



colorado.gov/pacific/hcpf

Provider Bulletin

Reference: B1000290

November 2010



Did you know...?

Providers can access warrant information through the Automatic Voice Response System (AVRS) 24 hours a day and seven days a week. For warrant information, please call 1-800-237-0757 and follow the prompts.

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All Providers

Proposed Provider Payment Delay for Fiscal Year (FY) 2010-11

The Department of Health Care Policy and Financing (Department) is proposing a three week provider payment delay to the General Assembly in order to rebalance the 2010-11 budget. Based on the September economic forecast, there is an estimated budget shortfall between \$200 and \$400 million.

Due to a federal maintenance of effort requirement, we cannot cut populations we cover and do not want to cut rates to preserve access - a payment delay is our only alternative given the timeframe the Department has for reaching its reduction goal.

The proposed payment delay for fee-for-service providers is three weeks and a one month delay for managed care organizations' capitations to begin in April 2011.



We understand the impact this may have on providers, so we are pursuing ways to delay the payments for one week across each of the final three months of the fiscal year (April, May, and June).

It is also being proposed that June managed care capitations be paid in July. The delay does not include PACE providers for this fiscal year but will for FY 2011-12. The Accountable Care Collaborative regional organizations are also exempt from this delay in FY 2010-11.

Future revenue forecasts during the current fiscal year could change the approval of the proposal by the General Assembly.

For additional information, please visit the Provider Payment links located in the [What's New](#) section of the Department's Web site at colorado.gov/pacific/hcpf. If you have any policy questions, please call Joanne Lindsay at 303-866-3144 or send an email to Joanne.Lindsay@state.co.us.

Reminder - Security Changes Coming to the Colorado Medical Assistance Program Web Portal

The implementation date assigned for the security changes to the Colorado Medical Assistance Program Web Portal is November 20, 2010. These changes will affect how providers use the Trading Partner Administrator ID (TPA ID) to create and administer their users' access to different functions and screens within the Colorado Medical Assistance Web Portal.

Descriptions of these changes were provided in the October Provider Bulletin, [B1000289](#).

These changes are being implemented to ensure all TPAs and their users are in compliance with state security procedures. This will prevent users from engaging in actions that violate the Colorado Medical Assistance Program Web Portal User Agreement, which all users are required to read and accept. Users are encouraged to familiarize themselves with these policies to ensure their compliance.



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

ACS 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



Compliance will prevent access from being revoked by the Department and/or prevent providers from being sanctioned.

There are several resources available to users who would like additional information or a refresher course on the security policies, and how the TPA's ID is used to create and assign Roles to users. An online Web-Based Training (WBT) is available on the left-hand menu of the main page of the Colorado Medical Assistance Program Web Portal, titled Trading Partner Administrator Training. In addition, users can refer to the TPA User Guide and the User Agreement for guidance on security policies. For information on the types of Roles available to assign and what they will allow access to, please refer to the [Colorado Medical Assistance Program Web Portal User Roles](#) document located in the Provider Services Web Portal section of the Department's Web site.



Users with questions about security policies should send an email to hcpfsecurity@state.co.us. Questions about changes to the Colorado Medical Assistance Web Portal can be directed to Tanya Ward at Tanya.Ward@state.co.us.

Judy Zerzan, MD, MPH named Chief Medical Officer/Deputy Medicaid Director Judy Zerzan, MD has accepted the position of Chief Medical Officer and Deputy Medicaid Director. Dr. Zerzan will oversee pharmacy benefits and the Strategic Projects Team. As the Chief Medical Officer, she will provide clinical guidance for policy, quality improvement and program development for medical and pharmacy benefits.

Dr. Zerzan is currently an Assistant Professor in the Division of General Internal Medicine at the University of Colorado Denver School of Medicine. Dr. Zerzan received her MD degree from Oregon Health and Science University in 1998 and her MPH in Health Policy and Administration from the University of North Carolina in 1999. She trained in Internal Medicine at Oregon Health and Science University and completed the Robert Wood Johnson Clinical Scholars Program at the University of Washington/Seattle VA in 2006. Prior to joining the University of Colorado Denver, Dr. Zerzan was active in state Medicaid prescription policy in Oregon and Washington. Her professional interests include prescription benefits design for publicly financed health benefits' programs with an emphasis on vulnerable senior populations and quality improvement.

