# *Beginning Billing Workshop Transportation*

Colorado Medicaid
2015

COLORADO
Department of Health Care Policy & Financing

Centers for Medicare & Medicaid Services

COLORADO
Department of Health Care Policy & Financing

# Medicaid

Xerox State Healthcare

Medicaid/CHP+
Medical Providers

# *Training Objectives*

- Billing Pre-Requisites
  - National Provider Identifier (NPI)
    - What it is and how to obtain one
  - Eligibility
    - How to verify
    - Know the different types
- Billing Basics
  - How to ensure your claims are timely
  - When to use the CMS 1500 paper claim form
  - How to bill when other payers are involved

# *What is an NPI?*

- National Provider Identifier
- Unique 10-digit identification number issued to U.S. health care providers by CMS
- All HIPAA covered health care providers/organizations must use NPI in all billing transactions
- Are permanent once assigned
  - Regardless of job/location changes

# *What is an NPI? (cont.)*

- How to Obtain & Learn Additional Information:
  - CMS web page (paper copy)-
    - www.dms.hhs.gov/nationalproldentstand/
  - National Plan and Provider Enumeration System (NPPES)-
    - www.nppes.cms.hhs.gov
  - Enumerator-
    - 1-800-456-3203
    - 1-800-692-2326 TTY

# Department Website

1

www.colorado.gov/hcpf

# Provider Home Page

**Find what you need here**

Contains important information regarding Colorado Medicaid & other topics of interest to providers & billing professionals

# *Provider Enrollment*

**Question:**

What does **Provider** Enrollment do?

**Answer:**

Enrolls **providers** into the Colorado Medical Assistance Program, *not* members

**Question:**

Who needs to enroll?

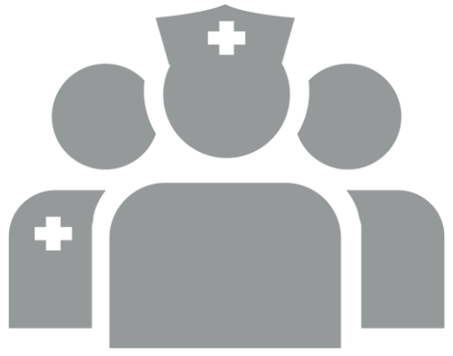
**Answer:**

Everyone who provides services for Medical Assistance Program members

# *Rendering Versus Billing*

**Rendering Provider**

Individual that provides services to a Medicaid member



**Billing Provider**

Entity being reimbursed for service

From the Noun Project:
"Medical-Team" icon created by Pieter J. Smits
"Hospital" icon created by Carlotta Zampini

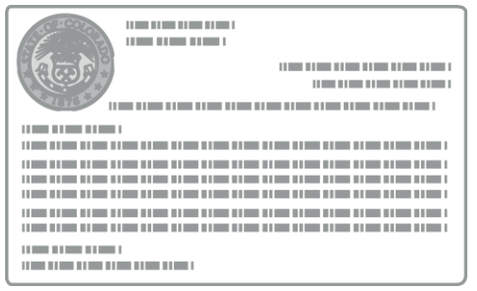
# *Verifying Eligibility*

- Always print & save copy of eligibility verifications
- Keep eligibility information in member's file for auditing purposes
- Ways to verify eligibility:

**Colorado Medical Assistance Web Portal**

**Fax Back 1-800-493-0920**

**CMERS/AVRS 1-800-237-0757**



**Medicaid ID Card with Switch Vendor**

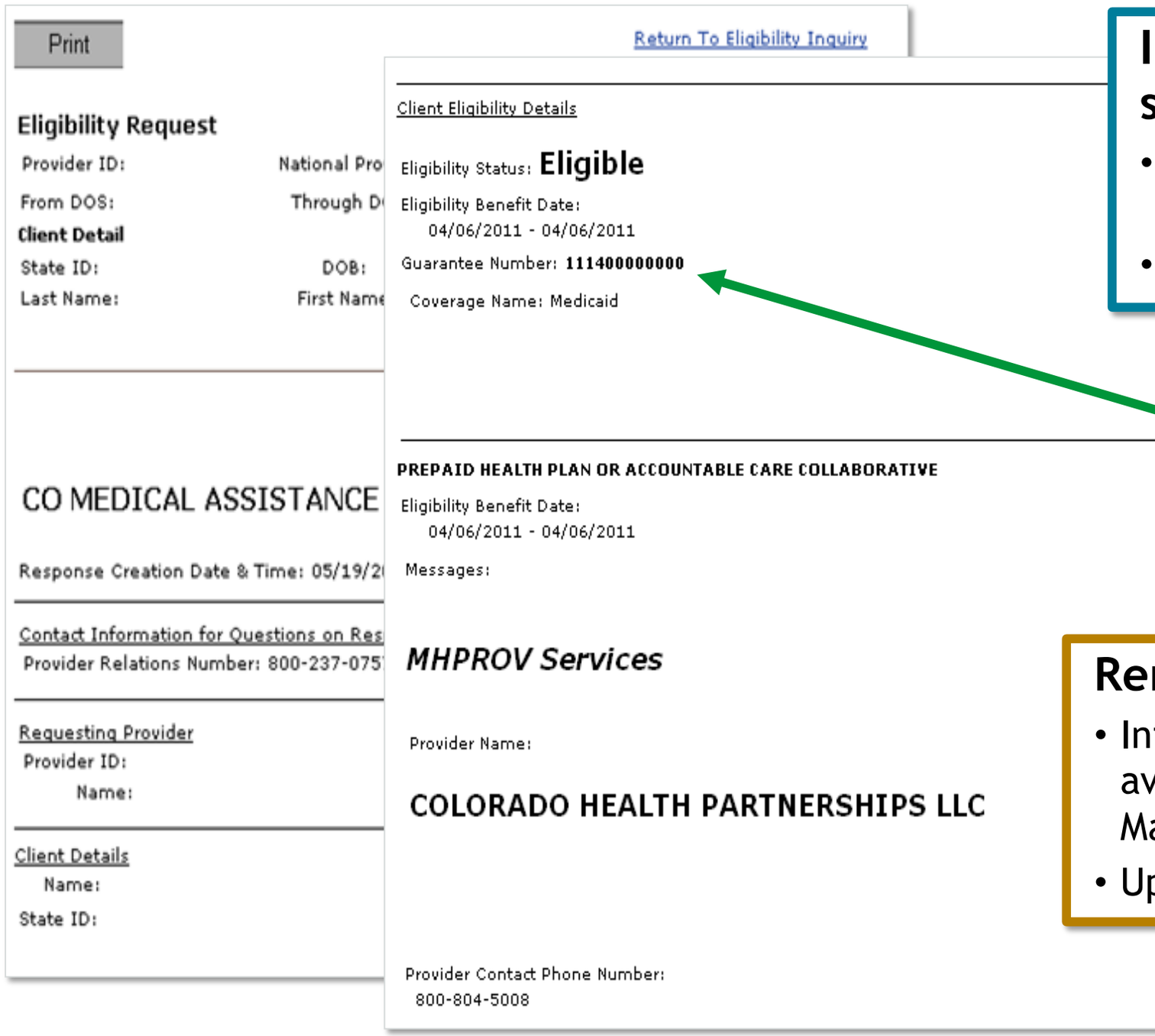


From the Noun Project:
"Internet" by OCHA Visual Information Unit
"Fax" by Vasily Ledovsky
"Telephone" by Edward Boatman

# *Eligibility Response Information*

- Eligibility Dates
- Co-Pay Information
- Third Party Liability (TPL)
- Prepaid Health Plan
- Medicare
- Special Eligibility
- BHO
- Guarantee Number

# Eligibility Request Response (271)




**Information appears in sections:**

- Requesting Provider, Member Details, Member Eligibility Details, etc.
- Use scroll bar on right to view details

**Successful inquiry notes a Guarantee Number:**

- Print copy of response for member's file when necessary

**Reminder:**

- Information received is based on what is available through the Colorado Benefits Management System (CBMS)
- Updates may take up to 72 hours

# *Medicaid Identification Cards*

- Both cards are valid
- Identification Card does not guarantee eligibility

Sample A Sample
A123456

Department of Health Care
Policy and Financing

Present this card every time you receive medical services.

Questions?
- Call Customer Service at 303-866-3513 within Metro Denver or 1-800-221-3943 outside Metro Denver, Monday - Friday, 8 - 5, excluding holidays.
- Call 1-800-QUIT.NOW (1-800-784-8669) for help to quit smoking.
- **Call 1-800-283-3221 (24 Hour Nurse Advice Line) for help deciding what to do when you are sick and cannot call your doctor or other health provider.**

**In a life threatening emergency, dial 911 or go to the nearest emergency room.**
**This card does not guarantee eligibility or payment for services**

Providers:
- Verify the identity and eligibility of the cardholder.
- Request prior authorization when pre-approval of services is required.

# *Billing Overview*

Record Retention

Claim submission

Prior Authorization Requests (PARs)

Timely filing

Extensions for timely filing

# *Record Retention*

- Providers must:
  - Maintain records for at least six (6) years
  - Longer if required by:
    - Regulation
    - Specific contract between provider & Colorado Medical Assistance Program
  - Furnish information upon request about payments claimed for Colorado Medical Assistance Program services

# *Record Retention*

- Medical records must:
  - Substantiate submitted claim information
  - Be signed & dated by person ordering & providing the service
    - Computerized signatures & dates may be used if electronic record keeping system meets Colorado Medical Assistance Program security requirements

# *Submitting Claims*

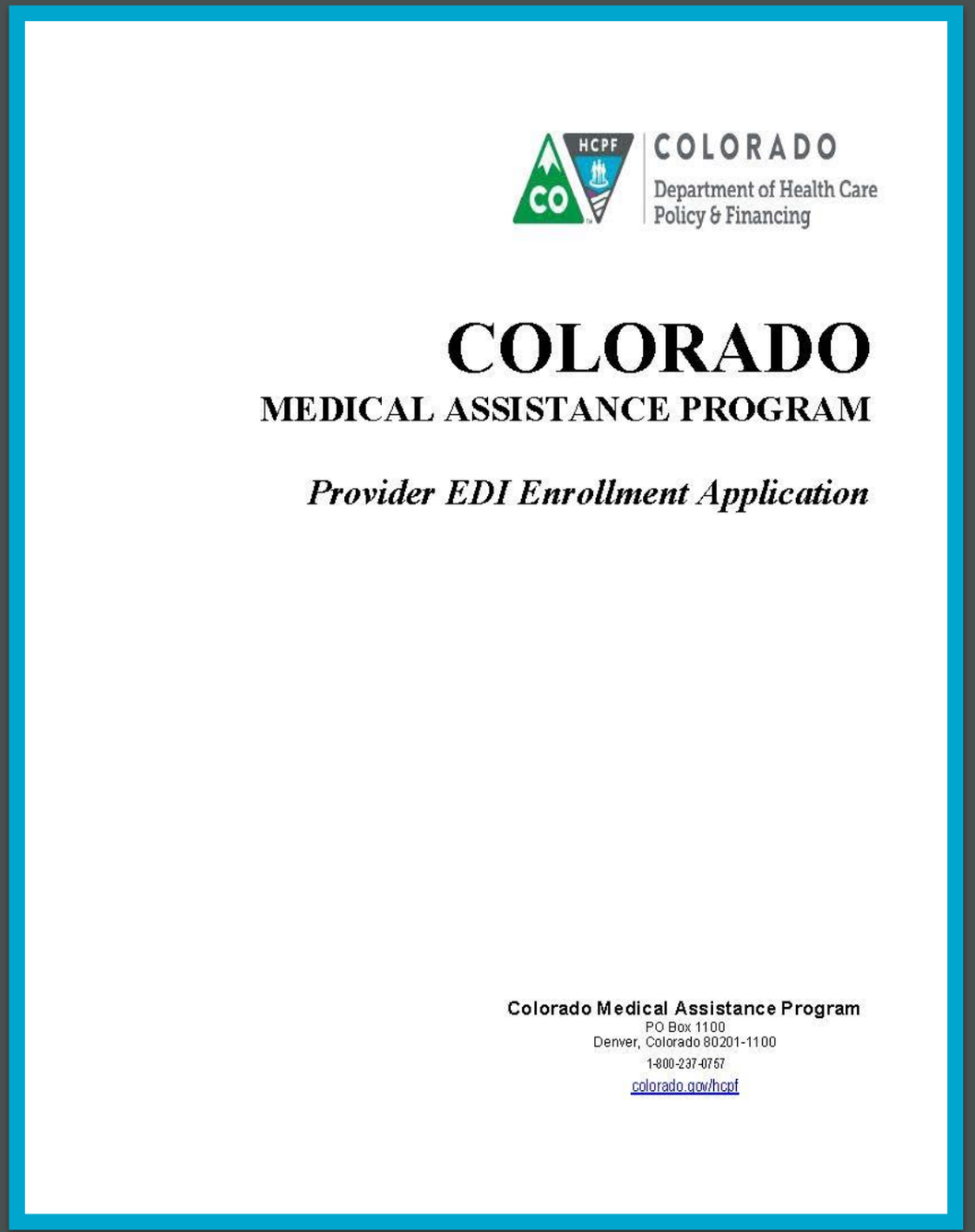
- Methods to submit:
  - Electronically through Web Portal
  - Electronically using Batch Vendor, Clearinghouse, or Billing Agent
  - Paper only when:
    - Pre-approved (consistently submits less than five (5) per month)
    - Claims require attachments

