



colorado.gov/hcpf

Provider Bulletin

Reference: B1400349

March 2014



Did you know...?

What is the Medicaid expansion?

Colorado Medicaid is public health insurance for Coloradans who qualify. Beginning in 2014, Medicaid will cover individuals and families with income up to 133%* of the Federal Poverty Level (FPL). This means more adults without children and parents will now be able to qualify for free or low cost coverage through Medicaid. For more information go to Colorado.gov/Health.

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All Providers

Postpartum Depression Screenings & Payment in the Pediatric Primary Care Office

Postpartum depression can occur during pregnancy up to one (1) year after giving birth, including after a pregnancy loss. In Colorado, more than one in every ten (10) women who give birth may experience signs and symptoms of depression.¹ This makes depression the most common complication of pregnancy.²



As of January 1, 2014, the Colorado Medical Assistance Program reimburses providers who screen adults annually for depression. Previously, the Colorado Medical Assistance Program reimbursed providers for adolescent depression screening only. This new benefit includes the option for reimbursing pediatricians or family medicine for screening new mothers for depression at well child visits.

Starting January 2014, the fee-for-service depression screening benefit with the following requirements is expanded to include adults with Medicaid benefits ages 19 and above. Postpartum depression screening counts as an annual depression screening and Medicaid primary care providers are encouraged to screen new mothers at a well-child visit using the mothers' Medicaid ID number. If a behavioral health need is identified after screening, the pediatric provider should assist with referring the mother to a Behavioral Health Organization (BHO), or [Regional Care Collaborative Organization](#) (RCCO) provider. Contact information for the BHOs, referral information, and Health TeamWorks depression guideline information can be found on the Department of Health Care Policy and Financing's (the Department's) website (colorado.gov/hcpf) → Clients & Applicants → [Health Living](#) web page.



¹ (PRAMS, 2009-2011)

² (Colorado Department of Public Health and Environment)

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

Postpartum Depression Coding Example				
Validated Screening Tools	CPT Coding	Positive Diagnosis Code To Use	Negative Diagnosis Code To Use	Identification # To Use
Edinburgh Postnatal Depression Scale	99420 (with modifier HD)	648.4X	V79.8	Mother
Adolescent, or Adult Depression Coding Example				
Validated Screening Tools	CPT Coding	Positive Diagnosis Code To Use	Negative Diagnosis Code To Use	Identification # To Use
PHQ-9	99420	V40.9	V79.8	Adolescent, or Adult

Review the [Developmental, Depression, and Autism Screenings Benefit Coverage Standard](#) for more specific billing information.

Please contact Alex Stephens at Alex.Stephens@state.co.us with questions about the Developmental, Depression, and Autism Screening Benefit Coverage Standard.

Please contact Jerry Ware at Jerry.Ware@state.co.us with questions about postpartum depression.

Persons with Disabilities Parking Privileges Application Form Change

All Colorado Medical Assistance Program providers need to be aware that the Colorado Department of Revenue, Division of Motor Vehicles, recently made revisions to the [DR 2219 Persons with Disabilities Parking Privileges Application](#). The changes include clarified penalty statements for both the person with a disability as well as the signing provider.

Changes also include the following: If the provider or the client make a mistake on the form, please complete a new form. Do not write over, white out, cross out, or otherwise alter information. This will prevent the form from being processed.

Impairments are now defined as follows:



Permanent – a condition that is not expected to change within a person’s lifetime

Extended – a condition that is not expected to change within 30 months after the issuance of the plates or placard

Temporary – a condition that is expected to last less than 30 months after the issuance of the plates or placard

Short Term – a condition that is not expected to last more than 90 days after the issuance of a placard

Additionally, providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class Four Felony or \$1,000 for a Class One Misdemeanor.

The old forms will not be accepted by the Division of Motor Vehicles after February 28, 2014. Effective March 1, 2014, only the new form with the revision date of “12/27/13” will be accepted.

Any client who does not present the new form will be turned away and asked to contact the provider’s office for further assistance. Please refer to Attachment A of this bulletin for a copy of the DR 2219 Persons with Disabilities Parking Privileges Application.

Please contact Gina Robinson at Gina.Robinson@state.co.us or 303-866-6167 with questions.

New Medicaid Clients Are Looking for Providers – Please Update Provider Contact Information in MMIS

The Department is asking all providers to verify and/or update their information in the Medicaid Management Information System (MMIS) as soon as possible.

With the expansion of Medicaid benefits, Colorado has many new clients looking for a health care provider.

Please be reminded that it is the responsibility of each provider to update their contact information contained in the MMIS. Keeping the information updated also assures that payments and communication are sent timely and appropriately.

