



colorado.gov/hcpf

Provider Bulletin

Reference: B1400347

February 2014



Did you know...?

- 1) Effective April 1, 2014 the Division of Developmental Disabilities (DDD) from the Department of Human Services (DHS) is transitioning to the Department of Health Care Policy and Financing (the Department). More information can be found on the [DDD](#) web page.
- 2) The Provider Claim Report (PCR) contains important information outside of claims processing. The first two (2) pages of the PCR have communications from the Department of the Health Care Policy and Financing (the Department)

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All Providers

Preventive & Wellness Services Procedure Codes

Background

As of January 1, 2014, the Colorado Medical Assistance Program began covering all recommended preventive and wellness services defined by the [U.S. Preventive Services Task Force \(USPSTF\)](#) with a rating of A or B and the [Advisory Committee on Immunization Practices \(ACIP\)](#).

Most USPSTF and ACIP recommended preventive and wellness services are currently covered by Medicaid, but on January 1, 2014, new preventive and wellness procedure codes were made available.

Some USPSTF and ACIP recommended preventive and wellness services do not have procedure codes. These services should be delivered in the course of the annual physical or other office visit.

The USPSTF and ACIP recommended preventive and wellness services will be provided to Medicaid clients without cost sharing (co-payments).

Two of the services covered by the new preventive and wellness codes, effective January 1, 2014, are genetic testing for breast cancer risk, which will require a Prior Authorization Request (PAR), and healthy diet counseling for patients at risk for chronic disease.

For a full list of the USPSTF and ACIP recommended preventive and wellness services and the corresponding procedure codes, please refer to Attachment A of this bulletin. Client diagnoses and demographics with limits are also listed in Attachment A.



ColoradoPAR

CareWebQI (CWQI) Request Form Reminder

When submitting a PAR in [CWQI](#), please choose the correct Request Type in Question Two on the PAR Request Form. The default response to this question is "select". However, if a PAR type is not chosen, the [ColoradoPAR Program](#) is unable to process the PAR.



CWQI Code Status Definitions

Once a PAR is submitted into CWQI, each code is assigned a "status". Please note that while the code is under review, the status may not be final.

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

The following list contains possible statuses and definition:

- Medical Review: The code is under review. This is **not** a final status.
- Not A Covered Benefit: This is a non-covered benefit for clients over the age of 21. For clients under the age of 21, the code is currently under review and a determination will be based on medical necessity. This is **not** a final status.
- No Auth Required: No PAR is required. This is **not** a final status.
- Approved with Conditions: The line item was approved for less units than requested. This **is** a final status.
- Canceled: The PAR has been cancelled. This **is** a final status.
- Pended – Dental Child: The code is under review. This is **not** a final status.
- Pended – Dental Adult: The code is under review. This is **not** a final status.
- Pended – Child/Adult: The code is under review. This is **not** a final status.
- Pended – Ortho Child: The code is under review. This is **not** a final status.
- No PAR Required – Child Benefit Only: No PAR is required for a child only. This is **not** a final status.
- Revision – Pended: Revision is under review. This is **not** a final status.
- Revision – Approved: Revision has been approved. This **is** a final status.
- Approved: The PAR was approved. This **is** a final status.
- No Decision Yet: The PAR is under review, this may pertain to a draft episode or a submitted episode. This is **not** a final status.
- Denied: The PAR is denied. This **is** a final status.

PAR Inquiry in the Colorado Medical Assistance Program Web Portal (Web Portal)

When submitting a PAR Inquiry through the [Web Portal](#), and a PAR cannot be found, please contact the ColoradoPAR Program to verify the PAR type. A Supply PAR may have been submitted, but processed as a Medical PAR. All PAR letters are sent to the billing provider and may be retrieved through the Web Portal's File and Report Service (FRS).



Please contact the ColoradoPAR Program by email RES_ColoradoPAR@apshealthcare.com, or call 1-888-454-7686 with questions.

Claims for Prior Authorized Services and PAR Inquiries

When submitting a claim for prior authorized services, providers must include the PAR number on the claim. To locate the PAR number, please refer to the corresponding PAR letter. The Medicaid Management Information System (MMIS) does not accept Episode numbers.

