHP+ benefits, families with a higher income may be required to pay a small fee (co-pay) when they receive services.



Contact DentaQuest at 1-855-225-1731, TTY 711, for more information on this policy or billing.

# Home & Community-Based Service (HCBS) Providers

## Unit Limit Update for Procedure Code T2003

Effective August 1, 2019, procedure code T2003 (non-medical transportation) on the Supported Living Services (SLS) waiver had the unit limitation updated to twenty (20) units per month. Unit limits were set at two round trips per week; when exceeded, providers received a denial for Explanation of Benefits (EOB) 2383 - "Non-Medical Transportation HCBS-SLS waiver benefit limited to sixteen (16) units per month." In months in which there are five weeks, claims were being denied.

Claims denied for this were mass adjusted back to July 1, 2017. The overall limit of 208 units will remain unchanged.

Contact Tammie Taylor at [Tammie.Taylor@state.co.us](mailto:Tammie.Taylor@state.co.us) with any questions.

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## Home & Community-Based Service (HCBS), Home Health, Hospice, Private Duty Nursing, Outpatient Therapy, and Durable Medical Equipment Providers

### Electronic Visit Verification (EVV) Training Announcement

The [21st Century CURES Act](#), passed in December 2016, requires state Medicaid programs to implement EVV for Personal Care and Home Health services. Per section 12006, all states must implement an EVV system to avoid a reduction in federal Medicaid funding. EVV is an electronic-based system that verifies when provider visits occur and documents the precise time services begin and end, ensuring that members receive authorized services. For federal compliance, all EVV systems must collect the six points of data listed below.

1. Type of service performed
2. Individual receiving the service
3. Date of the service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

Within calendar year 2020, the Department of Health Care Policy & Financing (the Department) will **require** Health First Colorado providers of EVV mandated home and community-based and state plan services to use EVV. Colorado is implementing EVV for federally required services and additional services that are similar in nature and service delivery. A list of services that require EVV in Colorado is below.

Participation in Colorado's EVV implementation is **mandatory** for all agencies that provide the following programs and services. Provider agencies not in compliance with EVV upon Department mandate may experience a disruption in reimbursement.

Services Mandated for Colorado EVV Implementation*	
<ul style="list-style-type: none"> <li>• Behavioral Therapies (provided in the home or community)</li> </ul>	<ul style="list-style-type: none"> <li>• Life Skills Training</li> </ul>

### Services Mandated for Colorado EVV Implementation\*

<ul style="list-style-type: none"> <li>• Consumer Directed Attendant Support Services (CDASS)</li> <li>• Durable Medical Equipment (requiring in-home setup) - <b>delayed</b></li> <li>• Home Health: RN, LPN, CNA, PT, OT, SLP</li> <li>• Homemaker</li> <li>• Hospice</li> <li>• Independent Living Skills Training (ILST)</li> <li>• In-Home Support Services (IHSS)</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational Therapy (provided in the home)</li> <li>• Physical Therapy (provided in the home)</li> <li>• Pediatric Behavioral Health</li> <li>• Pediatric Personal Care</li> <li>• Personal Care</li> <li>• Private Duty Nursing</li> <li>• Respite (provided in the home or community)</li> <li>• Speech Therapy (provided in the home)</li> <li>• Youth Day</li> </ul>
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\*Services subject to change

\*Facility-based Per Diem Services, Managed Care, Program of All-inclusive Care for the Elderly (PACE) and other Capitated Services

### Colorado Implementation

The Colorado EVV program will deploy a **hybrid model**. A hybrid model means that a provider agency may choose to use the State EVV Solution at no cost or utilize an alternate EVV vendor. The Department has subcontracted with Sandata Technologies for State EVV Solution. The State Solution will utilize three EVV technologies: mobile application, telephony and a provider web portal. Providers who choose to utilize an alternate EVV solution must ensure that their system is configured to Colorado EVV rules and requirements.

A list of [vendors who have interfaced with Sandata in other states](#) is available on the [Electronic Visit Verification web page](#) under the Resources button. Interface time may be reduced by choosing a vendor from this list. The Department does not endorse any vendor or recommend using a vendor from this list. It is each provider's responsibility to have a functional EVV solution by the date mandated by the Department. The Department anticipates mandating EVV in late summer 2020.

### Option One: State EVV Solution

#### Training Overview

- Training is free and mandatory
- Training registration is open
- Credentials for the State EVV Solution will be sent after September 30, 2019
- Classroom and webinar trainings are for providers using the State EVV Solution
- Limited to two staff members per provider ID for classroom and webinar modalities
- Self-paced training is for providers using the State EVV Solution and providers using an alternate EVV system

[Register for State Solution Provider Training](#)

#### Training Resources

- [Provider Training Registration Quick Reference Guide](#)
- [EVV Agency Provider Participant Training Guide](#)
- [EVV Training Supplemental Materials Guide](#)
- [Electronic Visit Verification State Solution Provider Information](#)

## Option Two: Provider Choice System

Providers who will be using a third-party EVV vendor will utilize two instructional documents for interfacing with the Sandata Data Aggregator:

- [Requirement Specification for Receipt of Alternate Electronic Visit Verification Systems Data \(altEVV\)](#)
  - This document contains generic specifications which outline the requirements for using the Sandata Real Time Interface. This interface includes clients, employees, visits, and their associated calls as well as the ability to send data related to visit modifications.
- [Colorado HCPF Third Party EVV - Companion Guide to Third Party Alternate EVV System Specification](#)
  - This document is an addendum which outlines the requirements specific to the Colorado's EVV program. This document explains all required fields, data, and expected values required by Colorado EVV.