Updating provider information on file with the Department's fiscal agent, Xerox State Healthcare, is critically **important** as the information provided (address and phone number in particular) are used in the Department's Find a Provider web search, which is information maintained in the MMIS. **The information on file is only as good as what is provided.** Please help with the authenticity of the information by ensuring it is updated and correct. Updating the information in the Colorado Medical Assistance Web Portal ([Web Portal](#)) via the (MMIS) Provider Data Maintenance option is the easiest and most efficient method to keep information current. However, submission of a [Provider Enrollment Update](#) form is necessary for providers who do not have the capability to make updates through the Web Portal. Assistance with this process is available by contacting the Department's fiscal agent at 1-800-237-0757.

2014 Healthcare Common Procedure Coding System (HCPCS)

The [Ambulatory Surgical Centers](#) (ASC), [Dental](#), [Durable Medical Equipment \(DME\) and Supply](#), [Immunization](#), [Radiology Services Billed by X-Ray Facilities](#), [Speech Therapy](#) (ST), and [Transportation](#) manuals have been updated to include the 2014 HCPCS procedure codes. The manuals are available in the Provider Services, [Billing Manuals](#) section of the Department's website.

The 2014 Practitioner HCPCS Provider Bulletin ([B1400348](#)) is also available in the Provider Services, [Provider Bulletins](#) section of the Department's website. Please contact the Department's fiscal agent at 1-800-237-0757 with questions.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the Centers for Medicare and Medicaid Services (CMS) website for updates to NCCI rules and guidelines. The updates are completed quarterly, with the next update available in April 2014. A link to the [CMS NCCI](#) website is also available on the [NCCI](#) web page on the Department's website.

How Will Internal Classification of Diseases (ICD-10) Change a Provider's Practice?

The ICD-10 transition affects everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), even those who do not submit Medicaid claims. Anyone covered by HIPAA must use ICD-10 diagnosis codes for services provided on or after October 1, 2014. To be prepared for this transition, providers should begin planning now.

Here are a few of the many areas where the transition to ICD-10 will affect providers' practice:

- More robust codes. Codes will grow from 17,000 to 140,000. Code books and styles will completely change.
- Updated policies and procedures. Any office policy or procedure tied to a diagnosis code, disease management, tracking, or Prior Authorization Request (PAR) must be changed.
- Medical record documentation. ICD-10 codes will better reflect the specificity already inherent in the client's medical record. Physicians will need to continue to document the client's plan of care to include laterality, stages of healing, weeks in pregnancy, episodes of care, etc. Other health care professionals will also need to continue to document client information with specificity. The Department strongly recommends all providers review their documentation. To prepare, providers can determine where ICD-9 codes currently appear in systems and business processes. Consider budgeting for training, re-printing of superbills, evaluating all vendor and payer contacts, and developing an ICD-10 timeline.



Keep Up to Date on ICD-10

The CMS has a website that includes factsheets, timelines, and additional resources to assist with the transition to ICD-10 codes. Please visit cms.gov/icd10 for the latest news and resources to help prepare.

ColoradoPAR Program

CareWebQI (CWQI) Updates

- **Termination Forms**
 - Please submit a [CareWebQI Termination Form](#) as soon as a staff member's employment has been terminated. The termination form can be found at coloradopar.com/CareWebQI.
 - **Maintenance**
 - CareWebQI maintenance occurs every Thursday from 5:01 p.m. Mountain Time (MT) to 7:00 p.m. MT; therefore, the website cannot be accessed during these times.
 - **User Accounts**
 - Please **do not** share usernames and/or passwords for CWQI with any other individuals. This account is **only** for the user that is listed on the CWQI User Access Form. All individuals submitting PARs for a company/clinic must have their own login. Sharing accounts can be considered a violation of HIPAA, and the Department will be notified of violations.
- Please contact the ColoradoPAR Program at 1-888-454-7686 with questions.



Colorado Medical Assistance Program Web Portal (Web Portal) Internet Explorer 11 Compatibility View Update

Users who have upgraded their internet browser to Internet Explorer version 11 may have noticed that some features and screens in the Web Portal are not compatible and/or do not work as expected. The following steps can address these issues, so that users can continue to use the Web Portal to complete business tasks.

1. While in Internet Explorer, select **Tools** → **Compatibility View settings** from the menu bar. The Compatibility View Settings pop-up screen appears.
2. In the **Add this website** field, type "state.co.us" if the field is not already pre-populated with this information.
3. Click the **Add** button to the right of the field.
4. Internet Explorer will add the Web Portal site address to the **Websites you've added to Compatibility View** box.
5. Click the **Close** button to close the pop-up screen.
6. If your Internet Explorer screen does not refresh, click the button to manually refresh the page.