For PAR inquiries, please use the Web Portal PAR drop down and select PAR Status Inquiry. Choose the applicable PAR Type. This is a required field. Some PAR Type names have changed. Please refer below to the PAR Inquiry Crosswalk for help in selecting the correct PAR Type.

PAR Inquiry Crosswalk	
PAR Inquiry Type	Web Portal PAR Inquiry Type
Medical	Medical
Supply	Supply
Transportation	Transportation
Dental	Dental
Out of State Inpatient and Outpatient	Out of State Inpatient and Outpatient
Inpatient DRG	Inpatient DRG
Oxygen	Oxygen
HCBS-Children With Autism (CWA)	Children With Autism (CWA)
HCBS- Brain Injury (BI)	Brain Injury
Consumer Directed Care for the Elderly	Consumer Directed Care for the Elderly
HCBS- Developmental Disabilities (DD)	Developmental Disabilities

PAR Inquiry Crosswalk	
PAR Inquiry Type	Web Portal PAR Inquiry Type
HCBS- Elderly, Blind and Disabled (EBD)	Elderly, Blind, & Disabled
HCBS- Children's Extensive Support (CES)	Children's Extensive Support
HCBS- Children with Life Limiting Illness (CLLI)	Pediatric Hospice Waiver (PHW)
Hospice	Hospice
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	ICF-MR
Children's HCBS	Children's HCBS
HCBS- Community Mental Health Supports (CMHS)	Mental Illness
Nursing Facility	Nursing Facility
No longer exists after 3/31/14	Persons Living W/AIDS
Children's Habilitative Residential Program (CHRP)	Children's Habilitative Residential Program
HCBS- Supported Living Services (SLS)	SLS
Targeted Case Management (TCM)	TCM
Private Duty Nursing (PDN)	Private Duty Nursing
EPSDT	EPSDT
Long Term Home Health	Long Term Home Health

1099s Returned to the Department

1099s mailed on or before January 31, 2014

If 1099s are returned to the Department due to an incorrect address, the provider's Medicaid ID is put on hold and payments are withheld until an updated W-9 is received. The W-9 must be signed, dated within the last 30 days, and contain the correct address. Please include the eight (8) digit Medicaid provider ID number on the document for identification. If expecting a 1099, and it is not received, please email a W-9 to hcpfar@hcpf.state.co.us or call 303-866-4090.

February 2014 Holiday

Presidents' Day Holiday

Due to the Presidents' Day holiday on Monday, February 17, 2014, claim payments will be processed on Thursday, February 13, 2014. The processing cycle includes claims accepted on Thursday before 6:00 p.m. Mountain Time (MT).



The receipt of warrants and EFTs may be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, February 17, 2014. The Department's fiscal agent will be open during regular business hours.

Abortion Services Providers

Abortion Services Update

Medicaid providers need to be aware that abortion services are a covered benefit for Medicaid-eligible clients only under three (3) limited circumstances: 1) the pregnancy is the result of rape; 2) the pregnancy is the result of incest; or 3) continuing the pregnancy would cause a life-endangering circumstance for the pregnant woman. Supporting documentation is required with claim submission.

All induced abortion claims must be submitted on paper with the supporting documentation, allowing the Department's fiscal agent to review and verify the circumstances regarding the procedure. Claims for the service submitted electronically will be denied.

Please contact Kirstin Michel at Kirstin.Michel@state.co.us with questions.



Dental Providers

Upcoming Benefits Collaborative

The Department will be completing the series of Dental Benefit Collaborative meetings to discuss the benefits being offered in the current Medicaid Dental policies, which include both the newly created Adult Dental Benefit ([SB13-242](#)) and a review of the Children's Dental Benefit. The Department welcomes all stakeholder input. Please visit the Department's [Benefits Collaborative](#) web page for additional information regarding the final meeting on Thursday, February 13, 2014.



Family Planning Providers

State Fiscal Year 2013-2014: Rate Increase for Medicaid Family Planning Services

The Department has completed work to increase the reimbursement rates for identified Family Planning clinical services. The identified services, applicable and covered under the Colorado Medical Assistance Program's Family Planning services, utilize Federal guidelines which emphasize provision of services and supplies to individuals of childbearing age which either prevent or delay pregnancy.