### Training Overview

- Training is free and mandatory
- Training registration is open
- Aggregator training that is available may be completed before or after interface testing
- Aggregator log-in credentials will be sent after September 30, 2019
- Self-paced eLearning is the only training option available to Provider Choice System users



[Register for Provider Choice System Training](#)

#### Questions About Training?

Contact the EVV Provider Help Desk at 855-871-8780 or [CO-HCPF-EVVProviderHelpdesk@etraconline.net](mailto:CO-HCPF-EVVProviderHelpdesk@etraconline.net) with any questions about training.

#### Learn More

Information and updates about EVV are available on the [Electronic Visit Verification web page](#). Providers are encouraged to visit this web page often for the latest EVV news and any upcoming training announcements.

The Department looks forward to working with providers on successful EVV implementation. Contact [evv@state.co.us](mailto:evv@state.co.us) with any questions on EVV.

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## Hospice Providers

### Hospice Facility Fiscal Year 2019-2020 Rate Updates

The Department has finalized the Hospice Facility rates effective October 1, 2019, through September 30, 2020. All facility rates have been loaded in the Colorado interChange and reimbursement should reflect updated rates for all claims billed for dates of service on or after October 1, 2019.

A Hospice Room and Board fee schedule effective October 1, 2019, through September 30, 2020, will be provided with the Department communication upon implementation of the rates.

Contact Victoria Martinez at [Victoria.L.Martinez@state.co.us](mailto:Victoria.L.Martinez@state.co.us) for additional support or with questions regarding rates. Contact Alex Koloskus at [Alexandra.Koloskus@state.co.us](mailto:Alexandra.Koloskus@state.co.us) for additional support or with questions regarding policy.

# Hospital Providers

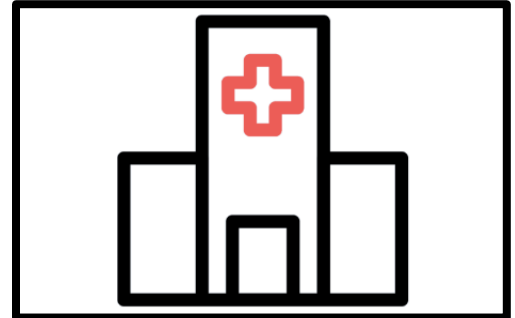
## General Updates

### Inpatient Hospitals

#### **CMS Approval for Fiscal Year (FY) 2019-20 Inpatient Hospital Base Rates**

The Department has received notification from the Centers for Medicare & Medicaid Services (CMS) that FY 2019-20 Inpatient Hospital Rates were approved.

- New base rates were loaded into system as of September 5, 2019.
- As of September 16, 2019, all inpatient hospital claims with a last date of service between July 1, 2019, and September 4, 2019, will be reprocessed.



### **October 2019 ICD-10 Update**

The Department will be updating the 3M software to accommodate the updated ICD-10 code set. Colorado will continue using APR-DRG Version 33 with this update.

Contact Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us) with any questions.

### **Inpatient Hospital Per Diem Rate Group**

Visit the [Inpatient Hospital Per Diem Reimbursement Group web page](#) for information on meetings, posted rates and announcements on Long Term Acute Care and Rehabilitation Per Diem Rates.

There are no meetings currently scheduled. Past meeting materials are available on the [Hospital Stakeholder Engagement Meetings web page](#).

### **Outpatient Hospitals**

#### **October 2019 Enhanced Ambulatory Patient Grouping (EAPG) Module Update**

The Department will be updating the 3M software which utilizes the EAPG methodology to version 2019.3.0 during the first week of October. This change will accommodate the quarterly Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) updates as well as the updated ICD-10 code set. Colorado will continue using EAPG version 3.10 with this update.

Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with any questions regarding EAPG.

### **All Hospital Providers**

#### **Bi-Monthly Hospital Stakeholder Engagement Meetings**

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for **Friday, November 1, 2019, 9:00 a.m.-12:30 p.m.** at 303 E 17th Ave, Denver, Conference Room 7B & 7C. Calendar Year 2019 is currently posted and Calendar 2020 schedule will be announced at our next meeting.

[Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)



[Visit the Hospital Engagement Meeting web page for more details, meeting schedule and past meeting materials.](#)

Contact Elizabeth Quaife at [Elizabeth.Quaife@state.co.us](mailto:Elizabeth.Quaife@state.co.us) with any questions or topics to be discussed at future meetings. Advance notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

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## Hospital Transformation Program (HTP) Program Updates

### Update on HTP Communications Archives

The [HTP Newsletters and Communications Archive web page](#) was restructured to give more transparency to historic communications between the Department and stakeholders. In addition to archives of past editions of the HTP Newsletters, the web page now includes, and will continue to include, additional communications regarding HTP. Visit the [HTP Newsletter and Communications Archive web page](#) for more information.

