

# **Early Intervention Program**

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# **Program Overview**

## **Early Intervention Services (EI)**

Early Intervention Services provides developmental supports and services to children birth to three (3) years of age who have either a significant developmental delay or a diagnosed condition that has a high probability of resulting in a developmental delay and are determined to be eligible for the program.

Targeted Case Management (TCM) Services are provided through the Community Centered Boards (CCB) for children actively enrolled in Early Intervention Services program and Health First Colorado (Colorado's Medicaid Program).

## **Allowable Early Intervention Services**

### **General Definition**

Allowable Early Intervention Services are those services that are:

1. Designed to meet the developmental needs of an infant or toddler with a significant developmental delay or the needs of the family related to enhancing the infant's or toddler's development;
2. Selected in collaboration with the infant's or toddler's family;
3. Provided in conformity with an Individualized Family Service Plan (IFSP);
4. Based on appropriate evidence-based practices and related to functional outcomes;
5. Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
6. Provided by qualified personnel as defined in Colorado's Part C State Plan;
7. Provided in the natural environments of the infant or toddler and the family including the family's home and/or community settings in which infants and toddlers without disabilities participate, unless otherwise justified on the IFSP; and
8. Provided in a culturally relevant manner, including the use of an interpreter if needed.

### **Role of Service Providers**

All Early Intervention service providers are responsible for:

1. Consulting with parents, service coordinators, other service providers and representatives of other community agencies where the infant or toddler participates to ensure the effective provision and coordination of Early Intervention Services;
2. Billing Health First Colorado (Colorado's Medicaid Program) appropriately for services rendered when the service is a benefit of Health First Colorado.
3. Completing all required Prior Authorization requests for Health First Colorado covered services in a timely manner;
4. Collaborating with service coordinators when recommending referrals for other professional services.

## Allowable Early Intervention Providers

Community Centered Boards (CCBs) can become billing agents, if they choose, for EI service providers. The Department does not regulate who can act in the capacity of billing agent. To bill a fee-for-service code, the provider must be approved to provide that service.

Once the provider has provided a service, the billing agent can bill using the rendering provider's Health First Colorado NPI number in both the billing and rendering fields. The CCBs cannot pay additional money to the providers for the service that they are billing Health First Colorado for (e.g. if the reimbursement for a code is \$60 from Health First Colorado and the CCB generally pays \$75 to non-Health First Colorado providers, they can't pay the \$15 difference to the provider). When a provider signs up to become a Health First Colorado provider, he/she signs a contract agreeing to accept the Health First Colorado payment for the services he/she bills. However, if the CCB wants to pay for additional services not covered by Health First Colorado, such as transportation to and/or from the member's house that is up to each CCB and provider to decide between them.

Health First Colorado does not regulate who can fill out the provider application. CCB staff can choose to fill out the Health First Colorado application for providers. The provider is still responsible for reading the application and signing it.

## Targeted Case Management (TCM)

Targeted Case Management is an optional Health First Colorado benefit for members who have been determined by a CCB to have a developmental disability and are actively enrolled in Early Intervention Services. The purpose of case management is:

- ✓ Facilitate Enrollment
- ✓ Service Plan Development
- ✓ Service Monitoring
- ✓ Coordination of Services/Benefits which include but is not limited to: Educational; Mental Health; Emotional; Social; Medical
- ✓ Ensure Non Duplication of Services

These activities include, but are not limited to:

- Locating, coordinating, and monitoring needed developmental disabilities services;
- Coordinating with other non-developmental disabilities funded services to ensure non-duplication of services; and
- Monitoring the effective and efficient provision of services across multiple funding sources.

Activities will not:

- ✓ Restrict members to a limited provider set. Members may choose any willing Health First Colorado provider for Health First Colorado services.
- ✓ Limit case management services provided in a manner consistent with the member's best interest.
- ✓ Be used to restrict a member's access to other services.
- ✓ Compel members to receive case management services.

- ✓ Be used as a reason for case managers to deny other State Plan services.

