

colorado.gov/hcpf

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**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



Did you know...?

If you are a provider in one (1) of the following counties: Baca, Bent, Boulder, Broomfield, Cheyenne, Crowley, Elbert, Kiowa, Kit Carson, Larimer, Lincoln, Logan, Morgan, Otero, Phillips, Prowers, Sedgwick, Washington, Weld, or Yuma, revalidation and enrollment begins **Sunday, November 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 Top 5 Reasons Your Revalidation/Enrollment Application will be Sent Back for Correction

If you have not submitted your online application, or you have more applications to submit, keep the following five (5) tips in mind to avoid having your application sent back for correction, also known as a Returned to Provider (RTP) status.

1. **Request Information Panel:** If your “enrollment type” is a group or a facility, you should use your Employer Identification Number (EIN) as the Tax ID. If your “enrollment type” is individual within a group; billing individual; or Ordering, Prescribing, or Referring (OPR), you should use your social security number (SSN) as the Tax ID (make sure you also choose the correct radio button). pg 21*
2. **Addresses Panel:** The billing address on your application must match the address on the W-9. The Pay to Name on your application must match the name on the W-9. pg 43*
3. **Provider Identification Panel:** If your “enrollment type” is a group, facility, or atypical you will need to indicate your organization type. The organization type on the application and the “federal tax classification” on your W-9 need to match. pg 55*
4. **Disclosures Panel:** If your “enrollment type” is a group, facility, or atypical (enrolling with an EIN) you have ownership or controlling interest. Even if you have a volunteer board of directors with 0% controlling interest, you must disclose them, this is required in order to be compliant with the Federal Provider Screening Regulations (you can type 0 in the % interest box, if applicable). pg 95*
5. **Attachment and Fees Panel:** W-9s and bank letters **must** be signed and dated within the past six (6) months. If you entered your insurance, license, and certification information in the application, don’t forget to attach copies of these documents as well! pg 114*

* Indicates the corresponding page in the [Provider Enrollment Manual](#).

Department Releases ACC Phase II Concept Paper

The Accountable Care Collaborative (ACC) is the core delivery system for Colorado Medicaid, with more than 940,000 members enrolled as of August 2015. Since its inception, the ACC has been intended to be an iterative program, driving a steady and sustainable shift in the delivery system from one that incents volume to one that incents value. The Regional Care Collaborative Organization (RCCO) contracts expire in July 2017, creating an opportunity to evolve the program during Phase II of the ACC.

In mid-October, the Department of Health Care Policy and Financing (the Department) released the [ACC Phase II Concept Paper](#), inviting dialogue with the community. The Department has organized numerous opportunities to solicit public feedback. These opportunities can be viewed [here](#). Additional opportunities for stakeholders to help shape Phase II of the ACC will also be announced.

We encourage **all interested parties** to visit the [ACC Phase II](#) web page frequently for updates and [sign up](#) for email updates.

Tax Season and 1099s



Reminder: Please ensure all addresses (billing, location, mail-to) on file with the Department’s fiscal agent, Xerox State Healthcare, are current. 1099s returned for an incorrect address cause the account to be placed on hold and **all payments to be suspended**, pending a current W-9. Payments that are held can be released once the W-9 is processed. Claims for payments not released are voided on June 30th and December 31st of each year.

The [Provider Enrollment Update Form](#) can be used to update addresses, National Provider Identifiers (NPIs), licenses, and affiliations. In addition, providers are encouraged to add or update their email address to receive electronic notifications. The form is available on the Department’s [Provider Forms](#) section of the website in the Update Forms section. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Colorado Medical Assistance Web Portal ([Web Portal](#)) via the Medicaid Management Information System (MMIS) Provider Data Maintenance option. If a provider does not receive a 1099, please call the State Controller’s office at 303-866-4090 for assistance.

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 the NPI number.

The Medical Assistance Program 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 Medical Assistance Program 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

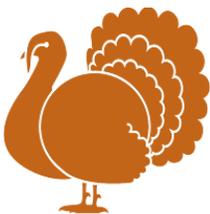
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)				15. OTHER DATE			
MM	DD	YY	QUAL.	QUAL.	MM	DD	YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a.			
				71b.	NPI		

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

Veterans Day Holiday

Due to the Veterans Day holiday on **Wednesday, November 11, 2015**, State offices, DentaQuest, and the ColoradoPAR Program offices will be closed. Xerox State Healthcare is 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.

Thanksgiving Day



Due to the Thanksgiving Day holiday on **Thursday, November 26, 2015**, State offices, Xerox State Healthcare, DentaQuest, and the ColoradoPAR Program offices will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers’ individual banks. Additionally, Xerox State Healthcare will have limited business hours on **Friday, November 27, 2015** and will be closing at 3:00 p.m. MT.