These steps are also provided in the Web Portal Frequently Asked Questions document, which is available from the Main Menu, after logging into the Web Portal. Please review and attempt these steps prior to contacting the CGI Help Desk for assistance. If a user continues to experience issues with Web Portal compatibility after attempting these steps, please contact the CGI Help Desk at 1-888-538-4295.

Medicare-Medicaid Enrollees

Providers are reminded that Medicaid is always the payer of last resort. Services for Medicare-Medicaid enrollees, clients with both Medicare and Medicaid coverage, must be billed first to Medicare.

Providers must be able to show documentation for claims that Medicare-Medicaid enrollees, where appropriate, have been denied by Medicare prior to submission to the Colorado Medical Assistance Program. Per the Provider Participation Agreement, the documentation must be retained for six (6) years following the Medicare denial.

The Colorado Medical Assistance Program requires a copy of the Medicare Standard Paper Remit (SPR) accompany any paper claims for Medicare-Medicaid enrollees that are submitted for reimbursement.

Record Retention

Providers must maintain records that fully disclose the nature and extent of services provided. Upon request, providers must furnish information about payments claimed for Colorado Medical Assistance Program services. Records must support submitted claim information. Such records include, but are not limited to:



- Treatment plans
- Prior Authorization Requests (PARs)
- Medical records and service reports

- Records and original invoices for items, including drugs that are prescribed, ordered, or furnished
- Claims, billings, and records of Colorado Medical Assistance Program payments and amounts received from other payers

Each medical record entry must be signed and dated by the person ordering and providing the service. Computerized signatures and dates may be applied if the electronic record keeping system meets Colorado Medical Assistance Program security requirements. Records must be retained for at least six (6) years, or longer if required by regulation or a specific contract between the provider and the Colorado Medical Assistance Program.

Help Improve the Department's Website

The [Department's](#) website will be changing for the better – and the Department needs provider input. Please take this brief [website survey](#) and give the Department feedback about what the site does well, what it could do better, and what a new, **client-focused website** should offer. The deadline to complete the survey is **March 7, 2014**. Please share this survey with your networks. Thank you in advance for being an important part of the site's improvements.

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.

Rate increases for the Federally Qualified Health Centers (FQHCs), Outpatient Hospital Services, and Rural Health Centers (RHCs)

The Department is still awaiting CMS approval on the provider rate increases for the Federally Qualified Health Centers (FQHCs) and Outpatient Hospital Services. If approved, the Department will retroactively adjust all claims with dates of service on or after July 1, 2013 to reflect the new rates. Adjustments will be reflected on future Provider Claim Reports (PCRs).

The Department has submitted new rates, effective January 1, 2014, to the Department's fiscal agent for all RHCs. Once processed, RHC rates will be mass adjusted back to this effective date.

Please contact Luisa Sanchez De Tagle at Luisa.SanchezDeTagle@state.co.us or 303-866-6277 with questions about Outpatient Hospital Services rates. Please contact Greg Linster at Greg.Linster@state.co.us or 303-866-4370 with questions about FQHC rates and RHC rates.

Dental Providers

Adult Dental Benefit

Beginning April 1, 2014 the Department will implement a limited Adult Dental Benefit. The Adult Dental Benefit will allow Medicaid enrolled clients age 21 years and over to receive a number of basic dental services currently offered to children, such as evaluations, diagnostic imaging, preventive, and restorative services.

Benefit Limitations

Adult Medicaid clients may receive up to \$1,000 of these dental services per a 12-month state fiscal year period (July 1 - June 30). The adult benefit is limited to the dental services that are currently offered to children and do not require a PAR.

A more comprehensive adult dental benefit is scheduled to begin on July 1, 2014. More information on the [dental benefits collaborative meeting series](#) and the covered services that will be included as part of the comprehensive adult dental benefit will follow in the coming months' Provider Bulletins and will be posted on the Department's website, [Provider Services](#) web page.



Billing Instructions

For dental services available April 1, 2014, use the existing Codes on Dental Procedures and Nomenclature (CDT) code set that is used for the current Medicaid dental services. For detailed billing instruction please refer to the [Dental Billing Manual](#) available in the [Billing Manual](#) section of the Department's website. The Dental Billing Manual and the Provider Services web page will be updated with the specific CDT codes that will be covered for adults. Providers must be enrolled in the Colorado Medical Assistance Program in order to receive reimbursement for services rendered. For enrollment information and forms please refer to the Department's website, [Enrollment](#) web page. Updates and resources specific to Dental provider enrollment will be made to the enrollment page in the coming months; please continue to check back for updates.