## Billable Activities

### Comprehensive Assessment and Periodic Reassessment

- ✓ Determine need for: Medical, Educational, Social, or other EI Services

### Service Plan Development based on information collected through assessment

- ✓ Specifies goals for meeting all service needs
- ✓ Activities to ensure member participation
- ✓ Work with individual and others to develop goals

### Service and Support Coordination

- ✓ Coordination of the services being provided in the Service Plan to ensure continuity of service provision
- ✓ Help individuals obtain needed services and activities and link them to the appropriate provider

### Activity TCM activity that is being performed

- ✓ Multiple related activities or activities performed within a single day should be entered into a single log note
- ✓ Must be a billable activity
- ✓ Type of contact can be Direct or Indirect, however, length of activity must be at least 7.5 minutes in order to bill one unit. Voice mails left or received or emails sent and received are not an acceptable way to bill for one unit.

## Non-Reimbursable Targeted Case Management Services

Activities that may be a service coordination responsibility, but are not reimbursed as TCM services are those activities either paid through the "Early Intervention Contract," personnel costs, indirect costs, a service to be paid by third party or activities that are built into the rate structure for TCM services. The list below is not exhaustive:

- Intake and initial eligibility determination for the EI Colorado Program;
- Preparation for and participation in the dispute resolution processes in accordance with Federal Part C Regulations of the IDEA (34 C.F.R. Part 303) procedural safeguards;
- Assessment costs for determining the individual's need for a physical or psychological examination or evaluation;
- Payment for the costs of the administration of other services or programs to which a recipient is referred (e.g. educational services), general administrative programs of the Health First Colorado program;
- The provision of any medical treatment or service;
- Service coordination staff meetings not related to individual child and family reviews;
- Completing time sheets or billing documents; billing Health First Colorado for services which are included in the cost of doing normal business;
- Discharge planning from an institution or hospital;
- Administrative activities such as eligibility determination, screening, intake outreach and utilization review;

- Care coordination or case management activities covered by Health First Colorado in the ACC and Healthy Communities programs;
- Formal policy advocacy and developing new provider resources;
- Service coordination training and personnel development;
- Prior authorization of services;
- Recreational events provided by the Broker when no service coordination activity is provided;
- Fund raising activities for the Broker.
- Voice mail messages (should be combined together with other approved activities to form one note);
- Multiple case managers or supervisors in a single meeting, only one person can bill for the meeting.
- Supervisors cannot bill for TCM time, only a service coordinator can bill for TCM services

## **Other Health First Colorado Covered Services**

Other services which can be billed to Health First Colorado (Colorado's Medicaid Program) include, but are not limited to:

- ✓ Occupational Therapies
- ✓ Physical Therapies
- ✓ Speech Therapies
- ✓ Assistive Technology
- ✓ Audiology or hearing services
- ✓ Developmental Screenings, including but not limited to: the M-CHAT and Ages and Stages

These Health First Colorado covered services should always be billed to Health First Colorado by a contracted Health First Colorado provider. Any Health First Colorado covered services must be billed prior to accessing CORE Early Intervention dollars for the same services. Please visit our website at [www.colorado.gov/pacific/hcpf/billing-manuals](http://www.colorado.gov/pacific/hcpf/billing-manuals) for the billing instructions for these and other covered services.

## **Natural Environments**

Part C of IDEA requires *"to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate."* (34 CFR §303.12(b))

By definition, natural environments mean *"settings that are natural or normal for the child's age peers who have no disabilities."* (34 CFR §303.18)

The exception to the rule reads *"the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only*

*when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment."*

The provision of early intervention services taking place in natural environments is not just a guiding principle or suggestion, it is a legal requirement.

## **Claim Submission**

### **Paper Claims**

Electronic claims format shall be required unless hard copy claims submittals are specifically authorized by the Department. Requests may be sent to the Department's fiscal agent, DXC Technology (DXC), P.O. Box 30, Denver, CO 80202-0030. The following claims can be submitted on paper and processed for payment:

- Claims from providers who consistently submit 5 claims or fewer per month (requires approval),
- Claims that, by policy, require attachments, or
- Reconsideration claims.

For more detailed CMS 1500 billing instructions, please refer to the CMS 1500 General Billing Information manual in the Provider Services [Billing Manuals](#) section.

### **Electronic Claims**

Instructions for completing and submitting electronic claims are available through the 837 Professional (837P) Web Portal User guide via the Web Portal and also on the [Department's Health First Colorado Web Portal](#) page.