For her Health and Aging Policy fellowship, Dr. Zerzan worked for Senator Rockefeller from January 2008 – May 2009 on issues related to Medicare, Medicaid, prescription drugs and quality.

Tax Season and 1099s

Please don't forget to update your current provider enrollment information with the fiscal agent, ACS. By using the [Provider Enrollment Update Form](#), you can update your address, National Provider Identifier, license, email address, affiliations, and receive electronic notifications. The form is available in [Enrollment for Existing Providers](#) in the Provider Services Enrollment section and under Other Forms in the Provider Services [Forms](#) section of the Department's Web site. With the exception of provider license information, the above updates may also be made through the Colorado Medical Assistance Program Web Portal. Updated provider license information must be made using the Provider Enrollment Update form.

Electronic Only Notifications Coming Soon

The Department wants to make sure that providers receive communication as timely as possible while containing costs. One way we can do this is to communicate electronically.

Beginning in early 2011, provider bulletins will no longer be sent through the mail, which will save the state approximately \$50,000 per year. Bulletins are posted by the 2nd of every month and available to providers at their convenience. In addition, urgent notices will be emailed assuring that providers get the message fast and at the same time.



It is imperative that you make sure that your email address is accurate with the fiscal agent. You can submit your email address by accessing the *(MMIS) Provider Data Maintenance* option through the Colorado Medical Assistance Program Web Portal or by submitting a [Publications Preference Form](#) located under Other Forms in the Provider Services [Forms](#) section of the Department's Web site. You can correct or change an existing email address by using the same methods noted above.

Please look for more information in future provider bulletins.

November 2010 Holidays

Veteran's Day Holiday

The Veteran's Day holiday on Thursday, November 11, 2010 will delay the receipt of warrants and EFTs by one or two days. State offices will be closed on Thursday, November 11, 2010. ACS offices will be open during regular business hours.

Thanksgiving Day Holiday

The Thanksgiving Day holiday on Thursday, November 25, 2010 will delay the receipt of warrants and EFTs by one or two days. Both State and ACS offices will be closed on Thursday, November 25, 2010.



Behavioral Health Organizations (BHOs)

Retroactive Enrollment Change for Mental Health Clients

Effective September 14, 2010, the Medicaid Management Information System (MMIS) will automatically limit retroactive enrollment spans in a Behavioral Health Organization (BHO) to 18 months prior to the eligibility determination date. Please refer to the January 2010 Provider Bulletin, [B1000274](#), for more information on the policy and billing changes.

Providers can determine client enrollment in a BHO through the monthly and daily enrollment reports. If services were rendered outside of the retroactive enrollment span for a Medicaid eligible client, providers should bill for fee-for-service for reimbursement instead of state plan services. For all billing questions, please contact ACS Provider Services at 1-800-237-0757. For all other questions, please contact Sarah Campbell at 303-866-2083 or Sarah.Campbell@state.co.us.

Billing Agencies and Agents

Reminder - Enrolling for Access to the Colorado Medical Assistance Program Web Portal

Billing agencies/agents are required to enroll for access to the Colorado Medical Assistance Program Web Portal using their own information – not with the name and contact information of the provider used when billing services to the Colorado Medical Assistance Program. Billing agencies/agents will be granted their own Trading Partner ID, which will require them to have a Trading Partner Administrator (TPA) assigned to the Department-issued TPA ID (COTPxxxxxA), and create unique, individual user names for each additional staff member that accesses the Colorado Medical Assistance Program Web Portal.



It is also vitally important that the TPA's name and contact information (phone, e-mail, and fax) is kept up to date. This information is used by the Department for contacting users regarding any issues with access. Outdated information or a lack of ability to contact users may result in the Department suspending or deleting access to the Colorado Medical Assistance Web Portal.

Billing agencies/agents that need to enroll to receive their own Trading Partner ID should review the Provider Services [EDI Support](#) section of the Department's Web site.

Hospice Providers

Updated Hospice Rates

The table below reflects current Hospice Rates effective October 1, 2010 through September 30, 2011. Please note that these rates have increased since September 30, 2010.