Medicaid Dental Providers Wanted

The Department is hard at work developing resources to assist Dental providers with completing the **Provider Enrollment Application**, including a new Dental provider enrollment webinar and a coordination effort with the Department's fiscal agent. Several community partners have also launched their own initiatives to help enroll Dental providers and have joined the Department in its efforts to increase Dental provider participation in Colorado Medicaid.

These programs include the [Colorado Dental Association's "Take 5"](#) campaign, the ongoing efforts of the [Cavity Free at Three Program](#), the [Colorado Assoc. for School-Based Health Care](#), [University of Colorado School of Dental Medicine](#), and [Oral Health Colorado](#).

Additionally, the Department has been working closely with the [Colorado Dental Association](#) on developing a tiered incentive payment plan specifically for Dental providers who participate in the Colorado Medicaid program if funding is secured. This request is going before the Joint Budget Committee (JBC) in March 2014. More information will be made available as this potential opportunity continues to progress.

Please contact Dawn McGlasson at Dawn.McGlasson@state.co.us with questions.

Durable Medical Equipment (DME) Providers

Wheelchair Billing Requirements:

Secondary/Back-Up Wheelchairs and National Correct Coding (NCCI) Procedure-to-Procedure (PTP) Edits

The Centers for Medicare and Medicaid Services (CMS) has indicated certain wheelchair code combinations as disallowable in the DME NCCI PTP list. However, the Department has received approval to continue allowing reimbursement on these items with implementation of a process to specifically identify wheelchair equipment that is designated for secondary/back-up use. Beginning April 1, 2014, all prior authorizations and claims for secondary/back-up wheelchairs and their related options/accessories **must** be submitted with a TW modifier.



Please email HCPF_DME@hcpf.state.co.us with questions.

Hospital Providers

Inpatient Hospital Billing for Newborns

The Department has identified an error for providers billing newborns and babies under the All Patient Refined-Diagnosis Related Group (APR-DRG) grouper that resulted in the assignment of APR-DRG 956 "Ungroupable". The error has been resolved and a mass adjustment of claims will be completed for all identified claims with this error within a few weeks. Providers do not need to take any further action.

Additionally, providers who have the 3M APR-DRG PC version could potentially make the correction in their grouper software or may need to contact 3M to update the grouper. The Department has communicated the issue and the necessary correction to 3M. The grouper specification update is for the Baby Weight Option. The Baby Weight Option is currently set at Option 2 and should be changed to Option 5 for the grouper to work properly.

As a reminder, billing for maternity and newborns is outlined in the [Inpatient/Outpatient Hospital](#) billing manual under Maternity and Newborn Billing. The following also outlines the proper billing procedures:



Do not show nursery days in FL 6. Nursery days are entered as units on a detail line but are not covered days that represent additional payment. There is no additional inpatient benefit for routine newborn hospitalization. Charges for a well newborn remaining in the hospital after the mother's discharge are not a benefit (e.g., placement). Benefits apply under the following conditions:

- If the mother is in the hospital, the mother and baby's charges are billed on one claim as one stay.
- If the baby remains in hospital for placement, this is not a Colorado Medical Assistance Program benefit. Services may be billed on the mother's claim until the time the mother is discharged.
- If the mother is discharged, but the baby remains in hospital and is not transferred to another hospital (i.e., baby is not well.):
 - Baby becomes a patient in its own right.
 - Hospital records reflect the baby's new admission date, which is the date of the mother's discharge.
 - Baby requires its own Medicaid ID number.
 - Baby's charges beginning with mother's date of discharge through baby's discharge are billed separately from the mother's charges.
 - If the baby is transferred to a different hospital, the Colorado Medical Assistance Program benefits are still applicable. The baby's charges must be billed separately by the receiving hospital.
- When the mother is not eligible for benefits, the baby's well baby care charges may be billed under the following conditions:
 - The baby is eligible for benefits.
 - The baby has an active Medicaid ID number.
 - If the mother's insurance pays for any portion of the well-baby care, this must be included on the claim as a third party payment.

Please contact Ana Lucaci at Ana.Lucaci@state.co.us with questions regarding the Department's payment policy for maternity and newborns. Please contact Lusia Sanchez de Tagle at Lusia.Sancheztetagle@state.co.us with questions regarding DRG assignments or DRG payment.