Electronically mandated claims submitted on paper are processed, denied, and marked with the message "Electronic Filing Required."

The Special Program Indicator (SPI) must be completed on claims submitted electronically. Claims submitted electronically and on paper are identified by using the specific national modifiers along with the procedure code.

The appropriate procedure codes and modifiers for each HCBS waiver are noted throughout this manual. When the services are approved, the claim may be submitted to the Department's fiscal agent. For more detailed billing instructions, please refer to the CMS 1500 General Billing Information in the Provider Services [Billing Manuals](#) section.

### **Procedure/HCPSC Codes Overview**

The Department develops procedure codes that are approved by the Centers for Medicare & Medicaid Services (CMS). The codes are used to submit claims for services provided to Health First Colorado members. The procedure codes represent services that may be provided by enrolled certified Health First Colorado providers.

The Healthcare Common Procedural Coding System (HCPCS) is divided into two principal subsystems, referred to as level I and level II of the HCPCS. Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA).

The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes. These include ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DME/Supplies) when used outside a physician's office. Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by 4 numeric digits. CPT codes are identified using 5 numeric digits.

## **Early Intervention Procedure Code Table**

Providers may bill procedure codes for Early Intervention Services as follows:

*It is important to remember that State General Funds and Federal Part C Funds can be used for the reimbursement of provider travel time when billing Health First Colorado. Generally provider's travel time is included in their negotiated hourly rate, however, in situations where providers are being asked to travel significant distances the Community Centered Board may decide to reimburse this cost to providers. This would be considered a related cost aligned with the service.*

<b>Early Intervention (Special Code 87)</b>			
<b>Description</b>	<b>Proc Code</b>	<b>Modifier(s)</b>	<b>Notes</b>
Any Medicaid service provided to a child enrolled in Early Intervention	all	TL	All services should be billed with the addition of the TL modifier. This is for identification purposes only. IFSP should be submitted along with any PAR request filed for services.

## TCM Procedure Code Table

<b>Targeted Case Management- Early Intervention (Special Code 87)</b>			
<b>Description</b>	<b>Proc Code</b>	<b>Modifier(s)</b>	<b>Unit Designation</b>
Targeted Case Management – Early Intervention Services	<b>T1017</b>	TL	15 Minutes – the use of the modifier here is required and is not solely for identification purposes.

## Early Intervention Paper Claim Reference Table

The following paper form reference table describes required fields for the paper CMS 1500 claim form for Early Intervention claims:

<b>Field Label</b>	<b>Completion format</b>	<b>Special Instructions</b>
<b>Invoice/Pat Acct Number</b>	Up to 12 characters: letters, numbers or hyphens	Optional Enter the information that identifies the patient or claim in the provider's billing system. Submitted information appears on the Provider Claim Report.
<b>Special Program Code</b>	2 digits	None
<b>1. Client Name</b>	Up to 25 characters: letters & spaces	Required Enter the client's last name, first name and middle initial
<b>2. Client Date of Birth</b>	Date of birth 8 digits (MMDDCCYY) Example: 01/01/2010	Required Enter the patient's birth date using two digits for the month, two digits for the date, two digits for the century, and two digits for the year. Example: 07012010 for July 1, 2010.



Field Label	Completion format	Special Instructions
<b>3. Colorado Medical Assistance Program ID Number (Client ID Number)</b>	7 characters, a letter prefix followed by six numbers	Required Enter the client's Health First Colorado ID number. Each person has his/her own unique Health First Colorado ID Number. Example: A123456
<b>4. Client Address Telephone Number</b>	Characters: numbers and letters	Not Required Submitted information is not entered into the claim processing system
<b>5. Client Sex</b>	Check box Male <input type="checkbox"/> Female <input type="checkbox"/>	Required Enter a check mark or an "x" in the correct box to indicate the client's sex.
<b>6. Medicare ID Number (HIC or SSN)</b>	Up to 11 characters: numbers and letters	Not required Complete if the client is eligible for Medicare benefits. Enter the individual's Medicare health insurance claim number.
<b>7. Client relationship to insured</b>	Check box Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	Not Required
<b>8. Client is covered by Employer Health Plan</b>	Text	Not required
<b>9. Other Health Insurance Coverage</b>	Text	Not required but must be used if there is other health insurance coverage