# *ICD-10 Implementation Delay*

## ICD-10 Implementation delayed until 10/1/2015

| | |
|---|---|
| Claims with Dates of Service (DOS) **on** or **before** 9/30/15 | **Use ICD-9 codes** |
| Claims with Dates of Service (DOS) **on** or **after** 10/1/2015 | **Use ICD-10 codes** |
| Claims submitted with both ICD-9 and ICD-10 codes | **Will be rejected** |

# *Providers Not Enrolled with EDI*



COLORADO
Department of Health Care Policy & Financing

**COLORADO**
**MEDICAL ASSISTANCE PROGRAM**

***Provider EDI Enrollment Application***

**Colorado Medical Assistance Program**
PO Box 1100
Denver, Colorado 80201-1100
1-800-237-0757
colorado.gov/hcpf

**Providers must be enrolled with EDI to:**

- use the Web Portal
- submit HIPAA compliant claims
- make inquiries
- retrieve reports electronically
  - Select Provider Application for EDI Enrollment

Colorado.gov/hcpf/EDI-Support

# *Payment Processing Schedule*

**Mon.**

- Payment information is transmitted to the State's financial system
- Accounting processes **E**lectronic **F**unds **T**ransfers (EFT) & checks

**Tue.**

**Wed.**

- Paper remittance statements & checks dropped in outgoing mail

**Thur.**

- EFT payments deposited to provider accounts

**Fri.**

- Weekly claim submission cutoff

**Sat.**

- Fiscal Agent processes submitted claims & creates PCR

# *Electronic Funds Transfer (EFT)*

## Advantages

- Free!
- No postal service delays
- Automatic deposits every Thursday
- Safest, fastest & easiest way to receive payments
- Colorado.gov/hcpf/provider-forms → Other Forms

# *PARs Reviewed by ColoradoPAR*

- With the **exception of Waiver and Nursing Facilities**:
  - The ColoradoPAR Program processes all PARs
    - including revisions
  - Visit ColoradoPAR.com for more information

| Mail: | Phone: |
| --- | --- |
| Prior Authorization Request<br>55 N Robinson Ave., Suite 600<br>Oklahoma City, OK 73102 | Phone: 1.888.454.7686<br>FAX: 1.866.492.3176<br>Web: ColoradoPAR.com |

# *Electronic PAR Information*

- PARs/revisions processed by the ColoradoPAR Program must be submitted via CareWebQI (CWQI)
- The ColoradoPAR Program will process PARs submitted by phone for:
  - emergent out-of-state
  - out-of area inpatient stays
  - e.g. where the patient is not in their home community and is seeking care with a specialist, and requires an authorization due to location constraints

# *PAR Letters/Inquiries*

- Continue utilizing Web Portal for PAR letter retrieval/PAR status inquiries
- PAR number on PAR letter is only number accepted when submitting claims
- If a PAR Inquiry is performed and you cannot retrieve the information:
  - contact the ColoradoPAR Program
  - ensure you have the right PAR type
  - e.g. Medical PAR may have been requested but processed as a Supply PAR

# *Transaction Control Number*

**Receipt Method**
0 = Paper
2 = Medicare Crossover
3 = Electronic
4 = System Generated

**Batch Number**

**Document Number**

**0 15 129 00 150 0 00037**

**Year of Receipt**

**Julian Date of Receipt**

**Adjustment Indicator**
1 = Recovery
2 = Repayment

# *Timely Filing*

- 120 days from Date of Service (DOS)
  - Determined by date of receipt, not postmark
  - PARs are not proof of timely filing
  - Certified mail is not proof of timely filing
  - Example – DOS January 1, 20XX:
    - Julian Date: 1
    - Add: 120
    - Julian Date = 121
    - Timely Filing = Day 121 (May 1st)

# *Timely Filing*

**From "through" DOS**

- Nursing Facility
- Home Health
- Waiver
- In- & Outpatient
- UB-04 Services

**From delivery date**

- Obstetrical Services
- Professional Fees
- Global Procedure Codes:
- Service Date = Delivery Date

**From DOS** | FQHC Separately Billed and additional Services

# *Documentation for Timely Filing*

- 60 days from date on:
  - Provider Claim Report (PCR) Denial
  - Rejected or Returned Claim
  - Use delay reason codes on 837P transaction
  - Keep supporting documentation
- Paper Claims
  - CMS 1500- Note the Late Bill Override Date (LBOD) and the date of the last adverse action in field 19 (Additional Claim Information)