### Scoring Framework Posted

[The Scoring Framework](#), the revised version of how measures will be scored, has been posted to the [Colorado Hospital Transformation Program web page](#) under Hospital Transportation Program Overview & Framework. Hospitals will be evaluated on both state and local measures, with local measures being chosen by hospitals to specifically reflect the needs in their community as identified through the Community and Health Neighborhood Engagement (CHNE) process. The document outlines the program pieces that have associated penalties and incentives, and at what levels.



[The proposal](#) for calculating the total required effort for measures is that each hospital will be required to work on a set of statewide and local measures equal to 100 points. The number, mix and points per measure will vary according to hospital size, defined by bed count or specialty type. As it has been throughout the development of the HTP, the development process has been open, transparent and inclusive of stakeholder and community input and feedback.

The work of the Colorado Hospital Association (CHA) and the various workgroups who participated in this important collaboration is greatly appreciated. Contact the HTP team at [COHTP@state.co.us](mailto:COHTP@state.co.us) with any questions or comments.

### Rural Support Fund

The Department is beginning the process of holding preliminary meetings with a small group of hospitals to discuss the Rural Support Fund component of the HTP. Pending approval from the Centers for Medicare & Medicaid Services (CMS), this part of the program will be under 1115 waiver authority to provide additional resources for non-resort, critical access and frontier hospitals. Additional information about this component of the program will be forthcoming and can be found in future editions of the HTP Newsletter.

Providers are encouraged to visit the Colorado [Hospital Transformation Program web page](#) as well as read past editions of the HTP Newsletter on the [HTP Newsletter and Communications Archive web page](#).

Contact Courtney Ronner at [Courtney.Ronner@state.co.us](mailto:Courtney.Ronner@state.co.us), Hospital Relations and Communication Manager, at 303-866-2699 with any additional questions about the HTP.

## Medicare Crossover Claim Billing and Payment Updates for State Funded Mental Health Institutes (MHIs)

Effective October 2, 2019, the Colorado interChange will be updated to ensure that State Funded MHIs are paid correctly for Medicare crossover claims. Services that have been provided since March 1, 2017, with incorrect payment will be reimbursed.

State Funded MHIs will be able to bill Medicaid for room and board and Medicare for the ancillary expenses. MHIs must manually enter the Medicare ancillary payment and the final payment should equal the Medicaid allowed amount payment (per diem x days) - Medicare payment (ancillary x days). The Provider Web Portal will be updated to allow providers to use a new Part B only/Part A checkbox when billing inpatient crossover claims for members that have TXIX benefits and Medicare Part A benefits during the stay.

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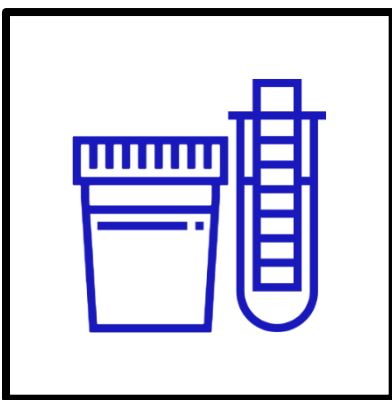
## Hospital, Lab and Physician Services

### Urinalysis Test Policy Clarification

This policy notice is intended to clarify the Department's requirements for substance-specific confirmatory tests ("confirmatory tests") as described in the [September 2017 Provider Bulletin \(B1700403\)](#).

Beginning October 1, 2017, the Department implemented unit limits on presumptive drug tests [Current Procedural Terminology (CPT) codes 80305, 80306 and 80307]. The unit limit is four (4) presumptive drug tests per month per client for each code. This unit limit applies to all provider types.

The Department also implemented a billing policy for confirmatory tests performed outside the hospital setting. Health First Colorado will reimburse providers for confirmatory tests only if they meet the medical necessity standard. See [10 C.C.R. 2505-10, § 8.076.1.8](#). If a provider of laboratory services is unable to demonstrate that a confirmatory test meets the definition of medical necessity, the test will not be eligible for reimbursement.



When processing claims, the Department will consider a positive or inconclusive presumptive test to be evidence of medical necessity for confirmatory tests. The presumptive test must have been administered within two (2) days prior to the confirmatory test. The positive or inconclusive results of the presumptive test must be scanned and attached to the claim for the confirmatory test.

If no presumptive test is performed prior to a confirmatory test, the provider will be required to include supporting documentation that demonstrates the medical necessity of the confirmatory test when submitting the claim.

Confirmatory tests without the corresponding positive or inconclusive presumptive test attached to the claim may not be eligible for reimbursement.

Contact Raine Henry at [Raine.Henry@state.co.us](mailto:Raine.Henry@state.co.us) with any questions concerning this policy.

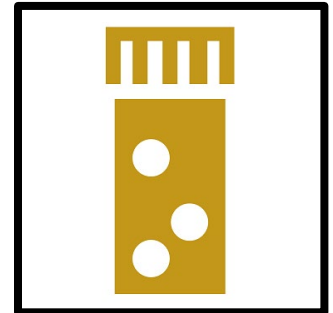


# Pharmacies and All Medication-Prescribing Providers

## Drug Utilization Review Update to Pharmacy Prior Authorization Form for Medications Administered in a Member's Home or in a Long Term Care Facility (LTCF) by a Healthcare Professional

The Department currently allows for drugs administered by a healthcare professional to be payable through the pharmacy benefit when administered in the member's home or when administered in a LTCF. Drugs administered by a healthcare professional in a provider's office or clinic are billed through the medical benefit.