Field Label	Completion format	Special Instructions
<b>10. Was condition related to</b>	Check box A. Client employment <input type="checkbox"/> Check box B. Accident <input type="checkbox"/> 6 digits: MMDDYY C. Date of accident 6 digits: MMDDYY	Not required
<b>11. CHAMPUS Sponsors Service/SSN</b>	10 digits	Not required
<b>Durable Medical Equipment Model/serial number (unlabeled field)</b>	20 characters	Not required
<b>12. Pregnancy PHP Nursing Facility Resident</b>	Check box <input type="checkbox"/> Check box <input type="checkbox"/> Check box <input type="checkbox"/>	Not required Not required Not required
<b>13. Date of illness or injury or pregnancy</b>	6 digits: MMDDYY	Not required
<b>14. Medicare Denial</b>	Check box <input type="checkbox"/> Benefits Exhausted <input type="checkbox"/> Non-covered services	Not required

Field Label	Completion format	Special Instructions
<b>14A. Other Coverage Denied</b>	Check box No <input type="checkbox"/> Yes <input type="checkbox"/> Pay/Deny Date 6 digits: MMDDYY	Not required but must be used to show that private primary insurance was billed for the services and that they were approved or denied
<b>15. Name of supervising physician Provider Number</b>	Text 8 digits	Not required
<b>16. For services related to hospitalization</b>	6 digits: MMDDYY	Not required
<b>17. Name and address of facility where services rendered Provider Number</b>	Text (address is optional) 8 digits	Not required
<b>18. ICD-10-CM</b>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> Codes: 3, 4, or 5 characters. 1 <sup>st</sup> character may be a letter.	Required At least one diagnosis code must be entered. If none available EI must Enter 7999
<b>Diagnosis or nature of illness or injury</b>	Text	Not required
<b>Transportation Certification attached</b>	Check box	Not required

Field Label	Completion format	Special Instructions																		
<b>Prior authorization No.</b>	6 characters: Letter plus 5 digits	<p>Conditional</p> <p>Enter the 6 character prior authorization number from the approved Prior Authorization Request (PAR). Do not combine services from more than one approved PAR on a single claim form. Do not attach a copy of the approved PAR unless advised to do so by the authorizing agent or the fiscal agent.</p> <p>Complete when the service requires prior authorization</p>																		
<b>19A. Date of Service</b>	<p>From: 6 digits MMDDYY</p> <p>To: 6 digits MMDDYY</p>	<p>Required</p> <p>The field accommodates the entry of two dates: a "beginning" or "from" date of service and an "ending" or "to" date of service.</p> <p>Single date of service</p> <p>From To  <table border="1" data-bbox="889 1066 1222 1115"> <tr> <td>01</td> <td>01</td> <td>16</td> <td></td> <td></td> <td></td> </tr> </table> </p> <p>Or</p> <p>From To  <table border="1" data-bbox="889 1262 1222 1310"> <tr> <td>01</td> <td>01</td> <td>16</td> <td>01</td> <td>01</td> <td>16</td> </tr> </table> </p> <p>Span dates of service  <table border="1" data-bbox="889 1381 1222 1430"> <tr> <td>01</td> <td>01</td> <td>16</td> <td>01</td> <td>31</td> <td>16</td> </tr> </table> </p> <p>Single Date of Service: Enter the six digit date of service in the "From" field. Completion of the "To" field is not required. Do not spread the date entry across the two fields.</p> <p>Span billing: Span billing is permissible if the same service (same procedure code) is provided on consecutive dates.</p>	01	01	16				01	01	16	01	01	16	01	01	16	01	31	16
01	01	16																		
01	01	16	01	01	16															
01	01	16	01	31	16															
<b>19B. Place of Service</b>	2 digits	<p>Required</p> <p>Enter place of service code <b>12</b> – Home</p>																		