Identified family planning clinical services will be reimbursed at the higher of current Medicaid rates or 105 percent (%) of Medicare rates. To receive this increased reimbursement rate, family planning providers will need to bill clinical services by:

1. Identify and record an appropriate family planning diagnosis code associated with the family planning clinical visit.
2. Identify and record the appropriate procedure code(s) [Current Procedural Terminology (CPT) or HCPCS] associated with the family planning visit. And,
3. Include the 'FP' modifier with the appropriate identified family planning diagnosis and procedural codes.

(A current list of family planning diagnosis and procedure codes can be found on the Department's [Provider Services](#) website.)



For example, if an additional CPT or HCPCS modifier is required; then the second modifier should be listed in a secondary position, following the FP modifier. The 837 Professional (837P) electronic transaction or Colorado 1500 paper claim form should be completed as follows:

Diagnostic Code	Procedure Code	Modifier #1	Modifier #2	Procedure Description
V25.2	74742	FP	26	Transcervical catheterization of fallopian tube with radiologic supervision and interpretation

Family Planning diagnosis codes should be listed as the **primary** diagnosis code when associated with a family planning clinical visit. For example, in a situation in which a client requests an appointment for Contraception Management. If at the time of the visit, the client reports a possible sexually transmitted infection (STI), the electronic 837P transaction or Colorado 1500 paper claim form should be completed as follows:

Diagnostic Code	Procedure Code	Modifier #1	Modifier #2	Procedure Description
V25.02	57170	FP	None	Counseling-Diaphragm or Cervical Cap fitting with instructions
V65.45	87110	None	None	STI screening, Chlamydia culture

Claims for Family Planning Services

Previously submitted family planning claims should be **adjusted** by the provider if the rate increase is to be applied. Only family planning claims originally submitted between July 1, 2013 and January 31, 2014 are eligible for payment adjustment consideration. The new rates were established in the MMIS December 19, 2013.

Family planning claims submitted after December 19, 2013 were processed with the new rates. Claims submitted before December 19, 2013 that paid the old rate will need to be adjusted to receive the rate increase. All adjusted claims should use the family planning diagnosis code, the procedure code, and the FP modifier, in order to receive the appropriate rate increase.

Prior to adjusting a family planning claim, providers should refer to the list of identified Medicaid covered family planning services on Department's [Provider Services](#) web page, which notes the services eligible for the increased family planning payment. Additionally, if an adjusted claim requires a Late Bill Override Date (LBOD), please contact Melanie Reece at Melanie.Reece@state.co.us or at 303-866-3693.

Note: Family planning claim adjustments must be completed **prior** to July 1, 2014.

Additional Family Planning Procedure Codes

Note: Some family planning procedure codes are reimbursed at the standard Medicaid fee schedule rate because the Medicaid rate is higher than the Medicare rate, or there are no Medicare CPT/HCPSC codes directly available for comparison.

When billing for any family planning procedure, a family planning diagnosis code, and the FP modifier should be utilized. Below is an example of additional family planning procedure codes that are paid at the standard Medicaid fee schedule rate:

- 58615 Occlusion of fallopian tube(s) by device, vaginal or suprapubic approach
- J7300 intrauterine copper contraceptive
- S4993 contraceptive pill, when prescribed specifically to prevent pregnancy

When S4993 (contraceptive pill) is used for an additional Obstetrics and Gynecology (OB/GYN) purpose, such as to stabilize the uterine lining, the S4993 procedure code should **not** include the FP modifier on the claim. According to the Centers for Medicare and Medicaid Services (CMS), the use of contraceptive pills for reasons other than pregnancy prevention would not be considered a family planning service.

Please contact Melanie Reece by email or at 303-866-3693 with questions.

Immunization Providers

National Correct Coding Initiative (NCCI) Impacts on Immunization and Evaluation & Management (E&M) Codes

Effective April 1, 2014, the Department will no longer reimburse NCCI procedure-to-procedure (PTP) edits when immunization administration procedure codes (CPT 90460-90474) are paired with preventative medicine E&M service procedure codes (CPT 99381-99397).

If a significant separately identifiable E&M service (e.g. new or established patient office or other outpatient services [99201-99215], office or other outpatient consultation [99241-99245], emergency department service [99281-99285], preventative medicine service [99381-99429] is performed), the appropriate E&M service code should be reported in addition to the vaccine and toxoid administration codes.