Dental Providers

“Take 5” Pay for Performance Program – Update

DentaQuest mailed the first cycle of “Take 5” Pay for Performance checks in mid-October 2015 and will continue to do so on a monthly basis through June 2016, when the program sunsets. As a reminder for dental 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 on the [DentaQuest Provider](#) website or contact DentaQuest Provider Services at 855-225-1731 for more information.

Billing Guidance Reminder for Registered Dental Hygienists

The Department would like to remind Colorado Medicaid enrolled Registered Dental Hygienists (RDHs) that only approved Current Dental Terminology (CDT) codes can be reimbursed. Please review section 18.00 Direct Access/Independent Dental Hygiene Providers of the Colorado Medicaid Dental Program [Office Reference Manual \(ORM\)](#) for the current list of allowable CDT codes for reimbursement. The ORM can be found on the [DentaQuest Provider](#) website (under the "Provider Resources" header). Registered Dental Hygienists are responsible for knowing the Prior Authorization Request (PAR) requirements and benefit limitations for Medicaid members. Please call your DentaQuest Provider Relations Representative for questions regarding RDH billing guidance.



Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Manually Priced Paper Claims

Effective October 9, 2015, the Department is allowing manually priced claims with line item totals of \$30 or less to be submitted electronically.

Example #1

001 **E1399** SC

MSRP: \$35

Maximum allowable: \$28.19 ($\$35 \times 80.54\% = \28.19)

*Numbers are based on the current percentages listed in 10 C.C.R. 2505 § 8.590.7.I.

OK to bill electronically – Submitted Charge should reflect the *lower* of the maximum allowable or your usual and customary charge.

Ⓒ Helpful Hint Ⓓ

If your MSRP is \$37.25* or less, the maximum allowable will be \$30 or less.

Example #2

001 **B9998** UB

Actual acquisition cost/Invoice: \$30

002 **B4162** UB

Actual acquisition cost/Invoice: \$30

003 **A9901** UB

Maximum allowable: \$10.71 ($\$30 + \$30 = \$60 \times 17.85\% = \10.71)

*Numbers are based on the current percentages listed in 10 C.C.R. 2505 § 8.590.7.I.

OK to bill electronically – Submitted Charge for **A9901** should reflect the *lower* of the maximum allowable or your usual and customary charge.

Example #3

001 **B9998** UB

Actual acquisition cost/Invoice: \$40

002 **B4162** UB

Actual acquisition cost/Invoice: \$30

003 **A9901** UB

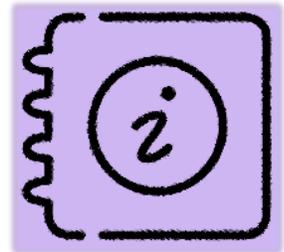
Maximum allowable: \$12.50 ($\$40 + \$30 = \$70 \times 17.85\% = \12.50)

Must be billed on paper – Line 001's actual acquisition cost is over \$30. **Helpful Hint**)

If your actual acquisition cost line items total \$168.07* or less, **A9901's** maximum allowable will be \$30 or less.

Billing Manual Updates

- The information found on pages i through approximately page 14 has been re-organized and re-formatted. Other formatting changes have been made throughout.
- The title of the Durable Medical Equipment (DME) and Supplies billing manual has been updated to include Prosthetics and Orthotics.
- References of DME have been modified to DMEPOS where appropriate.
- Definitions of Prosthetics, Orthotics, and Supplies have been added to the Program Overview section.
- Under Eligible Providers, Supply/Equipment Providers has been replaced with Rendering Providers, and the information has been updated to reflect enrollment changes (specifically regarding Pharmacies that provide DME).
- Additional clarification has been added to the MSRP and Billing for "By Invoice" Services section under Pricing. The changes better detail how to calculate the allowable amount, what the submitted charge on a claim should look like, and provides an example of how to use procedure code **A9901**.
- Information on nasal atomizers has been added. Procedure code **A4210** (non-needle injection device) has been opened for use in conjunction with the rescue medications Naloxone and Midazolam. Please refer to Appendix P on the [Provider Forms](#) website in the Pharmacy section for the medication's coverage criteria.



For a complete list of changes, please refer to the last page of the DMEPOS billing manual on the [Billing Manuals](#) website.

Questionnaires

All Questionnaires have been updated with the new PAR Vendor's (eQHealth Solutions) contact information. Both versions of the forms will be accepted indefinitely; however, please be cautious which form version – make sure you are using the correct contact information for eQHealth Solutions. The Questionnaires can be found on the Department's [Provider Forms](#) website in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Forms section.

Please contact Carrie Smith at Carrie.Smith@state.co.us with questions.

Federally Qualified Health Center (FQHC) Providers

Pharmacy Billing Numbers

Effective with each FQHC's next cost report, if an FQHC operates its own on site or separate location pharmacy that serves Medicaid members, the FQHC **must obtain a separate Medicaid billing number for the pharmacy**. All prescriptions should be billed utilizing this number. Since pharmacy costs are paid to the FQHC via a dispensing fee, all costs related to pharmacy, including drug costs and administrative costs, are excluded from the cost report.