As part of changes made on August 1, 2019, additional information is required when submitting prior authorization (PA) requests (processed by Magellan) for medications administered by a healthcare professional when billed through the pharmacy benefit. The [Pharmacy Prior Authorization Form](#) was recently updated to better clarify what information is needed from providers when submitting these types of requests. The [Pharmacy Prior Authorization Form](#) can be accessed on the [Pharmacy Resources web page](#) under the Other Forms section.



PA requests for drugs that are administered by a healthcare professional will require the following additional information to be included:

- **For medications administered in a member's home by a home health agency or healthcare professional (home health administered):** Name of home health agency or healthcare professional; phone number; and when applicable for home health agencies, date and authorization number for current home health authorization on file.
- **For members receiving medication in an LTCF:** Name of facility and phone number.

For drugs that are not administered by a healthcare professional in the home or LTCF, there is no additional information needed and this section of the form does not need to be filled in. As a reminder to pharmacies, a '12' may be entered in the Place of Service field (307-C7), but only on claims for medication administered by a healthcare professional in the member's home.

Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for pharmacy claims or PA processing questions.

Contact Brittany Schock at [Brittany.Schock@state.co.us](mailto:Brittany.Schock@state.co.us) with any other questions.

## Preferred Drug List (PDL) Announcement of Preferred Products

The following drug classes and preferred agents will become effective October 1, 2019, for Health First Colorado:

Anticoagulants					
Enoxaparin syringe	Lovenox vial (BNR)	Pradaxa	Warfarin	Xarelto 10mg, 15 mg, 20mg tablet	Xarelto Dosepack
Anticonvulsants					
Carbamazepine (all generic formulations with exception of		Clobazam tablet	Clonazepam	Divalproex	Dilantin 30mg capsule

suspension; brand Tegretol suspension preferred)					
Ethosuxamide	Felbatol	Lamotrigine tablet (bulk packaging)/chewable		Oxcarbazepine	Levetiracetam
Levetiracetam ER	Phenobarbital	Phenytek	Phenytoin	Primidone	Tegretol suspension
Topiramate tablet/sprinkle		Valproic Acid	Zonisamide		
<b>Bone Resorption Suppression and Related Agents</b>					
Alendronate 5mg, 10mg, 35mg, 70mg tablet			Ibandronate tablet		
<b>Colony Stimulating Factors</b>					
Neupogen vial/syringe					
<b>Biguanides</b>					
Metformin 500mg, 850mg, 1000mg tablet			Metformin ER 500mg tablet (generic Glucophage XR)		
<b>Meglitinides</b>					
<b>No changes</b>					
<b>DPP4 Inhibitors</b>					
Janumet	Janumet XR	Januvia	Tradjenta		
<b>GLPI Agonists</b>					
Bydureon pen/kit		Byetta	Victoza		
<b>SGLT2 Inhibitors</b>					
Farxiga		Invokana		Jardiance	
<b>Thiazolidinediones</b>					
Pioglitazone					
<b>Amylin Analogs</b>					
<b>No changes</b>					
<b>Erythropoiesis Stimulating Agents</b>					
Retacrit					
<b>GI Motility Agents</b>					
Amitiza		Linzess		Movantik	
<b>Hereditary Angioedema</b>					
Berinert		Firazyr		Haegarda	
<b>Ophthalmic Immunomodulators</b>					
Restasis single-use vial					
<b>Overactive Bladder Agents</b>					
Gelnique	Oxybutynin syrup	Oxybutynin IR tablet	Oxybutynin ER tablet	Toviaz	
<b>Stimulants and Related Agents</b>					
Armodafinil	Atomoxetine	Amphetamine Salts IR		Amphetamine Salts ER	
Dexmethylphenidate IR		Focalin XR (BNR)	Guanfacine ER	Methylphenidate ER (generic Concerta)	
Methylphenidate IR (generic Ritalin IR)			Modafinil	Vyvanse capsule/chewable	
<b>Prenatal Vitamins</b>					
CitraNatal 90 DHA	CitraNatal Assure	CitraNatal B-Calm	CitraNatal DHA	CitraNatal Harmony	CitraNatal RX
Complete Natal DHA	Concept DHA	Concept OB	M-Natal Plus	Nestabs	PNV OB+DHA
PNV-Ferrous Fumarate-Docu-FA		Prenaisance Plus	Prenatal Plus	Prenatal Vitamin Plus Low Iron	
PrePLUS	Trinatal Rx 1	Trust Natal DHA	Virt Advance	Virt-Vite GT	Vol-Plus
<b>Oral Contraceptives</b>					
<b>Monophasic 28</b>					