Each NCCI PTP edit has an assigned modifier indicator. A modifier indicator of "0" indicates that NCCI PTP-associated modifiers cannot be used to bypass the edit. A modifier indicator of "1" indicates that NCCI PTP-associated modifiers may be used to bypass an edit under appropriate circumstances. A modifier indicator of "9" indicates that the edit has been deleted, and the modifier indicator is not relevant. The Correct Coding Modifier Indicator can be found in the files containing Medicaid NCCI PTP edits on the [CMS](#) website.

A modifier should not be added to a HCPCS/CPT code solely to bypass an NCCI PTP edit, if the clinical circumstances do not justify its use. If the E&M service is significant and separately identifiable and performed on the same day, the E&M code should be billed with the vaccine and toxoid administration codes using PTP associated modifier 25. Modifier 25 is only valid when appended to the E&M codes. Do not append to the immunization administration procedure codes 90460-90474.

The Immunization Billing Manual will be updated to reflect this change. Please contact Meredith Henry at Meredith.Henry@state.co.us with questions.

Mental Health Providers

Billing Change for Behavioral Health Clients with Retroactive Eligibility

Effective as of January 1, 2014, the Behavioral Health Organizations (BHOs) will no longer be responsible for the retroactive reimbursement of claims that exceed three (3) months from the date that Medicaid eligibility is determined. In addition, the BHOs are no longer responsible for claims rendered prior to January 1, 2014.

Examples to illustrate this policy change:

Month/Year of Medicaid eligibility determination	Retroactive months the BHO is responsible for claims
January, 2014	January (2014)
February, 2014	January, February (2014)
March, 2014	January, February, March (2014)
April, 2014	February, March, April (2014)

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 state plan services to fee-for-service for reimbursement. Please contact Sarah Campbell at Sarah.Campbell@state.co.us with questions.

Physical, Occupational, and Speech Therapy Providers

Alternative Benefits Plan (ABP)

Habilitative therapy is now a covered benefit for Medicaid expansion clients ages 19 through 64 receiving benefits through the ABP. Eligible clients may receive outpatient physical, occupational, and speech therapy (PT, OT, ST) benefits for the purposes of habilitation **in addition to** rehabilitation.

Definition

The Colorado Division of Insurance has defined Habilitative services to be:

Services that help a person retain, learn, or improve skills and functioning for daily living that are offered in parity with, and in addition to, any rehabilitative services offered in Colorado's Essential Health Benefits (EHB) benchmark plan. Parity in this context means of like type and substantially equivalent in scope, amount, and duration.



Benefit Limits

Clients may receive 24 units of Rehabilitative PT and 24 units of Rehabilitative OT per 12 month period before a PAR is required, **and** up to 24 units of Habilitative PT and up to 24 units of Habilitative OT per 12 month period with a PAR submitted in advance of the services. Rehabilitative and Habilitative ST is limited to five (5) units per date of service (DOS). Please refer to the table below for further clarification.

Benefit	Rehabilitative	Habilitative
Physical Therapy	24 units of PT and 24 units of OT per 12 months.	24 units of PT and 24 units of OT per 12 months.
Occupational Therapy	5 units of either PT <i>or</i> OT per DOS.	5 units of either PT <i>or</i> OT per DOS.
Speech Therapy	5 units per DOS.	5 units per DOS.
PAR Requirement	Required for PT and OT.	Required for PT, OT, and ST.

Billing Instructions

Habilitative PT, OT, and ST use the existing CPT code set that is currently used for Rehabilitative therapies. With the exception of Outpatient Hospital speech therapy services, all Habilitative therapies (PT, OT, ST), require a PAR to be submitted through [CWQI](#). Detailed instructions for submitting a PAR is available in the [Physical and Occupational Therapy billing manual](#).

Note: Services are subjected to being audited after rendering to ensure the services provided are appropriate and that the proper documentation is maintained.

A client must have separate PARs for Rehabilitation therapies and Habilitation therapies. Each PAR may not exceed a 12 month period of time; however, they may each be submitted for different periods. Rehabilitative and Habilitative PARs may overlap; however a client **may not** receive both types of therapy on the same DOS (i.e. a client may not receive Rehabilitative and Habilitative occupational therapy on the same DOS, but may receive Rehabilitative occupational therapy and Habilitative speech therapy on the same DOS).