Provider County	Proc./Rev. code/RTC A,B,C	Begin Date*	End Date*	New Rate*
Boulder	651	10/1/2010	9/30/2011	\$154.20
	652	10/1/2010	9/30/2011	\$37.46
	655	10/1/2010	9/30/2011	\$165.98
	656	10/1/2010	9/30/2011	\$682.83

Provider County	Proc./Rev. code/RTC A,B,C	Begin Date*	End Date*	New Rate*
Denver	651	10/1/2010	9/30/2011	\$159.11
	652	10/1/2010	9/30/2011	\$38.66
	655	10/1/2010	9/30/2011	\$170.18
	656	10/1/2010	9/30/2011	\$703.12
El Paso & Teller	651	10/1/2010	9/30/2011	\$149.51
	652	10/1/2010	9/30/2011	\$36.32
	655	10/1/2010	9/30/2011	\$161.96
	656	10/1/2010	9/30/2011	\$663.42
Larimer	651	10/1/2010	9/30/2011	\$153.25
	652	10/1/2010	9/30/2011	\$37.23
	655	10/1/2010	9/30/2011	\$165.15
	656	10/1/2010	9/30/2011	\$678.87
Mesa	651	10/1/2010	9/30/2011	\$148.46
	652	10/1/2010	9/30/2011	\$36.07
	655	10/1/2010	9/30/2011	\$161.06
	656	10/1/2010	9/30/2011	\$659.08
Pueblo	651	10/1/2010	9/30/2011	\$136.32
	652	10/1/2010	9/30/2011	\$33.12
	655	10/1/2010	9/30/2011	\$150.65
	656	10/1/2010	9/30/2011	\$608.81
Rural	651	10/1/2010	9/30/2011	\$150.65
	652	10/1/2010	9/30/2011	\$36.60
	655	10/1/2010	9/30/2011	\$162.93
	656	10/1/2010	9/30/2011	\$668.14
Weld	651	10/1/2010	9/30/2011	\$146.95
	652	10/1/2010	9/30/2011	\$35.70
	655	10/1/2010	9/30/2011	\$159.76
	656	10/1/2010	9/30/2011	\$652.81

Please contact Nick Clark at 303-866-2436 or njclar@hcpf.state.co.us if you have any questions.

Hospital Providers

Updates to Outpatient Cost-to-Charge Ratios

The Department is in the process of updating all hospitals' outpatient cost-to-charge ratios. As stated in the rate letters sent to hospitals annually, hospitals are reimbursed on an interim basis at actual billed charges multiplied by 1) the most recent Medicare cost-to-charge ratio that your facility has sent to the Department, and 2) 69.3 percent.



The Department conducts a periodic cost audit and any necessary retrospective adjustment is made to bring reimbursement to the lower of actual audited cost less 69.3 percent or billed charges less 69.3 percent.

It is the hospital's responsibility to notify the Department of changes to their Medicare outpatient cost-to-charge ratio. However, in order to make sure the Department has the most current Medicare outpatient cost-to-charge ratios used for claims payment, the Department will contact all hospitals during the month of November 2010 to request the most current ratio. **All hospital cost-to-charge ratios will be updated with a January 1, 2011 effective date.**

If the hospital fails to provide the Department with this information by December 1, 2010, the Department may institute a default reduction in the hospital's cost-to-charge ratio.

If you have any questions about this process or would like to submit your Medicare outpatient cost-to-charge ratio, please contact Marguerite Richardson at 303-866-3839 or Marguerite.Richardson@state.co.us.

Pharmacy Providers Drug Utilization Review (DUR) Board News

Next DUR Board Meeting:

Tuesday November 16, 2010

6:30 P.M. - 9:00 P.M.

225 E. 16th Avenue, 1st Floor Conference Room

Denver, CO 80203



The upcoming DUR Board meeting will be addressing the following Drug Classes: Targeted Immune Modulators to treat Rheumatoid Arthritis, Newer Generation Antidepressants, Agents to Treat Pulmonary Hypertension, Antiemetics, Proton Pump Inhibitors and Triptans/Triptan Combinations.

In addition, there will be discussion of prior authorization criteria for the drug Silenor and for the infused Targeted Immune Modulators. There will also be discussion of appropriate use of Proton Pump Inhibitors. Interested parties that would like to present testimony to the DUR Board must sign up at least 24 hours in advance by contacting Jim Leonard at 303-866-3502 or Jim.Leonard@state.co.us.

The DUR Board currently has an opening for a Physician. Eligible candidates should submit their Curriculum Vitae (CV) along with a completed Conflict of Interest Disclosure to the Department's DUR Coordinator, Jim Leonard at Jim.Leonard@state.co.us. Please see the [DUR](#) web page of the Department's Web site for updates and additional information.