Field Label	Completion format	Special Instructions						
<b>19C. Procedure Code MOD</b>	5 characters: 5 digits or 1 letter plus 4 digits or 2 letters plus 3 digits	Required Refer to the EI procedure code tables.						
<b>Mod(ifier)</b>	2 characters: Letters or digits May enter up to two, 2 character, modifiers	Required TL required on all Early Intervention requests						
<b>19D. Rendering Provider No.</b>	8 digits	Not required						
<b>19E. Referring Provider No.</b>	8 digits	Not required						
<b>19F. Diagnosis</b> Each billed line must have at least one primary diagnosis referenced.	<table border="1" data-bbox="602 978 748 1066"> <tr> <td><b>P</b></td> <td><b>S</b></td> <td><b>T</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> 1 digit per column	<b>P</b>	<b>S</b>	<b>T</b>				Required At least one diagnosis code must be entered. Enter up to four diagnosis codes starting at the far left side of the coding area. Do not enter the decimal point. Do not enter zeros to fill the spaces when the diagnosis code is fewer than 5 digits. From field 18                      To field(s) 19F 1   7   9   9   9         2                                                <b>P</b>   <b>S</b>   <b>T</b>   3                                              Line 1   1               4                                              Line 2   1               <span style="display: block; text-align: right;">Line 3   1              </span>
<b>P</b>	<b>S</b>	<b>T</b>						

Field Label	Completion format	Special Instructions
<b>19G. Charges</b>	7 digits: Currency 99999.99	<p>Required</p> <p>Enter the usual and customary charge for the service represented by the procedure code on the detail line.</p> <p>Some CPT procedure codes are grouped with other related CPT procedure codes. When more than one procedure from the same group is billed, special multiple pricing rules apply.</p> <p>The base procedure is the procedure with the highest allowable amount. The base code is used to determine the allowable amounts for additional CPT surgical procedures when more than one procedure from the same grouping is performed.</p> <p>Submitted charges cannot be more than charges made to non-Health First Colorado covered individuals for the same service.</p> <p>Do not deduct Health First Colorado co-payment or commercial insurance payments from usual and customary charges.</p>
<b>19H. Days or Units</b>	4 digits	<p>Required</p> <p>Enter the number of services provided for each procedure code.</p> <p>Enter whole numbers only.</p> <p>Do not enter fractions or decimals.</p> <p>See special instructions for Anesthesia and Psychiatric services.</p>
<b>19I. Copay</b>	1 digit	<p>Conditional</p> <p>Complete if co-payment is required of this client for this service. Enter one of the following codes:</p> <p>1-Refused to pay co-payment 2-Paid co-payment 3- Co-payment not requested</p>

Field Label	Completion format	Special Instructions
<b>19J. Emergency</b>	Check box <input type="checkbox"/>	Conditional Enter a check mark or an "x" in the column to indicate the service is rendered for a life-threatening condition or one that requires immediate medical intervention.
<b>19K. Family Planning</b>	Check box <input type="checkbox"/>	Conditional Enter a check mark or an "x" in the column to indicate the service is rendered for family planning.
<b>19L. EPSDT</b>	Check box <input type="checkbox"/>	Conditional Enter a check mark or an "x" in the column to indicate the service is provided as a follow-up to or referral from an EPSDT screening examination.
<b>20. Total Charges</b>	7 digits	Required Enter the sum of all charges listed in the field 19G (charges). Each claim form must be completed as a full document. Do not use the claim form as a continuation billing (e.g., Page 1 of 2, etc).
<b>21. Medicare Paid</b>	7 digits: Currency 99999.99	Not required
<b>22. Third Party Paid</b>	7 digits: Currency 99999.99	Not required

Field Label	Completion format	Special Instructions
<b>23. Net Charge</b>	7 digits: Currency 99999.99	<p>Required</p> <p><b>Health First Colorado claims (Not Medicare Crossover)</b></p> <p>Claims without third party payment. Net charge equals the total charge (field 20). Claims with third party payment. Net charge equals the total charge (field 20) minus the third party payment (field 22) amount.</p> <p><b>Medicare Crossover claims</b></p> <p>Crossover claims without third party payment. Net charge equals the sum of the Medicare deductible amount (field 24) plus the Medicare coinsurance (field 25) amount. Crossover claims with third party payment. Net charge equals the sum of the Medicare deductible amount (field 24) plus the Medicare coinsurance (field 25) amount minus the third party payment (field 22) amount.</p>
<b>24. Medicare Deductible</b>	7 digits: Currency 99999.99	<p>Not required</p> <p>Complete for Medicare crossover claims. Enter the Medicare deductible amount shown on the Medicare payment voucher.</p>
<b>25. Medicare Coinsurance</b>	7 digits: Currency 99999.99	<p>Not required</p> <p>Complete for Medicare crossover claims. Enter the Medicare coinsurance amount shown on the Medicare payment voucher.</p>
<b>26. Medicare Disallowed</b>	7 digits: Currency 99999.99	<p>Not required</p> <p>Complete for Medicare crossover claims. Enter the amount Medicare disallowed, if any, shown on the Medicare payment voucher.</p>