Modifier 'HB' must be included on all Habilitative therapy PARs and claims, which indicates the therapy was for Habilitative purposes, in addition to the current modifier set of GP, GO, and GN.

Claim Modifiers	Rehabilitative	Habilitative
Physical Therapy	GP	GP + HB
Occupational Therapy	GO	GO + HB
Speech Therapy	GN	GN + HB

Additional Limitations and Notes

- Habilitative therapies are not an Inpatient or Home Health benefit.
- Habilitative therapies are not a benefit if provided in nursing facilities; Rehabilitative PT, OT, ST remain benefits.
- Habilitative therapies should not be confused with Habilitation services found within Home and Community Based Services (HCBS) waivers.

Please contact Alex Stephens at Alex.Stephens@state.co.us with questions.

Radiology Providers

Radiology Billing Manual



On January 31, 2014, an updated version of the Colorado Medicaid [Radiology billing manual](#) was made available in the [Billing Manuals](#) section of the Department's website (colorado.gov/hcpf).

The Radiology manual contains billing instructions for Radiology services billed by X-Ray Facilities. Please use the manual for reference when submitting claims for Radiology services. The billing manual will be updated annually. Please contact Ana Lucaci at Ana.Lucaci@state.co.us or at 303-866-6163 with questions.

Waiver Providers

Persons Living with AIDS (PLWA) Waiver Change

The Home and Community Based Services waiver for Persons Living with AIDS (HCBS-PLWA) will expire on March 31, 2014 and clients who are currently enrolled on the HCBS-PLWA waiver will transition to the HCBS waiver for Persons who are Elderly, Blind, or Disabled (HCBS-EBD). During the transition from the HCBS-PLWA waiver to the HCBS-EBD waiver, there will be no gap in service coverage, and clients will be able to keep their same service providers. In addition, providers who currently provide HCBS-PLWA services will not need to change their Provider Type. The following are current services that are offered under the HCBS-EBD waiver:

- Adult Day Health
- Alternative Care Facility (ACF)
- Community Transition Services
- Consumer Directed Attendant Support Services (CDASS)
- In-Home Support Services (IHSS)
- Homemaker
- Home Modification
- Personal Care
- Medication Reminder



- Non-Medical Transportation (NMT)
- Personal Emergency Response
- Respite

The HCBS billing manual will be updated to reflect the closure of the HCBS-PLWA waiver and the PAR form will no longer be used after March 31, 2014. Please contact Nicholas Clark at Nicholas.Clark@state.co.us with questions.

Pharmacy Providers

Drug Utilization Review (DUR) Board Meeting

Tuesday, February 25, 2014
 7:00 p.m. - 9:00 p.m.
 225 E 16th Avenue
 Denver, CO 80203
 1st Floor Conference Room



Copay Exemption for Aspirin and Vitamin D

Effective January 1, 2014, all preventative and wellness services as required by the Affordable Care Act are copay exempt. The outpatient drugs which qualify as preventative services include aspirin and Vitamin D. On January 3, 2014, the Department’s fiscal agent notified pharmacy providers that the pharmacy claims’ system would be unable to apply the copay exemption to claims for these drugs and requested that pharmacies not collect the copay.

The copay exemption was implemented in the pharmacy claims’ system on January 14, 2014 with a retroactive begin date of January 1, 2014. The Department will mass adjust the claims for aspirin and Vitamin D within 30 days so that pharmacies will be reimbursed for the uncollected copays. If any pharmacies did collect copays for these drugs, the Department requests that the copays be refunded to clients once the mass adjustment is completed. Please monitor the PCR for confirmation of the mass adjustment. Please contact the Department’s fiscal agent at 1-800-237-0757 with questions.

February and March 2014 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 Services [Training & Workshops](#) 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 Provider Billing Workshops noted below.

Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

February 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11	12	13	14	15
		Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	*WebEx – Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Dialysis 1:00 PM-3:00 PM	*WebEx – DME/Supply Billing 9:00 AM-11:00 AM Pharmacy 1:00 PM-2:00 PM Provider Enrollment 1:00 PM-3:00 PM	Basic Billing Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM *WebEx – FQHC/RHC 1:00 PM-3:00 PM	

March 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM *WebEx – OT/PT/ST 1:00 PM-3:00 PM	12 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM IP/OP 1:00 PM-3:00 PM	13 *WebEx – Provider Enrollment 9:00 AM-11:00 AM Home Health 1:00 PM-3:00 PM Vision 1:00 PM-3:00 PM	14 *WebEx – Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Transportation 1:00 PM-3:00 PM	15

Reservations are required for all workshops

Email reservations to:

workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:
1-800-237-0757, extension 5.

Leave the following information:

- Colorado Medical Assistance Program provider billing number
- The number of people attending and their names
- The date and time of the workshop
- 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: http://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 1-800-237-0757.

Please remember to check the [Provider Services](#) section of the Department's website at colorado.gov/hcpf for the most recent information.

U.S. Preventive Services Task Force (USPSTF) Recommendations

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Abdominal Aortic Aneurysm Screening: Men			
The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	Male	76700	
	Age 65-75	76705	
	History of smoking	76770	
	IDC-9 codes V70.0, V70.8	76775	
Alcohol Misuse Counseling			
The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.	Age 20 and above or pregnant	99408	
		99409	
		H0049	
		H0050	
Anemia Screening: Pregnant Women			
The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	Pregnant women	85013	
		85014	
		85018	
		82728	
Aspirin To Prevent Cardiovascular Disease			
The USPSTF recommends the use of aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	Male		
	Age 45-79 Prescription		
The USPSTF recommends the use of aspirin for women ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	Female Age 55-79 Prescription		
Bacteriuria Screening: Pregnant Women			
The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	Female	87086	
	Pregnant	87088	
		81007	

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Blood Pressure Screening In Adults			
The USPSTF recommends screening for high blood pressure in adult's age 18 years and older.	Age 18 and above	Included in office visit	
BRCA Screening, Counseling			
The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in <i>BRCA1</i> or <i>BRCA2</i> genes be referred for genetic counseling and evaluation for BRCA testing.	Prior Authorization Required for genetic tests See ColoradoPAR.com No Prior Authorization required for counseling	81211 81212 81213 81214 81215 81216 81217 S0265	
Breast Cancer Preventive Medication			
The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.		Included in office visit	
Breast Cancer Screening			
The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	Female Age 40 and above	77052 77055 77056 77057 G0202	
Breastfeeding Counseling			
The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding		Included in the Nurse Home Visitor program	

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Cervical Cancer Screening			
The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	Female Ages 21 to 65	88141	
		88142	
		88143	
		88147	
		88148	
		88150	
		88152	
		88153	
		88154	
		88155	
		88164	
		88165	
		88166	
		88167	
		88174	
		88175	
		G0101	
		G0123	
		G0124	
		G0141	
G0143			
G0144			
G0145			
G0147			
G0148			
P3000			
Q0091			
Chlamydial Infection Screening			
The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Female	86631	
		86632	
		87110	
		87270	
		87320	
The USPSTF recommends screening for chlamydial infection in all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.	Female	87490	
		87491	
		87810	

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Cholesterol Abnormalities Screening			
The USPSTF strongly recommends screening men age 35 years and older for lipid disorders.	Male	80061	
	Age 35 and above	82465	
The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.	Male	83718	
	Ages 20 to 34	83719	
The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.	Increased risk for coronary heart disease	83721	
	Female	84478	
The USPSTF recommends screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.	Age 45 and above		
	Increased risk for coronary heart disease		
	Female		
	Ages 20 to 44		
	Increased risk for coronary heart disease		
Colorectal Cancer Screening			
The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	Ages 50 to 75	45330	
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		45378	
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		82270	
		82274	
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U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Dental Caries Prevention: Preschool Children			
The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than age 6 months whose primary water source is deficient in fluoride.			
Depression Screening			
The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	Ages 12 to 18 Requires use of approved screening tool V40.9 or V79.8	99420	
The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	Age 18 and above Requires use of approved screening tool V40.9 or V79.8		
Diabetes Screening			
The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	Age 21 and above Sustained high blood pressure	82947 82948 82950 82951 82952 83036	
Falls Prevention in Older Adults			
The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	PAR required see ColoradoPAR.com		
Folic Acid Supplementation			
The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	Female		