Practitioners

Synagis® Immune Globulin

Synagis® is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community.

Effective November 8, 2010, the following protocol for Synagis® (Palivizumab) will replace those listed in the November 2009 Provider Bulletin (B0900262). The Department is continuing use of coverage criteria adopted last year based on the American Academy of Pediatrics (AAP) 2009 and the Colorado Chapter of the AAP recommendations for (RSV) prophylactic therapy.



All requests for Synagis® (Palivizumab) require prior authorization and must be submitted on the Colorado Medicaid Synagis Prior Authorization Request (PAR) form. This form is new and can be found as Attachment A of this bulletin. It is also located in the Provider Services [Forms](#) section of the Department's Web site. **No other forms will be accepted.** All requests, whether administered in the office or in the home, must use this common form. In addition, all requests must be faxed to the Pharmacy Help Desk at 1-888-772-9696. If any other prior authorization forms have already been submitted, please complete and submit a new form and fax it to the new number noted above. We will begin accepting and reviewing PARs with request dates of November 8, 2010 and later. You may contact the help desk at 1-800-365-4944 if you have questions about the form.

Prior Authorization is required and will be approved if:

The client is under age 2 at the start of the current RSV season or at the time of the first injection for the current RSV season, who meets all of the following:

- Diagnosis of Chronic Lung Disease (CLD) AND having one for more of the following clinical needs during the previous 6 months:
 - a. Supplemental oxygen;
 - b. Regular use of inhaled or oral bronchodilators;
 - c. Recent use of corticosteroid therapy; or

d. Regular or intermittent use of diuretics to treat pulmonary disease.

***A maximum of five monthly doses is recommended.**

- Diagnosis of Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function

*** A maximum of five monthly doses is recommended.**



- Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets any of the following criteria:
 - a. Receiving medication to control congestive heart failure (diuretics, antihypertensives);
 - b. Suffer moderate to severe pulmonary hypertension; or
 - c. Suffer Cyanotic Heart Disease.

*** A maximum of five monthly doses is recommended.**

- Any infant up to 6 months of age, born 29 to less than 32 weeks gestation
***A maximum of five monthly doses is recommended.**
- Any infant up to 12 months of age, born at 28 weeks or less gestation
***A maximum of five monthly doses is recommended.**
- Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:
 - a. Infants receiving medication to control congestive heart failure;
 - b. Infants with moderate to severe pulmonary hypertension; or
 - c. Infants with cyanotic heart disease.***A maximum of five monthly doses is recommended.**
- Any infant younger than 3 months of age at the start of the RSV season, born at 32 to less than 35 weeks gestation and meets one of the following risk factors:
 - a. Currently attends day care;
 - b. Has a sibling younger than 5 years of age;
 - c. Congenital abnormalities of the airway; or
 - d. A neuromuscular condition that compromises handling of respiratory secretions.***A maximum of three monthly doses is recommended for patients in this category, or until the child reaches 3 months of age.**

Additional PAR instructions:

The quantity requested must equal the number of months. The “From” and “To” dates of service must match the number of doses. Please refer to the PAR examples for both a Pharmacy PAR and a Medical PAR at the end of this bulletin.

****All** prior authorizations must be requested by faxing the form to the Pharmacy Prior Authorization Help Desk at 1-888-772-9696.

Billing instructions:

Providers administering Synagis® in the office must furnish the immune globulin and must use CPT code 90378 on the Colorado 1500 or in an 837 Professional (837P) transaction.

Providers may not ask clients to obtain Synagis® from a pharmacy and take it to the practitioner’s office for administration.

Synagis® may be a pharmacy benefit if the medication is administered in the client’s home or long-term care facility.

****Note:** a separate Synagis® PAR process exists for the CHP+ State Managed Care Network members, and any questions regarding this process should be directed to Colorado Access at 303-751-9005 or 1-800-511-5010, or US Bioservices at 303-706-0053.

Questions can be directed to Sheeba Ibdunni at 303-866-3510 or Sheeba.Ibdunni@state.co.us. You may also contact Gina Robinson at 303-866-6167 or Gina.Robinson@state.co.us.