# *Timely Filing Extensions*

- Extensions may be allowed when:
  - Commercial insurance has yet to pay/deny
  - Delayed member eligibility notification
    - Delayed Eligibility Notification Form
  - Backdated eligibility
    - Load letter from county

# *Timely Filing Extensions*

## Commercial Insurance

- 365 days from DOS
- 60 days from payment/denial date
- When nearing the 365 day cut-off:
  - File claim with Colorado Medicaid
    - Receive denial or rejection
  - Continue re-filing every 60 days until insurance information is available

# *Timely Filing Extensions*

## Delayed Notification

- 60 days from eligibility notification date
  - Certification & Request for Timely Filing Extension – Delayed Eligibility Notification Form
    - Located in Forms section
    - Complete & retain for record of LBOD
- Bill electronically
  - If paper claim required, submit with copy of Delayed Eligibility Notification Form
- Steps you can take:
  - Review past records
  - Request billing information from member

# *Timely Filing Extensions*

## Backdated Eligibility

- 120 days from date county enters eligibility into system
  - Report by obtaining State-authorized letter identifying:
    - County technician
    - Member name
    - Delayed or backdated
    - Date eligibility was updated

# *CMS 1500*

## Who completes the CMS 1500?

HCBS/Waiver providers

Vision providers

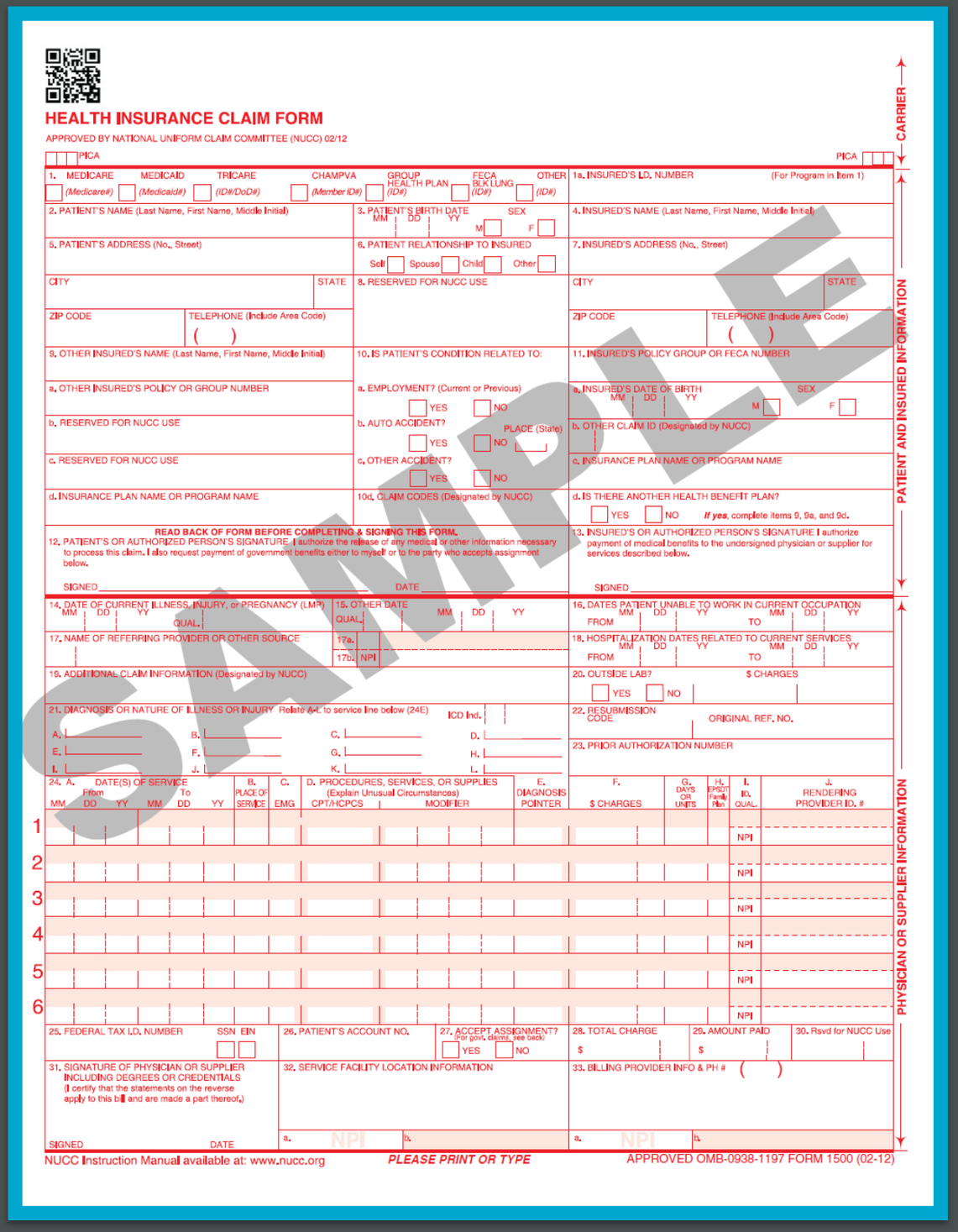
Physicians

Supply providers

Surgeons

Transportation providers

# CMS 1500



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM DD YY | To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | NPI | |
| 2 | | | | | | | | | | NPI | |
| 3 | | | | | | | | | | NPI | |
| 4 | | | | | | | | | | NPI | |
| 5 | | | | | | | | | | NPI | |
| 6 | | | | | | | | | | NPI | |

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

*PLEASE PRINT OR TYPE*

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

# *Emergency Transportation*

- Emergency services require a physician's statement of medical necessity or trip report
  - Subject to audit for six (6) years
- Emergency transportation includes:
  - Ambulance
  - Air Ambulance