Altavera 28 0.15-30	Alyacen 28 1-35	Apri 28 0.15-30	Aubra EQ-28 0.1-20	Aviane 28 0.1-20	Balziva 28 0.4-35
Chateal 28 0.15-30	Cryselle 28 0.3-30	Cyclafem 28 1-35	Dasetta 28 1-35	Drospirinone-Eth Estradiol 28 3-30	
Elinest 28 0.3-30	Enskyce 28 0.15-30	Estarylla 28 0.25-35	Ethinodiol-Eth Estra 28 1-35	Ethinodiol-Eth Estra 28 1-50	Falmina 28 0.1-20
Femynor 28 0.25-35	Isibloom 28 0.15-30	Juleber 28 0.15-30	Kelnor 28 1-35	Kurvelo 28 0.15-30	Larissia 28 0.1-20
Lessina 28 0.1-20	Levonor-Eth Estrad 28 0.1-20		Levonor-Eth Estrad 28 0.15-30		Levora 28 0.15-30
Lillow 28 0.15-30	Low-Ogestrel 28 0.3-30	Lutera 28 0.1-20	Marlissa 28 0.15-30	Mili 28 0.25-35	Mono-Linyah 28 0.25-35
Mononessa 28 0.25-35	Norg-Ethin Estra 28 0.25-35		Nortrel 28 0.5-35	Nortrel 28 1-35	Ocella 28 3-30
Philith 28 0.4-35	Pirmella 28 1-35	Portia 28 0.15-30	Previfem 28 0.25-35	Reclipsen 28 0.15-30	Sprintec 28 0.25-35
Sronyx 28 0.1-20	Syeda 28 3-30	Vienva 28 0.1-20	Vyfemla 28 0.4-35		
<b>Monophasic 21</b>					
Larin 21 1-20	Larin 21 1.5-30	Norethind-Eth Estrad 21 1-20		Nortrel 21 1-35	
<b>Biphasic</b>					
Azurette 28	Bekyree 28	Desogest-Eth Estra 28		Kariva 28	Lo Loestrin FE 28 1-10
Mircette 28	Viorele 28				
<b>Triphasic</b>					
Alyacen 7-7-7 28	Cyclafem 7-7-7 28	Dasetta 7-7-7 28	Enpresse 28	Levonest 28	Levonor-Eth Estrad Triphasic 28
Pirmella 7-7-7 28	Tri-Estarylla 28	Tri-Femynor 28	Tri-Linyah 28	Tri-Lo Estarylla 28	Tri-Lo Marzia 28
Tri-Lo Sprintec 28	Trinessa 28	Tri-Sprintec 28	Tri-Vylibra Lo 28		
<b>Extended Cycle</b>					
Amethia 91 0.03 - 0.15 - 0.01		Ashlyna 91 0.15-10-30		Introvale 91 0.15-30	Jolissa 91 0.15-30
Levonorgest-Eth Estrad 0.09-20		Levonorgest-Eth Estrad 91 0.1-10-20		Levonorgest-Eth Estrad 91 0.15-0.03	
Levonorgest-Eth Estrad 91 0.15-0.03-0.01		Levonorgest-Eth Estrad 91 0.15-20-25-30		Quasense 91 0.15-30	Setlakin 91 0.15-30
<b>Continuous Cycle</b>					
Aurovela FE 1-20	Blisovi FE 1-20	Blisovi FE 1.5-30	Jasmiel 3-20	Junel FE 1-20	Junel FE 24 1-20
Junel FE 1.5-30	Larin FE 1-20	Larin FE 24 1-20	Larin FE 1.5-30	Loryna 3-20	Minastrin FE 24 1-20
Nikki 3-20	Noreth-Eth Estrad-FE 24 1-20		Noreth-Eth Estrad-FE 1-20		Tarina FE 24 1-20
Tarina FE 1-20	Tarina FE 1-20 EQ				
<b>Norethindrone Only</b>					
Camila 28 0.35	Deblitane 28 0.35	Errin 28 0.35	Heather 28 0.35	Jencycla 28 0.35	Jolivette 28 0.35
Norethindrone 28 0.35		Norlyda 28 0.35	Sharobel 28 0.35		

**Note: Effective October 1, 2019, Methylphenidate ER tablets (generic Concerta) and Pregabalin capsules (generic Lyrica) will be preferred and brand Concerta tablets and brand Lyrica capsules will be non-preferred. Brand and generic stimulants require age, diagnosis and daily maximum dose limits to be met for approval; brand Concerta tablets and Lyrica capsules will require a Prior Authorization.**

Refer to the [Preferred Drug List](#) on the [Pharmacy Resources web page](#) for details.

#### **Pharmacy and Therapeutics (P&T) Committee Meeting:**

Tuesday, October 8, 2019

1:00 p.m. - 5:00 p.m. MT

303 E 17th Ave

Denver, CO 80203

7th Floor Conference Rooms 7A, 7B, 7C

The meeting agenda can be found on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) under the 2019 Meeting Schedule & Handouts drop-down.



#### **P&T Committee Open Positions:**

The P&T Committee has openings for the following positions for January 2020: Pharmacist (2 positions), Other Specialty Physician (3 positions) and Member Representative (1 position).

The actively practicing pharmacist or physician or member representative shall serve two-year terms. Duties, membership and other term details can be found on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) in the [Policies and Procedures Manual](#), accessible under the Our Members drop-down section.

Interested applicants should send a resume or curriculum vitae (CV) along with a completed [Conflict of Interest Form](#) (located on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) under the Contact Us/Join Us drop-down section) to Brittany Schock at [Brittany.Schock@state.co.us](mailto:Brittany.Schock@state.co.us), or mail to 1570 Grant Ave, Denver, CO 80203, or fax 303-866-3590. The deadline for this submission is October 25, 2019.