November and December 2010 Provider Billing Workshops

Denver Provider Billing Workshops



Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures. The November and December 2010 workshop calendars are included in this bulletin and are also posted in the Provider Services [Training](#) section of the Department's Web site.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

Reservations are required

Reservations are necessary for **all workshops**.

Email reservations to:

workshop.reservations@acs-inc.com

Or Call Provider Services to make reservations:
1-800-237-0757

Press "5" to make your workshop reservation. You must leave the following information:

- | | |
|---|--|
| h Colorado Medical Assistance Program provider billing number | h The number of people attending and their names |
| h The date and time of the workshop | h 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.

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 held in Denver are located at:

ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

Beginning Billing Class Description

These classes are for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program. Currently the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements and completion of the UB-04 and the Colorado 1500 paper claim forms.

*The Beginning Billing classes do **not** cover any specialty billing information.* The fiscal agent provides specialty training throughout the year in their Denver office.

The classes do not include any hands-on computer training.

November and December 2010 Specialty Workshop Class Descriptions

FQHC/RHC

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



Occupational, Physical and Speech Therapy

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

Practitioner

This class is for providers using the CO-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
ASC			

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.

Supply/DME

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

Supply/DME PAR

This class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization. (This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers.)

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:



Take I-25 toward Denver

Take exit **210A** to merge onto **W Colfax Ave (40 E)**, 1.1 miles

Turn **left** at **Welton St**, 0.5 mi

Turn **right** at **17th St**, 0.2 miles

The Denver Club Building will be on the right

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

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

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

 = **Light Rail Station**

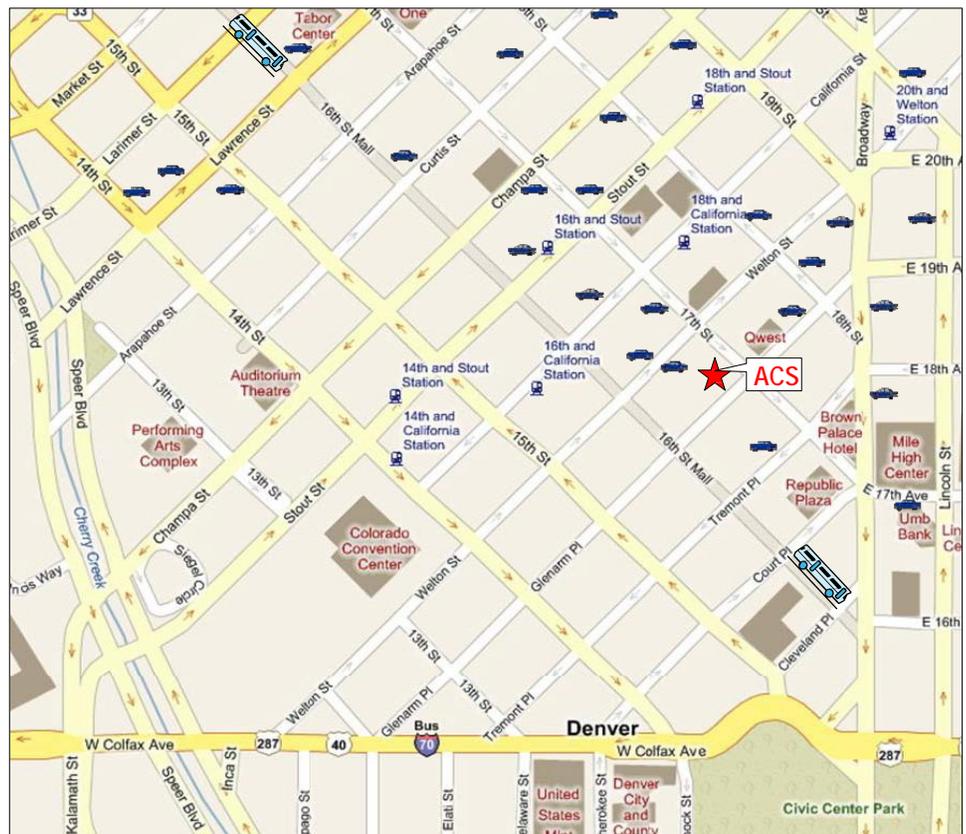
A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml

 = **Free MallRide**

The MallRide stops are located at every intersection between Civic Center Station and Union Station.

 = **Commercial Parking Lots**

Lots are available throughout the downtown area. The daily rates are between \$5 and \$20.