# *What Defines an "Emergency"?*

- Sudden, urgent, usually unexpected occurrence or occasion requiring immediate action such that of:
  - Active labor & delivery
  - Acute symptoms of sufficient severity & severe pain in which, the absence of immediate medical attention might result in:
    - Placing health in serious jeopardy
    - Serious impairment to bodily functions
    - Dysfunction of any bodily organ or part

# *Non-Emergency Medical Transportation (NEMT)*

- Non-Emergency Medical Transportation
  - Defined as transportation to and/or from a medical treatment that is not emergent in nature
    - Non-Emergency care is scheduled
  - NEMT is only available when member has no other form of transportation

# *Non-Emergency Medical Transportation*

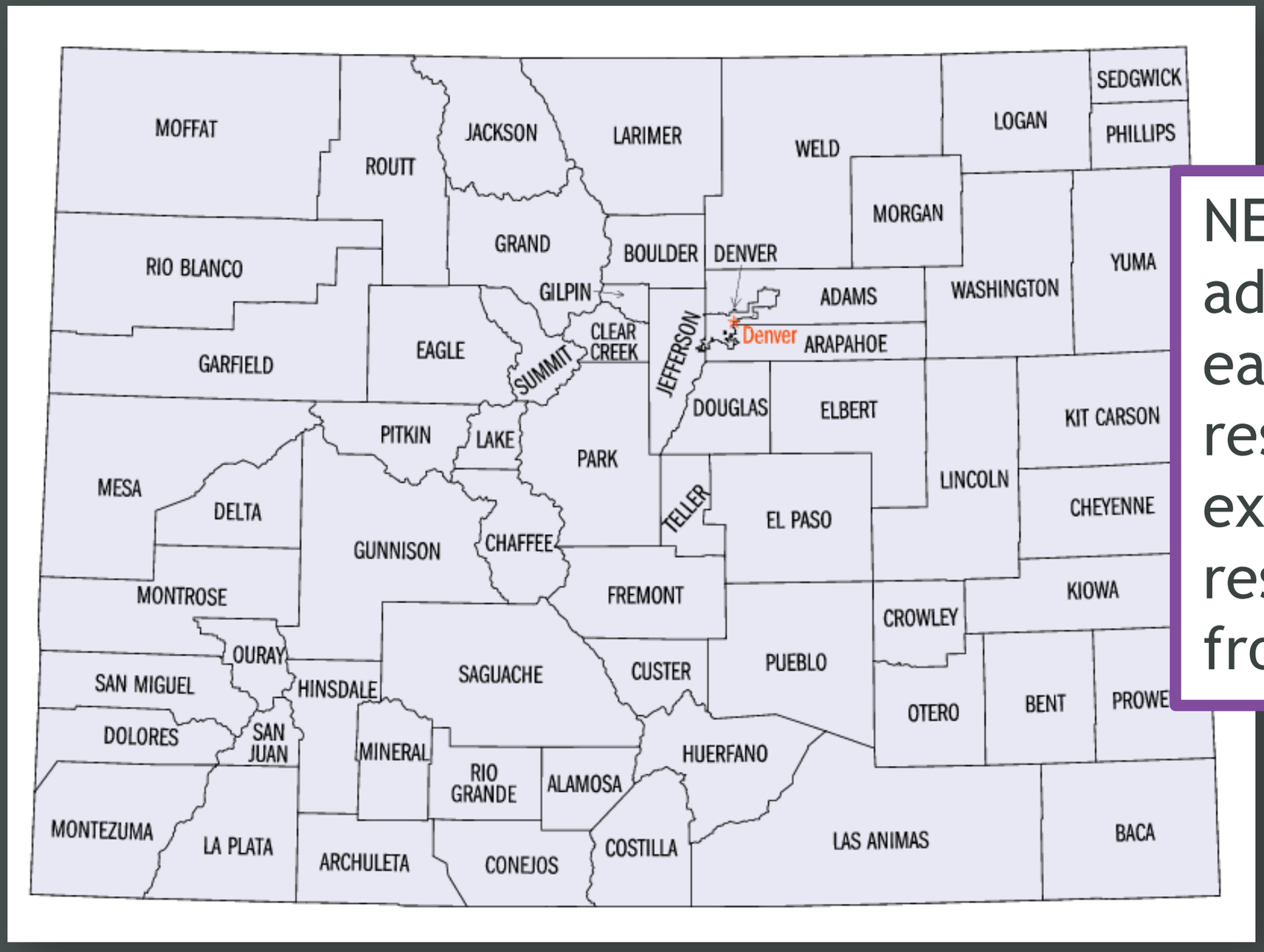
## Types of NEMT

| | | |
|---|---|---|
| Mobility Vehicle | Train | Car |
| Wheelchair Van | Personal Vehicle | Bus |
| Plane | Taxi | Non-Emergency Ambulance |

# *Non-Emergency Medical Transportation (NEMT)*

- The following are not benefits of the Colorado Medical Assistance Program:
  - Waiting time
  - Charges when member is not in vehicle
  - Transportation when not medically necessary

# NEMT




NEMT is administered in each member's respective county, except for members residing within the front range area

# *Transportation Broker*

- Transportation providers serving the nine (9) front range counties can no longer directly bill the Colorado Medical Assistance Program for NEMT
- All NEMT services for the nine front-range counties must be:
  - Authorized
  - Approved
  - Arranged &
  - Paid, through Total Transit

Note:
Total Transit is the only NEMT broker contracted with Medicaid

# *Transportation Broker*

- Total Transit manages Non-Emergency Medical Transportation (NEMT) program for providers whose members reside within the following nine (9) front range counties:

| | | |
|---|---|---|
| Adams | Arapahoe | Boulder |
| Broomfield | Denver | Douglas |
| Jefferson | Larimer | Weld |

# *Transportation Broker*

If you are a transportation provider wanting to provide NEMT services

or

Have a member in need of transportation within the nine (9) counties listed, please contact:

Total Transit

1-855-264-6368

Or visit their website at: www.tticolorado.com

# NEMT

- Members in the following programs do not qualify for non-emergency transportation benefits:
  - CHP+
  - OAP-state only (Old Age Pension)
  - Qualified Medicare Beneficiary-only (QMB-only)
  - QI-1 (Qualified Individuals-1)
  - SLMB (Specified Low Income Medicare Beneficiaries)

# *County Responsibilities*

- As the State Designated Entity (SDE), the Department of Human/Social Services (DHS) in each county is responsible for:
  - approving services
  - arranging NEMT for Medicaid members
- The SDE is required to query members requesting NEMT:
  - To determine that the member is being transported to a Medicaid covered service
  - To ensure that the member has exhausted all means of accessing free transportation

# *County Responsibilities*

- SDEs are required to inform members in writing of any requested transportation service that is being denied
- Denial letter must include:
  - reason for denial
  - "Member Appeal Right" language & instructions
    - same language that is included on the back of all formal claim denials sent from the Department's Fiscal Agent

# *County Responsibilities*

- Although SDEs may be notified of changes or updates to programs, appeals and rules, rates, etc., the SDE is responsible for staying informed
- For updates and changes, refer to:
  - Provider Bulletins
  - Agency Letters
  - Web Portal messages

# *Modes of Transportation*

## Mobility Vehicles

- Provided when:
  - Member has no transportation
  - The option is least costly
  - Most appropriate mode for member's condition
- May transport multiple parties at the same time
- Does not calculate charges based upon a meter
- May use wheelchair van billing codes only when:
  - Member is a physician-certified wheelchair user
  - Vehicle has appropriate wheelchair equipment

# *Modes of Transportation*

## Wheelchair Van

- Only a benefit when:
  - Member is a physician-certified wheelchair user
  - Vehicle has been appropriately modified
- Oxygen administration is allowed
  - When medically necessary
- Unlike mobility vehicles, wheelchair van service is not regulated by Public Utilities Commission (PUC)
- May use mobility vehicle billing codes only when:
  - Member isn't a physician-certified wheelchair user

# *Modes of Transportation*

## Bus or Train

- Benefits are provided when:
  - Member is traveling a great distance
  - It is the least costly means of transportation
  - Appropriate for in-state and out-of-state travel
  - No PAR required
  - For train, use procedure code A0110

# *Modes of Transportation*

## Air

- Services are provided when:
  - Requires HCPF Medical Director approval
  - Please refer to the Transportation Billing Manual for procedure to request air transportation
  - Transportation is required to support a medically necessary procedure that cannot be provided in Colorado

# *Non-Emergency Air Transportation*

- NEMT benefits are provided when:
  - Point of pickup is **inaccessible** by land vehicle
  - Point of pickup is **accessible** by a land vehicle **But** great distances prohibit transporting
  - Great distances prohibit transporting member to the nearest appropriate location
  - Member is suffering from an illness that makes other forms of transportation inadvisable

# *Mileage Reimbursement*

- For mileage reimbursement, you must provide the SDE with:
  - Name & address of vehicle owner
  - Destination address
- Reimbursement Rules
  - SDEs should route trip using mapping or similar GPS program to determine mileage
  - Print map page for documentation
  - Trip must be most direct route to and/or from medical appointment with closest qualified provider
  - Service must be a benefit of the Colorado Medical Assistance Program

# *Ancillary Services*

- All ancillary services require prior authorization by the Department:

**Meals and lodging**

Only authorized if trip cannot be completed in one calendar day

**Escort**

May accompany at-risk adults or children

# *Transportation Billing Instructions*

- Use diagnosis code 780 for all NEMT claims
  - Regardless of diagnosis
- For Place of Service Code
  - Enter ‘41’ for land transportation
  - Enter ’42’ for air transportation
- Span dating is not allowed
- Claims that require attachments must be billed on paper

# *Non-Medical Transportation (NMT)*

- NMT is a service available to Medicaid members who are on a Home and Community Based Services (HCBS) waiver
- HCBS Waivers allow states to:
  - Waive certain income/eligibility criteria
  - Provide specific services to target groups
  - Target specific geographic regions
- Colorado has six adult HCBS Waivers, each serving a different population with different eligibility criteria
  - All six waivers offer NMT as a service, but have various restrictions on its usage

# *Non-Medical Transportation by Waiver*

- Brain Injury (BI)
- Spinal Cord Injury (SCI)
- Elderly, Blind and Disabled (EBD)
- Community Mental Health Supports (CMHS)
- Non-medical transportation services for the above waivers means transportation which enables eligible members to gain personal physical access to non-medical community services and resources to prevent institutionalization

# *Inclusions and Exclusions of NMT*

- Non-medical transportation services provides access to the community:  transportation between the member's home and non-medical services or resources such as adult day services, shopping, therapeutic swimming, counseling sessions and other services as required by the care plan to prevent institutionalization
- Non-medical transportation services shall not be used to substitute for Non-Emergency Medical Transportation

# *Non-Medical Transportation and Billing Information*

- Provider must bill off of Prior Authorization Request (PAR) provided by the Case Manager (CM)
- Procedure Codes for the service vary depending on the mode of transportation being provided (Mobility van, taxi or wheelchair van)
- NMT for Adult Day transportation have specific modifiers

# *Division of Intellectual and Developmental Disabilities (DIDD) Waivers*

- Developmental Disabilities (DD)
  - Service offered in order to enable waiver participants to gain access to Day Habilitation and Supported Employment services as specified by the Service Plan that are not related to medical interventions as covered in the State Plan
- Supported Living Services (SLS)
  - Service provided in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the Service Plan

# *Waiver PARs*

## Community Centered Board Adult & Children DHS Waivers

- Supported Living Services (SLS)
- Developmentally Disabled (CCT-DD/SLS)
- Children's Extensive Support (CES)

## Local County Department of Human Services DHS Waiver

- Children's Habilitation Residential Program (CHRP)