#### **Emergency Supply May Be Requested for Drugs Requiring Prior Authorization (PA)**

PA requests submitted by phone and fax are processed within 24 hours of receipt by Magellan. If additional information is required by Magellan for the decision (approval or denial), then the prior authorization request may not be finalized within 24 hours. In this case, the prescriber is asked for the additional information to be provided.

If pharmacist determines that a member needs an emergency supply during the time needed for a PA request to be completed by the provider, the pharmacist may request an override for a 3-day supply, allowable for most medications.

To request a 3-day override for emergency situations while a PA is being processed, contact the Magellan Rx Pharmacy Call Center at 1-800-424-5725, which is available 24 hours a day, 7 days a week. PAs and emergency 3-day supplies can be phoned at 1-800-424-5725 or faxed to 1-888-424-5881 to the Magellan Rx Pharmacy Call Center. Reference [Appendix P](#) on the [Pharmacy Resources web page](#) for more information.

# Pharmacy Providers

## Total Annual Prescription Volume (TAPV) Survey

The Department has contracted with Myers and Stauffer to conduct the TAPV survey of pharmacy providers. The prescription volume information submitted by most pharmacy types will be used to determine their dispensing fee for the 2020 calendar year.

Pharmacies which 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).

Myers and Stauffer will distribute the surveys to pharmacy providers starting September 30, 2019, and completed surveys must be returned to Myers and Stauffer by October 31, 2019. Pharmacy providers (other than Government or Rural Pharmacies) which do not participate in the prescription volume survey will be placed in the lowest dispensing fee tier (\$9.31).

Completed surveys can be submitted to Myers and Stauffer via email at [pharmacy@mslc.com](mailto:pharmacy@mslc.com), postal mail at 9265 Counselors Row, Suite 100, Indianapolis, IN 46240, or fax at (317) 566-3203. If not a Government or Rural pharmacy and a survey request was not received, please contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at the [pharmacy@mslc.com](mailto:pharmacy@mslc.com) to request a survey form.

Total Annual Prescription Volume	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

Contact the Pharmacy Section at [Colorado.SMAC@state.co.us](mailto:Colorado.SMAC@state.co.us) with any questions regarding the survey.

### Prescription Drug Acquisition Cost (AAC) Survey

The Department has also contracted with Myers and Stauffer to conduct ongoing acquisition cost surveys for prescription drugs. The Department strongly encourages the participation of all selected pharmacy providers to ensure that AAC reimbursement rates adequately reflect the purchase conditions faced in the market today by Colorado providers. Initial surveys were sent via postal mail on September 30, 2019, to a randomly selected group of pharmacy providers.

Purchase invoices can be submitted to Myers and Stauffer via email at [pharmacy@mslc.com](mailto:pharmacy@mslc.com); postal mail at 9265 Counselors Row, Suite 100, Indianapolis, IN 46240; or fax at (317)-566-3203. For general inquiries, please contact the Myers and Stauffer Pharmacy Help Desk at 800-591-1183 or at the email listed above. Please note, all submitted invoice data will remain strictly confidential.

# Pharmacy Providers, Physician Services

## Tobacco Cessation Reminder

Providers are reminded that all first-line smoking cessation medication therapies are eligible for coverage without a prior authorization. This includes:

- Bupropion SR (Zyban®)
- Nicotine patches, gum, lozenges and inhalers
- Varenicline (Chantix®)



Free resources for all smokers and providers are available through the [Colorado Quitline](#) or 1-800-QUIT-NOW.

Additional information on coverage for smoking cessation medications can be found in [Appendix P](#), available on the [Pharmacy Resources web page](#).

Information on this topic was previously published in the [November 2018 Provider Bulletin \(B1800423\)](#).

# Physician-Administered Drug (PAD) Providers

## PAD Billing Guidance

PADs billed need to include:

1. Procedure code (Healthcare Common Procedure Coding System (HCPCS))
  - a. Can include miscellaneous or unlisted J codes and temporary and permanent drug related Q, C, and J codes
2. National Drug Code (NDC) of the drug administered
  - a. NDC must be in 11-digit format with no spaces, hyphens or other characters
    - i. If NDC on PAD does not include an 11-digit NDC, provider must add zeros to maintain 5-4-2 formatting
      1. XXXX-XXXX-XX = 0XXXX-XXXX-XX
      2. XXXXX-XXX-XX = XXXXX-0XXX-XX
      3. XXXXX-XXXX-X = XXXXX-XXXX-0X
3. HCPCS units
  - a. For miscellaneous J codes, use HCPCS unit of 1
  - b. For all other PADs, refer to [Appendix X-HCPCS/NDC Crosswalk](#) located on the [Billing Manuals web page](#) under the Appendices drop-down\_ for appropriate HCPCS unit billing
4. NDC units
  - a. Calculate the number of units administered according to the NDC labeling
5. NDC unit of measure qualifier
  - a. Only the following are acceptable
    - i. GR (gram): ointments, creams, inhalers or bulk powders
      1. This unit of measure will primarily be used in the retail pharmacy setting and not for physician-administered drug billing.
    - ii. ML (milliliter): bill if a drug comes in a vial in a liquid form or prefilled syringe
    - iii. EA (each): bill when a drug comes in a vial in powder form and must be reconstituted before administration or with certain, approved tablets, capsules or suppositories