Pharmaceuticals used during a visit are incident to the provided service and remain in the cost report.

Physical Therapy (PT) and Occupational Therapy (OT) Billing

Physical therapy and occupational therapy services may be offered at FQHCs with all costs related to those services included in the cost report. This includes the salaries of physical therapists and occupational therapists. However, physical therapists and occupational therapists are not identified as providers that are eligible to generate an FQHC encounter. If the only procedures rendered during a visit are PT/OT services, the visit is not reimbursable via the FQHC's encounter rate unless the PT/OT services were delivered by a provider identified as eligible to generate an FQHC encounter (e.g. a physician, physician assistant, or nurse practitioner).

If PT/OT services are rendered by a physical therapist or occupational therapist, the FQHC can choose to seek fee schedule reimbursement for those services and then adjust all costs associated with those services out of the cost report. If PT/OT services are rendered incident to a visit with an eligible provider or rendered without billing, the associated costs can be included in the cost report for incorporation into the calculation of the FQHC's encounter rate.

Please contact Zabrina Perry at Zabrina.Perry@state.co.us or 303-866-4370 with questions.



Outpatient Imaging and Radiology Providers

Prior Authorization Update to Proton Treatment Delivery Current Procedural Terminology (CPT) Codes

Effective 11/01/2015, the following Proton Treatment Delivery Current Procedural Terminology codes require Prior Authorization:

- **77520**
- **77522**
- **77523**
- **77525**

Please refer to the [Outpatient Imaging and Radiology Services Billing Manual](#) for more information.

Pharmacy Providers

Rx Review Program – Update

The Rx Review Program is back with exciting new updates! The program's pharmacists have provided hundreds of Medicaid members with consultative support to ensure safe and effective prescription use. Such valued service has not gone unnoticed, and beginning Fiscal Year 2015-16, contracted pharmacists will be paid more for their time!

After completing a program review and market-rate analysis, the Department has chosen to increase the reimbursement rate for participating pharmacists in the Rx Review Program. Face-to-face consultative services will be reimbursed at a rate of \$150 per consultation. When meeting in-person is not possible, the pharmacist will be compensated \$90 per phone consult.

Additionally, the Department is also happy to announce a new Rx Review Coordinator, Sarah Haynes. If you, or a pharmacist you know is interested in supporting the Colorado Medicaid



community, please contact Sara Haynes at Sara.Haynes@state.co.us for more information and to apply.

Morphine Equivalent Limitations – Update



Implementation of the morphine equivalent limitations policy is anticipated to begin February 1, 2016. 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 Medicaid 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. More details will be provided in future announcements.

The Department provides guidance on various topics on the treatment of pain on our [Pain Management and Opioid Use](#) website.

Drug Utilization Review (DUR) Board Meeting

Tuesday, November 17, 2015

6:00 p.m. – 7:00 p.m. Closed Executive Session for Board Members

7:00 p.m. – 9:00 p.m. Open Session

Skaggs School of Pharmacy and Pharmaceutical Sciences Building
12850 East Montview Blvd, Aurora CO 80045
Seminar Room- Room 1000; First floor

Note: Parking is available in the [Henderson/Visitor Parking Garage](#).

An [agenda](#) for the meeting can be found on the Department's website.

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, now has child psychiatrists available to provide consultation to Medicaid providers. The service includes phone or email consultations for providers 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.



Pharmacy and Therapeutics Committee Open Positions

The Department is currently accepting curriculum vitae (CV) for the following positions on the Colorado Medicaid Pharmacy and Therapeutics Committee:

- Four (4) openings for physicians
- Three (3) pharmacists
- One (1) Medicaid member representative.

If interested in serving or know someone who would be qualified, please submit a CV along with a completed [Conflict of Interest](#) form to:

Colorado Department of Health Care Policy and Financing
 Attn: Kelli Metz
 1570 Grant Street
 Denver, CO 80203

Or fax to 303-866-3590, Attn: Kelli Metz.

November and December 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.

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 <u>*All Classes WebEx*</u> 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 <u>*All Classes WebEx*</u> CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m.	14

December 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14 <u>*WebEx*</u> OT/PT/ST 1:00 p.m.-3:00 p.m.	15 CMS 1500 9:00 a.m.-11:30 a.m. Web Portal 837P 11:45 a.m.-12:30 p.m. Audiology 1:00 p.m.-3:00 p.m.	16 <u>*WebEx*</u> UB 04 9:00 a.m.-11:30 a.m. <u>*WebEx*</u> Web Portal 837I 11:45 a.m.-12:30 p.m. IP/OP 1:00 p.m.-3:00 p.m.	17	18	19

Reservations are required for all workshops

Email reservations to:

workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:
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 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 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-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.

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