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Gonorrhea Screening			
The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.	Newborn		
The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).	Female	87081 87205 87590 87591 87850 87592	
Healthy Diet Counseling			
The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	Ages 21 and above Hyperlipidemia or other risk factor for cardiovascular and diet-related chronic disease Ages 6 and above obese	97802 97803 97804	
Hearing Loss Screening			
The USPSTF recommends screening for hearing loss in all newborn infants.	Newborn	92585 92586 92587 92588 92551	
Hemoglobinopathies Screening			
The USPSTF recommends screening for sickle cell disease in newborns.	Newborn	83020 83021 85660	
Hepatitis B Screening			
The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	Female	87340 87341 87350 87380 80055	

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Hepatitis C Virus Infection Screening			
The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.		86803 86804 87520 87521 87522	
HIV Screening			
The USPSTF strongly recommends that clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection.		86689 86701 86702 86703	
The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.		87390 87391	
Hypothyroidism Screening			
The USPSTF recommends screening for congenital hypothyroidism in newborns.	Newborn	84436 84437 84439 84443	
Intimate Partner Violence Screening: Women of Childbearing Age			
The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.		Included in office visit	
Iron Supplementation in Children			
The USPSTF recommends routine iron supplementation for asymptomatic children ages 6 to 12 months who are at increased risk for iron deficiency anemia.	Ages 6 to 12 months		

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Obesity Screening and Counseling			
The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	Adults	Included in office visit see Healthy Diet Counseling above	
The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	Ages 6 to 18		
Osteoporosis Screening			
The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	Female Age 65 and above	76977 77078 77080 77081 78350 78351	
Phenylketonuria Screening			
The USPSTF recommends screening for phenylketonuria in newborns.	Newborn	84030 S3620	
Rh Incompatibility Screening			
The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	Female	80055 86901	
The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.			

U.S. Preventive Services Task Force (USPSTF) Recommendations with a Rating of A or B			
Recommendation	Clinical criteria	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Sexually Transmitted Infections Counseling			
The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.		Included in office visit	
Skin Cancer Behavioral Counseling			
The USPSTF recommends counseling children, adolescents, and young adult's ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.		Included in office visit	
Tobacco Use Counseling and Interventions			
The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	Adults	99406 99407	
The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.	Pregnant women		
Syphilis Screening			
The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.		86592 86593 87164	
The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	Pregnant women	87166 87285	
Visual Acuity Screening in Children			
The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	Ages 3 to 5	99172 99173	

Advisory Committee on Immunization Practices (ACIP) Recommendations			
Recommendation	Vaccines for Children	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Diphtheria, Tetanus, Pertussis (DTaP)	Available through Vaccines for Children	90696 90698 90700 90702 90714 90715	
	For patients over age 18	90714 90715	
Hib	Available through Vaccines for Children	90645 90646 90648 90698	
Hepatitis A	Available through Vaccines for Children	90632 90633	
	For patients over age 17	90632 90636	
Hepatitis B	Available through Vaccines for Children	90740 90743 90744 90746 90747	
	For patients over age 18	90636 90740 90746 90747	
Human Papillomavirus (HPV)	Available through Vaccines for Children	90649	
	For patients over age 18	90649 90650	

Advisory Committee on Immunization Practices (ACIP) Recommendations			
Recommendation	Vaccines for Children	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Influenza	Available through Vaccines for Children	90655 90656 90657 90658 90660 90672 90686	
	For patients over 18	90656 90658 90660 90672 90686	
Measles, Mumps, Rubella	Available through Vaccines for Children	90707	
	Available for adults	90704 90705 90706 90707	
Meningococcal	Available through Vaccines for Children	90734	
	Available for adults	90733 90734	
Pneumococcal (Pneumonia)	Available through Vaccines for Children	90669 90670	
	Available for Adults	90732	
Polio	Available through Vaccines for Children	90698 90713	
	Available for Adults	90713	
Rotavirus	Available through Vaccines for Children	90680 90681	

Advisory Committee on Immunization Practices (ACIP) Recommendations			
Recommendation	Vaccines for Children	Fee Schedule Code(s)	Modifier for Preventive and Wellness Service
Varicella (Chickenpox)	Available through Vaccines for Children	90716	
	Use this code for adult varicella	90716	
Zoster (shingles)	For patients 60 and older	90736	