# *Waiver PARs (cont.)*

## Case Management Agency Adult & Children HCPF Waivers

- Elderly Blind and Disabled (EBD)
- Community Mental Health Services (CMHS)
- Brain Injury (BI)
- Spinal Cord Injury (SCI)
- Children's Home Community Based Services (CHCBS)
- Children With Autism (CWA)
- Children with Life Limiting Illness (CLLI)

# Waiver Prior Authorization Form

**STATE OF COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

COLORADO
Department of Health Care Policy & Financing

QUEST FOR ADULT HOME AND COMMUNITY BASED SERVICES (HCBS) PRIOR APPROVAL AND COST CONTAINME **EBD-U1**

**HCBS - Persons who are Elderly, Blind, and Disabled (EBD) Waiver**

PA Number being revised:

Revision? ☐ Yes ☐ No

| 1. CLIENT NAME | 2. CLIENT ID | 3. SEX | 4. BIRTHDATE |
|---|---|---|---|
| | | ☐ M ☐ F | |

| 5. REQUESTING PROVIDER # | 6. CLIENT'S COUNTY | 7. CASE NUMBER (AGENCY USE) | 8. DATES COVERED | |
|---|---|---|---|---|
| | | | From: | Through: |

**STATEMENT OF REQUESTED SERVICES**

| 9. Description | | 10. Provider | 11. Modifier | 12. Max # Units | 13. Cost Per Unit | 14. Total $ Authorized | 15. Comments: |
|---|---|---|---|---|---|---|---|
| **S5105** Adult Day Services, Basic (U1) | | | | | | | |
| **S5105** Adult Day Services, Specialized (U1) | | | TF | | | | |
| **T2031** Alternative Care Facility (ACF) (U1) | | | | 1 | $50.95 | $50.95 | |
| **T2038** Community Transition Services, Coordinator (U1) | | | | | | | |
| **A9900** Community Transition Services, Items Purchased (U1) | | | | | | | |
| **T2025** Consumer Directed Assistance Support Services (CDASS) (Cent/ Unit) (U1) | | | | | | | |
| **T2040** CDASS Per Member/ Per Month (PM/PM) (U1) | Fiscal Employer Agent (FEA) (U1) | | | | | | |
| **S5165** Home Modifications (U1) | | | | | | | |
| **S5130** Homemaker (U1) | | | | | | | |
| **H0038** IHSS Health Maintenance Activities (U1) | | | | | | | |
| **S5130** IHSS Homemaker (U1) | | | KX | | | | |
| **T1019** IHSS Personal Care (U1) | | | KX | | | | |
| **T1019** IHSS Relative Personal Care (U1) | | | HR, KX | | | | |
| **T2029** Medication Reminder, Install/Purchase (U1) | | | | | | | |
| **S5185** Medication Reminder, Monitoring (U1) | | | | | | | |
| **A0100** NMT, Taxi (U1) | | | | | | | |
| **A0120** NMT, Mobility Van | Mileage Band 1 (0-10 miles) (U1) | | | | | | |
| **A0120** NMT, Mobility Van To and From Adult Day | Mileage Band 1 (0-10 miles) (U1) | | HB | | | | |
| **A0130** NMT, Wheelchair Van | Mileage Band 1 (0-10 miles) (U1) | | | | | | |
| **A0130** NMT, Wheelchair Van To and From Adult Day | Mileage Band 1 (0-10 miles) (U1) | | HB | | | | |
| **T1019** Personal Care (U1) | | | | | | | |
| **T1019** Personal Care, Relative (U1) | | | HR | | | | |
| **S5160** Personal Emergency Response System (PERs) Install/Purchase (U1) | | | | | | | |
| **S5161** PERs, Monitoring (U1) | | | | | | | |
| **S5151** Respite Care, ACF (U1) | | | | | | | |
| **S5150** Respite Care, In Home (U1) | | | | | | | |
| **H0045** Respite Care, NF (U1) | | | | | | | |
| A | | | | | | | |

Find Adult HCBS Prior Approval and Cost Containment workbook for Waiver programs on the Department's website

**Colorado.gov/hcpf/provider-forms**

# *Benefit and Billing Information*

For detailed benefit and billing information refer to:

www.colorado.gov/hcpf/ProviderServices

Billing Manuals → Transportation

# *Common Denial Reasons*

| | |
|---|---|
| **Timely Filing** | Claim was submitted more than 120 days without a LBOD |
| **Duplicate Claim** | A subsequent claim was submitted after a claim for the same service has already been paid |

# *Common Denial Reasons*

| | |
|---|---|
| **PAR not on file** | No approved authorization on file for services that are being submitted |
| **Total Charges invalid** | Line item charges do not match the claim total |

# *Claims Process - Common Terms*

## Reject

Claim has primary data edits – **not** accepted by claims processing system

## Denied

Claim processed & denied by claims processing system

## Accept

Claim accepted by claims processing system

## Paid

Claim processed & paid by claims processing system

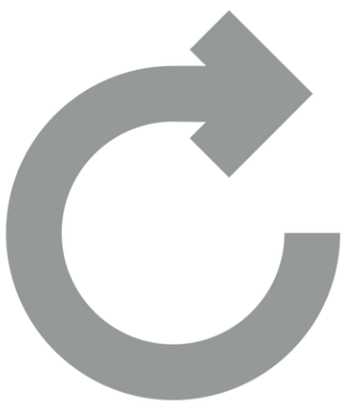


**From the Noun Project:**
"Delete" by Ludwig Schubert
"Stop" by Chris Robinson
"Check-Mark" by Muneer A.Safiah
"Money" by Nathan Thomson

# *Claims Process - Common Terms*

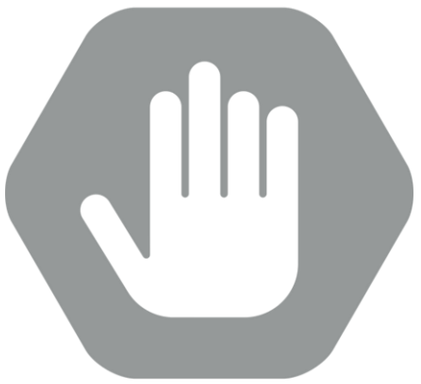
## Adjustment

Correcting under/overpayments, claims paid at zero & claims history info



## Rebill

Re-bill previously denied claim



## Suspend

Claim must be manually reviewed before adjudication

## Void

“Cancelling” a “paid” claim (wait 48 hours to rebill)