Please note: WebEx trainings are **not** for providers on the Front Range.

Email all WebEx training reservations to workshop.reservations@acs-inc.com.

A meeting notification containing the Web site, phone number, meeting number, and password will be emailed or mailed to providers who sign up for WebEx.

November 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm OT/PT/ST 3:00 pm-4:30 pm	10 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm FQHC/RHC 3:00 pm-4:30 pm	11 DME PAR 9:00 am-12:00 pm DME Billing 12:00 pm-1:30 pm <i>Veterans' Day</i>	12 Beginning Billing – UB-04 (WebEx) 9:00 am-12:00 pm	13
14	15	16	17	18	19	20
21	22	23	24	25 <i>Thanksgiving</i>	26	27
28	29	30				

December 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13 Provider Enroll 9:00 am-12:00 pm	14 Beginning Billing – CO -1500 9:00 am-11:30 am Web Portal 837P 1:00 pm-2:00 pm Practitioner 3:00 pm-4:30 pm	15 Beginning Billing – UB-04 9:00 am-11:30 am Web Portal 837I 1:00 pm-2:00 pm	16	17	18
19	20	21	22	23	24 <i>Christmas Observed</i>	25
26	27	28	29	30	31 <i>New Year's Observed</i>	

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

ACS Provider Services at 1-800-237-0757 (toll free).

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

Colorado Medicaid Synagis Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (Forms need to be faxed for approval)

PA Help Desk: 1-800 365-4944

Submitted as: Medical for administering in office

Pharmacy for administering in home

Delivery Location: Client's Home

Physician's Office

Provider Information	Clients Information
Requesting Physician	Client ID #
Medicaid Provider #	Name
NPI	Date of Birth
DEA	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone	Current Weight
Fax	Drug Strength 50mg <input type="checkbox"/> 100mg <input type="checkbox"/>
Address	Quantity Requested (Doses)
City State ZIP	Today's Date
Billing Provider #	Dates of Service From To

Prior authorization will be approved for clients under the age of two at the start of the current RSV season, November 8, 2010, who meet one of the following conditions:

Unless noted specifically, the following qualifying diagnoses qualify for up to five (5) monthly doses of Synagis:

Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months: ICD 9-CM Code: _____

Supplemental Oxygen

Regular use of inhaled or oral bronchodilators

Recent use of corticosteroid therapy

Regular or intermittent use of diuretics to treat pulmonary disease.

Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: _____

Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria: ICD 9 CM Code: _____

Receiving medication to control congestive heart failure (diuretics, antihypertensives);

Suffering from moderate to severe pulmonary hypertension

Suffering from Cyanotic Heart Disease.

Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: _____

Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: _____

Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following: ICD 9CM Code: _____

Infants receiving medication to control congestive heart failure;

Infants with moderate to severe pulmonary hypertension; or

Infants with cyanotic heart disease.

Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: _____

Currently attends day care;

Having a sibling younger than 5 years of age;

Having Congenital abnormalities of the airway; or

Having a neuromuscular condition that compromises handling of respiratory secretions.

up to three (3) monthly doses will be approved or until the child reaches 3 months of age.

*If not meeting the above conditions, note reason below (e.g. child is over 2 years old) ...Comments/ Additional Justification:

Provider Signature _____

Date _____

Internal use only: If PAR is for pharmacy please use Therapeutic Class WSD to WSD, if PAR is for medical please use CPT Code 90378.

Pharmacy Synagis Prior Authorization Request Example

Colorado Medicaid Synagis Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (Forms need to be faxed for approval) PA Help Desk: 1-800 365-4944

Submitted as: Medical for administering in office

KI Pharmacy for administering in home

Delivery Location: Client's Home Physician's Office

Provider Information	Clients Information
Requesting Physician <i>8-WeU-. M.V.</i>	Client ID # <i>A123456</i>
Medicaid Provider # <i>(N/A for Pharmacy PAR)</i>	Name <i>C! Unt; uUM11</i>
NPI <i>9876453210</i>	Date of Birth <i>09/01/2010</i>
OEA <i>'8k1123456</i>	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Phone <i>(555) 123-4657</i>	Current Weight <i>2.4</i>
Fax <i>(555) 123-4658</i>	Drug Strength <i>50mg (") 100mg []</i>
Address <i>123 A SD--</i>	Quantity Requested (Doses) <i>2</i>
City <i>vuwu-</i> State <i>CO</i> ZP <i>80000</i>	Today's Date <i>11/08/2010</i>
Billing Provider # <i>(N/A for Pharmacy PAR)</i>	Dates of Service From <i>11/20/2010</i> To <i>12/20/2010</i>