6. For all manually priced PADs, an invoice must be attached to the claim
  - Refer to the [PAD Fee Schedule located on the Provider Rates & Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down for additional information on which PADs are manually priced

**Note:**

- If a PAD claim is billed without an NDC or with an invalid HCPCS/NDC combination, the claim will deny
  - Please refer to [Appendix X-HCPCS/NDC Crosswalk](#) located on the [Billing Manuals web page](#) under the Appendices drop-down for valid, reimbursable HCPCS/NDC combinations
- If an invoice is not attached on a manually priced PAD, the claim will deny
  - Please refer to the [PAD Fee Schedule](#), located on the [Provider Rates & Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down, for additional information on which PADs are manually priced
- This policy applies to Professional, Outpatient, EPSDT, and Medicare Crossover claims
- Health First Colorado does not pay for wasted drug from single or multi-use vials; a provider must bill only for the amount of drug administered to the Health First Colorado member
- Calculating NDC Units, HCPCS units, and converting HCPCS units to NDC units
- For miscellaneous PAD codes

- HCPCS units

- Bill for a HCPCS unit of 1 when billing J3535, J3490, J3590, J7599, J7699, J7799, J7999, J8498, J8499, J8999 or J9999

- NDC units

- Example:

Date of service	12/14/2018
Drug and dose administered	Cinvanti IV 130 MG
Amount of drug to be billed	130 MG
Procedure code (HCPCS)	J3490
HCPCS units	1
NDC (11-digit format)	47426020101
NDC description	Cinvanti 130 MG/18 ML vial
NDC units	18
NDC unit of measure	ML

- For dates of service prior to January 1, 2019, Cinvanti is to be billed with the miscellaneous code J3490
- HCPCS unit is billed as 1 due to the use of the miscellaneous J code for the date of service
- The NDC unit of measure for a liquid, solution or suspension is ML; therefore, the amount billed must be in MLs
- In this example, the quantity administered was the total amount in the vial; therefore, the quantity for NDC units is 18
  - If the dose administered is 100 mg, then the NDC units will be billed as 14 and the NDC unit of measure will remain ML

- For permanent PAD codes
  - Example:

Drug and dose administered	Ciprofloxacin IV 1200 MG
Amount of drug to be billed	1200 MG
Procedure code (HCPCS)	J0744
HCPCS description	Ciprofloxacin for intravenous infusion, 200 MG
HCPCS units	6 (see explanation below)
NDC (11-digit format)	00409476586
NDC description	Ciprofloxacin 200 MG/20 ML vial
NDC units	120 (see explanation below)
NDC unit of measure	ML

- Converting HCPCS units to NDC units
  - Example (from above): Drug and amount administered- Ciprofloxacin IV 1200 mg; HCPCS code- J0744; NDC description- Ciprofloxacin 200 mg/20 mL vl
    - The amount of the drug to be billed is 1200 MG, which is equal to 6 HCPCS units: (1200 MG ÷ 200 MG = 6)
    - The NDC unit of measure for a liquid, solution or suspension is ML; therefore, the amount billed must be converted from MG to ML
    - According to the NDC description for NDC 00409-4765-86, there are 200 MG of ciprofloxacin in 20 ML of solution (200 MG/20 ML)
    - Take the amount to be billed (1200 MG) divided by the number of MG in the NDC description (200 MG): 1200 ÷ 200 = 6
    - Multiply the result (6) by the number of ML in the NDC description (20 ML) to arrive at the correct number of NDC units to be billed on the claim (120): 6 x 20 ML = 120

- Additional Examples

Drug and dose administered	Zaltrap 400 MG
Amount of drug to be billed	400 MG
Procedure code (HCPCS)	J9400
HCPCS description	Injection, ziv-aflibercept, 1 MG
HCPCS units	400
NDC (11-digit format)	00024584101
NDC description	Zaltrap 200 MG/8 ML vial
NDC units	16
NDC unit of measure	ML

Drug and dose administered	Cefepime 500 MG
Amount of drug to be billed	500 MG
Procedure code (HCPCS)	J0692
HCPCS description	Injection, Cefepime hydrochloride, 500 MG
HCPCS units	1
NDC (11-digit format)	60505083404
NDC description	Cefepime HCL 1 GM vial
NDC units	0.5
NDC unit of measure	EA

Drug and dose administered	Cefotetan 6 GM
Amount of drug to be billed	6 GM
Procedure code (HCPCS)	J3490
HCPCS description	Unclassified Drugs
HCPCS units	1
NDC (11-digit format)	63323038620
NDC description	Cefotetan 2 GM vial
NDC units	3
NDC unit of measure	EA

Contact Felecia Gephart at [Felecia.Gephart@state.co.us](mailto:Felecia.Gephart@state.co.us) for more information on PAD.

## Quarter 4 Rate Updates 2019

The Physician-Administered Drug (PAD) rates for the fourth quarter of 2019 have been updated. The new rates have a start date of October 1, 2019, and are posted to the [Provider Rates Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down section.

Contact Emily Ng at [Emily.Ng@state.co.us](mailto:Emily.Ng@state.co.us) with any questions about PAD rates.