From the Noun Project:
“Delete” by Ludwig Schubert
“Stop” by Chris Robinson
“Check-Mark” by Muneer A.Safiah
“Money” by Nathan Thomson

# *Adjusting Claims*

- What is an adjustment?
  - Adjustments create a replacement claim
  - Two step process: Credit & Repayment

## Adjust a claim when

- Provider billed incorrect services or charges
- Claim paid incorrectly

## Do not adjust when

- Claim was denied
- Claim is in process
- Claim is suspended

# Adjustment Methods

## Web Portal

- Preferred method
- Easier to submit & track

## Paper

- Complete field 22 on the CMS 1500 claim form



From the Noun Project:
"Internet" by OCHA Visual Information Unit
"Paper" by Kristina

# *Provider Claim Reports (PCRs)*

- Contains the following claims information:
  - Paid
  - Denied
  - Adjusted
  - Voided
  - In process
- Providers required to retrieve PCR through File & Report Service (FRS)
  - Via Web Portal

# *Provider Claim Reports (PCRs)*

- Available through FRS for 60 days
- Two options to obtain duplicate PCRs:
  - Fiscal agent will send encrypted email with copy of PCR attached
    - $2.00/ page
  - Fiscal agent will mail copy of PCR via FedEx
    - Flat rate- $2.61/ page for business address
    - $2.86/ page for residential address
- Charge is assessed regardless of whether request made within 1 month of PCR issue date or not

# Provider Claim Reports (PCRs)

## Paid

* CLAIMS PAID *

| INVOICE NUM | CLIENT NAME | STATE ID | TRANSACTION CONTROL NUMBER | DATES OF SVC FROM | DATES OF SVC TO | TOTAL CHARGES | ALLOWED CHARGES | COPAY PAID | AMT OTH SOURCES | CLM PMT AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|
| 7015 | CLIENT, IMA | Z000000 | 040800000000000001 | 040508 | 040508 | 132.00 | 69.46 | 2.00 | 0.00 | 69.46 |
| PROC CODE - MODIFIER 99214 - | | | | 040508 | 040508 | 132.00 | 69.46 | 2.00 | | |

TOTALS - THIS PROVIDER / THIS CATEGORY OF SERVICE .... TOTAL CLAIMS PAID 1 TOTAL PAYMENTS 69.46

## Denied

* CLAIMS DENIED *

| INVOICE NUM | CLIENT NAME | STATE ID | TRANSACTION CONTROL NUMBER | DATES OF SERVICE FROM | DATES OF SERVICE TO | TOTAL DENIED | DENIAL REASONS ERROR CODES |
|---|---|---|---|---|---|---|---|
| STEDOTCCIOT | CLIENT, IMA | A000000 | 30800000000000003 | 03/05/08 | 03/06/08 | 245.04 | 1348 |

TOTAL CLAIMS DENIED - THIS PROVIDER / THIS CATEGORY OF SERVICE 1

THE FOLLOWING IS A DESCRIPTION OF THE DENIAL REASON (EXC) CODES THAT APPEAR ABOVE:

1348 The billing provider specified is not a fully active provider because they are enrolled in an active/non-billable status of '62, '63', '64', or '65 for the FDOS on the claim. These active/non-billable providers can't receive payment directly. The provider must be in a fully active enrollment status of '60' or '61'.

# Provider Claim Reports (PCRs)

**Adjustments**

**Recovery**

**Repayment**

**Net Impact**

**********

* ADJUSTMENTS PAID *

**********

| INVOICE NUM | --- CLIENT ------ NAME ------- | STATE ID | TRANSACTION CONTROL NUMBER | DATES OF SVC FROM | TO | ADJ RSN | TOTAL CHARGES | ALLOWED CHARGES | COPAY PAID | AMT OTH SOURCES | CLM PMT AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Z71 | CLIENT, IMA | A000000 | 40800000000100002 | 041008 | 041808 | 406 | 92.82- | 92.82- | 0.00 | 0.00 | 92.82- |
| PROC CODE - MOD T1019 - U1 | | | | 041008 | 091808 | | 92.82- | | | | |
| Z71 | CLIENT, IMA | A000000 | 40800000000200002 | 041008 | 041808 | 406 | 114.24 | 114.24 | 0.00 | 0.00 | 114.24 |
| PROC CODE - MOD T1019 - U1 | | | | 041008 | 041008 | | 114.24 | | | | |
| | | | | | | NET IMPACT | 21.42 | | | | |

**Voids**

**********

* ADJUSTMENTS PAID *

**********

| INVOICE – NUM | CLIENT ------ NAME ------- | STATE ID | TRANSACTION CONTROL NUMBER | DATES OF SVC FROM | TO | ADJ RSN | TOTAL CHARGES | ALLOWED CHARGES | COPAY PAID | AMT OTH SOURCES | CLM PMT AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A83 | CLIENT, IMA | Y000002 | 40800000000100009 | 040608 | 042008 | 212 | 642.60- | 642.60- | 0.00 | 0.00 | 642.60- |
| PROC CODE - MOD T1019 - U1 | | | | 040608 | 042008 | | 642.60- | 642.60- | | | |
| | | | | | | NET IMPACT | 642.60- | | | | |

# *Provider Services*

## Xerox
## 1-800-237-0757

- Claims/Billing/Payment
- Forms/Website
- EDI
- Enrolling New Providers
- Updating existing provider profile

## CGI
## 1-888-538-4275

- Email helpdesk.HCG.central.us@cgi.com
- CMAP Web Portal technical support
- CMAP Web Portal Password resets
- CMAP Web Portal End User training

# *Thank you!*