Prior authorization will be approved for clients under the age of two at the start of the current RSV season, November 8, 2010, who meet one of the following conditions:

Unless noted specifically, the following qualifying diagnoses qualify for up to five (5) monthly doses of Synagis:

Chronic Lung Disease (CLO) with one of the following clinical needs in last 6 months: ICD 9-CM Code: _____

Supplemental Oxygen

Regular use of inhaled or oral bronchodilators

Recent use of corticosteroid therapy

Regular or intermittent use of diuretics to treat pulmonary disease.

Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: _____

Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria: ICD 9-CM Code: _____

Receiving medication to control congestive heart failure (diuretics, antihypertensives);

Suffering from moderate to severe pulmonary hypertension

Suffering from Cyanotic Heart Disease.

Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: _____

Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: _____

Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following: ICD 9-CM Code: _____

Infants receiving medication to control congestive heart failure;

Infants with moderate to severe pulmonary hypertension; or

Infants with cyanotic heart disease.

KI Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: _____

Currently attends day care;

Having a sibling younger than 5 years of age;

Having Congenital abnormalities of the airway; or

Having a neuromuscular condition that compromises handling of respiratory secretions

•up to three (3) monthly doses will be approved or until the child reaches 3 months of age.

•If not meeting the above conditions, note reason below (e.g. child is over 2 years old) ...Comments/ Additional Justification:

Provider Signature *(See 'IMP. 1E.')*

Date *11/08/2010*

Internal use only: If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378

Medical Synagis Prior Authorization Request Example

Colorado Medicaid Synagis Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (Forms need to be faxed for approval)

PA Help Desk: 1-800 365-4944

Submitted as I Medical for administering in office D Pharmacy for administering in homeDelivery Location O Client's Home III Physicians Office

Provider Information		Clients Information	
Requesting Physician	'8u-WeU, M.V.	Client ID #	A123456
Medicaid Provider #	01234678	Name	CUe.nt; I''''''
NPI (N/A for Medical PAR)		Date of Birth	09/01/2010
DEA	'8W123456	Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Phone	(555) 123-4657	Current Weight	2.4 klf
Fax	(555) 123-4658	Drug Strength	50mg [<input type="checkbox"/>] 100mg [<input type="checkbox"/>]
Address	123 ASD-eet	Quantity Requested (Doses)	2
City	Vuwer	State	CO
ZIP	80000	Today's Date	11/08/2010
Billing Provider #	012345678	Dates of Service From	11/20/2010 To 12/20/2010

Prior authorization will be approved for clients under the age of two at the start of the current RSV season, November 8, 2010, who meet one of the following conditions:

Unless noted specifically, the following qualifying diagnoses qualify for up to five (5) monthly doses of Synagis:

Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months ICD 9-CM Code _____

- Supplemental Oxygen
- Regular use of inhaled or oral bronchodilators
- Recent use of corticosteroid therapy
- Regular or intermittent use of diuretics to treat pulmonary disease.

Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: _____

Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria ICD 9-CM Code _____

- Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- Suffering from moderate to severe pulmonary hypertension
- Suffering from Cyanotic Heart Disease.

Any infant up to 6 months of age, born 29 to less than 32 weeks gestation ICD 9-CM Code: _____

Any infant up to 12 months of age, born at 20 weeks or less gestation. ICD 9-CM Code: _____

Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following: ICD 9-CM Code _____

- Infants receiving medication to control congestive heart failure;
- Infants with moderate to severe pulmonary hypertension; or
- Infants with cyanotic heart disease.

Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code _____

- Currently attends day care;
 - Having a sibling younger than 5 years of age;
 - Having Congenital abnormalities of the airway; or
 - Having a neuromuscular condition that compromises handling of respiratory secretions.
- *up to three (3) monthly doses will be approved or until the child reaches 3 months of age.

* If not meeting the above conditions, note reason below (e.g. child is over 2 years old) ...Comments/ Additional Justification

Provider Signature aJ...?/Jeff. M 2>

Date 11/08/2010

Internal use only: If PAR is for pharmacy please use Therapeutic Class W50 to W50, if PAR is for medical please use CPT Code 9037B.