## Physician Services

### Abortion Services Update

An abortion is a Health First Colorado covered benefit only under the three listed federal and state mandated conditions:

- 1) A life-endangering condition for the woman, and in situations of
- 2) Rape or
- 3) Incest.

Effective October 1, 2019, a medically-induced abortion method (utilizing Mifeprex) will be an option for Health First Colorado members who request an abortion associated with a circumstance of rape or incest. This medicinal method is not available for use in situations of maternal life-endangering circumstances. All covered abortion services, including those provided by eligible Mifeprex-prescribing physicians, must be provided in licensed health care facilities.

Billing Requirements for a Medically-Induced Abortion:

- 1) Three HCPCS codes (S0190, S0191 and S0199) are identified for use with this abortive method.
  - a. S0190 = MIFEPREX, ORAL, 200 MG (Danco Labs, LLC)
    - i. A valid NDC number must be included with any claim
  - b. S0191=MISOPROSTOL, ORAL, 200 MCG
    - i. A valid NDC number must be included with any claim
  - c. Valid HCPCS NDC combinations can be found in Appendix X, located on the [Billing Manuals web page](#) under the Appendices drop-down.

- d. S0199 is used to billed for all associated medicinal abortion services (EXCLUDING the medications): S0199 = MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES (E.G., MEMBER COUNSELING, OFFICE VISITS, CONFIRMATION OF PREGNANCY BY HUMAN CHORIONIC GONADOTROPIN (hCG), ULTRASOUND TO CONFIRM DURATION OF PREGNANCY, ULTRASOUND TO CONFIRM COMPLETION OF ABORTION)
  - e. S0199 covers:
    - i. Office visit #1
      - 1. Member check-in, counseling and consultation
      - 2. Confirmation of pregnancy and fetal gestational age (either by hCG or ultrasound)
    - ii. Office visit #2
      - 1. Member check-in and consultation
      - 2. Confirmation of pregnancy termination (either by hCG or ultrasound)
  - f. Two billing methods and rates are identified for S0199:
    - i. S0199 (without any modifier): is billed when use of an ultrasound is **included** in the above noted services.
    - ii. S0199 (with Modifier 52): is billed when an ultrasound is **NOT** utilized as part of the above noted services.
- 2) Submission of a Department’s Abortion Certification Statement Form is required with any abortion-related claim. Two forms are available: 1) for a life-endangering circumstance, and 2) for a Rape or Incest circumstance. For a medically-induced abortion, the rape/incest identified Abortion Certification Statement Form must be utilized. **A fully completed and provider-signed Abortion Certification Statement Form is always required with any claims that include abortion-related services.**

The [Certification Statement for Abortion to Save the Life of the Mother](#) and the [Certification Statement for Abortion for Sexual Assault \(Rape\) or Incest](#) forms are available on the [Provider Forms web page](#) under Claim Forms and Attachments > Women’s Health drop-down sections.

## Provider Billing Training Sessions

### October and November 2019 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months’ workshop calendars are shown below.

#### Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department’s website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the [UB-04 Beginning Billing Workshop](#) and [CMS 1500 Beginning Billing Workshop](#), available on the [Provider Training web page](#) under the Billing Training and Workshops drop-down section.



Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the [Provider Training web page](#) and open the Billing Training and Workshops drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides and Webinars web page](#).

**Note:** Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

### October 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 <a href="#">CMS 1500 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	18	19
20	21	22	23	24 <a href="#">UB-04 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	25	26

## November 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7 <a href="#">CMS 1500 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	8	9
10	11	12	13	14	15	16
17	18	19	20	21 <a href="#">UB-04 Provider Workshop</a> 9:00 a.m. - 11:30 a.m. MT	22	23

**Live Webinar Registration**

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. Do **not** register via these links if planning to attend a training session in person at the DXC office (see instructions below for RSVPing to attend in person).

For questions or issues regarding webinar registration, email [co.training@dxc.com](mailto:co.training@dxc.com) with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

**In-Person Training Registration**

Providers who would like to attend a training session **in person** should RSVP to [co.training@dxc.com](mailto:co.training@dxc.com) by noon the day prior to the training, with the subject line "In-Person RSVP." Please include attendee name(s), organization, contact information (email address and phone number), and the name and date of the training session(s) to be attended. Allow up to 2-3 business days to receive a confirmation for in-person training reservations. Do not send an RSVP via email unless planning on attending **in person**.

In-person training sessions will be held at the following address:

DXC Technology Office  
Civic Center Plaza  
1560 Broadway St, Suite 600  
Denver, CO 80202

**Parking and Transportation**

Free parking is not provided, and parking 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



early arrival are recommended to secure parking. Whenever possible, public transportation is also recommended. Some forms of public transportation include the [Light Rail](#) and [Free MallRide](#).

## Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
<b>Columbus Day - Monday, October 14, 2019</b>	State Offices and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC and DentaQuest will be open.
<b>Veterans Day Monday, November 11, 2019</b>	State Offices and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. DXC and DentaQuest will be open.
<b>Thanksgiving Day Thursday, November 28, 2019</b>	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

## DXC Contacts

### DXC Office

Civic Center Plaza  
1560 Broadway St, Suite 600  
Denver, CO 80202

### Provider Services Call Center

1-844-235-2387

### DXC Mailing Address

P.O. Box 30  
Denver, CO 80201