Field Label	Completion format	Special Instructions
<b>27. Signature</b>	Text	<p>Required</p> <p>Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent.</p> <p>A holographic signature stamp may be used if authorization for the stamp is on file with the fiscal agent.</p> <p>An authorized agent or representative may sign the claim for the enrolled provider if the name and signature of the agent is on file with the fiscal agent.</p> <p><b>Unacceptable signature alternatives:</b></p> <p>Claim preparation personnel may not sign the enrolled provider's name.</p> <p>Initials are not acceptable as a signature.</p> <p>Typed or computer printed names are not acceptable as a signature.</p> <p>"Signature on file" notation is not acceptable in place of an authorized signature.</p>
<b>28. Billing Provider Name</b>	Text	<p>Required</p> <p>Enter the name of the individual or organization that will receive payment for the billed services.</p>
<b>29. Billing Provider Number</b>	8 digits	<p>Required</p> <p>Enter the eight-digit Health First Colorado provider number assigned to the individual or organization that will receive payment for the billed services.</p>
<b>30. Remarks</b>	Text	<p>Conditional</p> <p>Use to document Late Bill Override for timely filing.</p> <p>When applicable, enter the word "CLIA" followed by the number.</p>

# Early Intervention Claim Example



**HEALTH INSURANCE CLAIM FORM**

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

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA ELK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>A123456</b>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Client, Ima A</b>		3. PATIENT'S BIRTH DATE MM DD YY SEX <b>10   16   15 M F <input checked="" type="checkbox"/></b>	
5. PATIENT'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code) ( )		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		7. INSURED'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code) ( )	
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 <b>Signature on File</b> DATE <b>1/1/16</b>		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>If yes, complete items 9, 9a and 9d.</i>	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 15. OTHER DATE MM DD YY QUAL.		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	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? YES NO \$ CHARGES 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <b>0</b> A. <b>G80.9</b> B. C. D. E. F. G. H. I. J. K. L.		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. EFSOT (Family Plan) I. ID. QUAL. J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO. <b>Optional</b>	
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 <b>Signature</b> DATE <b>1/1/16</b>		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
32. SERVICE FACILITY LOCATION INFORMATION a. b.		28. TOTAL CHARGE \$ <b>100.00</b> 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use	
33. BILLING PROVIDER INFO & PH# ( ) Provider 100 Any Street Any City		a. <b>0123456789</b> b. <b>04567890</b>	

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

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CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

## **Timely Filing**

The Health First Colorado allows providers to document compliance with timely filing requirements when the initial timely filing period has expired. Health First Colorado providers have 120 days from the date of service to submit their claim. For information on the 60-day resubmission rule for denied/rejected claims, please see the General Provider Information manual in the Provider Services [Billing Manuals](#) section.

Making false statements about timely filing compliance is a misrepresentation and falsification that, upon conviction, makes the individual who prepares the claim and the enrolled provider subject to fine and imprisonment under state and/or federal law.

## Early Intervention Specialty Manuals Revisions Log

<b>Revision Date</b>	<b>Section/Action</b>	<b>Pages</b>	<b>Made by</b>
10/03/2016	<i>Manual revised for interChange implementation. For manual revisions prior to 10/3/2016 Please refer to Archive.</i>	<i>All</i>	<i>HPE (now DXC)</i>
1/19/2017	<i>Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_4.xlsx</i>	<i>Multiple</i>	<i>HPE (now DXC)</i>
1/26/2017	<i>Updates based on Department 1/20/2017 approval email</i>	<i>Accepted tracked changes throughout</i>	<i>HPE (now DXC)</i>
5/22/2017	<i>Updates based on Fiscal Agent name change from HPE to DXC</i>	<i>6</i>	<i>DXC</i>

**Note:** In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above are the page numbers on which the updates/changes occurred.