Nurse Home Visitor Program Providers

Nurse Home Visitor Program Billing Manual Update



As of March 1, 2014, the Department has updated the Nurse Home Visitor Program's billing manual to reflect questions received regarding billing for clients with Medicaid and commercial insurance. Please contact Kirstin Michel at Kirstin.Michel@state.co.us or 303-866-2844 with questions.

Waiver Providers

Prior Authorization Request (PAR) Over Utilization Review - Revision

As of October 1, 2013, the Department of Human Services (DHS), Division for Developmental Disabilities (DDD) began reviewing PARs for the Home and Community Based Service (HCBS) for Persons with Developmental Disabilities (DD), HCBS-Supported Living Services (SLS) and HCBS-Children's Extensive Support (CES) Waivers to ensure services are reimbursed only according to the PAR and the Service Plan.

The Department's prior authorization rule 10 CCR 2505-10, Section 8.058 states that certain services are available as a benefit only with a PAR. This is further clarified in the Department's rules for the HCBS-DD, HCBS-SLS and HCBS-CES Waivers (10 CCR 2505-10, Section 8.500.12.D.4; 10 CCR 2505-10, Section 8.500.101.D.4 and 10 CCR 2505-10, Section 8.500.120.D.4).

A recent review shows some services were billed and paid more than the amount approved on the PAR. Therefore, DDD will conduct monthly reviews and monitor service utilization on a monthly basis to ensure claims are paid in accordance with the PAR and the Service Plan. The Division for Developmental Disabilities staff will monitor PARs with an October 1, 2013 end date and later.

For expired PARs with over utilized services, DDD staff will contact the Community Centered Boards (CCB) and the service providers by the 15th of the month to notify the providers of over utilized waiver services. The Division for Developmental Disabilities will send a formal demand letter to recover funds for any over utilized services after the initial timely filing period, 120 days, has expired to allow all billings or adjustments to occur. Service providers will have 30 days from the date of the letter to review and respond to DDD before funds will be recovered. After the 30 days, DDD will recover funds in the amount utilized above the approved amount in the PAR. Providers may appeal DDD's decisions regarding the recovery of funds as set forth in 10 C.C.R. 2505-10, Section 8.050.3.



Please contact Angie Sanders at Angeline.Sanders@state.co.us, 303-866-5158; or Nancy Fritchell at Nancy.Fritchell@state.co.us, 303-866-5149; with questions.

Pharmacy Providers

Copay Exemption for Aspirin and Vitamin D

As of January 1, 2014, all preventative and wellness services are copay exempt, as required by the Affordable Care Act (ACA). 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 was 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.

On February 11, 2014, the Department's fiscal agent mass adjusted the claims for aspirin and Vitamin D which had not applied the copay exemption. If a copay was collected on these claims, pharmacies should refund the copay to the client.

Please monitor the Provider Claim Report (PCR) for confirmation of the mass adjustment. Please also contact the Department's fiscal agent at 1-800-237-0757 with questions.



Hepatitis C Treatment

The Department is not aware of any document that indicates that there are patient safety issues regarding Sovaldi. Please refer to the Attachment B of this bulletin for more information.

Medicaid Coverage of Injections for Prevention of Preterm Birth

Injections for 17 alpha hydroxyprogesterone caproate will be covered for the prevention of preterm birth. The injections are only covered as an outpatient pharmacy benefit if the following criteria are met:

- The drug is being administered in the home or in a long-term care setting;
- Client has a singleton pregnancy and a history of singleton spontaneous preterm birth;
- Therapy is being initiated between 16 weeks gestation and 20 weeks + 6 days gestation;
- Dose is administered by a healthcare professional; and,
- Compounded hydroxyprogesterone product is contraindicated or unavailable.



If the injection is given in an office setting (most scenarios), then the injection must be billed by the medical provider. Providers must use the following procedure codes when billing. A PAR is not required, but the clinical records must document that the client meets all eligibility criteria for coverage.

Injection Procedure Code	J1725	Injection, hydroxyprogesterone caproate, 1mg
Procedure Code Modifier	HD	Pregnant/parenting program
Diagnosis Code (ICD-9)	V23.41	Supervision of pregnancy with history of preterm labor
Units	250	One unit of J1725 is 1mg. One injection of 17-HP is 250mg

Please contact Melanie Reece at Melanie.Reece@state.co.us or 303-866-3693 with questions.

Pharmacy and Therapeutics (P&T) Meeting:

Tuesday, April 8, 2014
1:00 p.m. - 5:00 p.m.
225 E 16th Street
Denver, CO 80203
1st floor conference room



Preferred Drug List (PDL) Update

Effective April 1, 2014, the following will be preferred agents on the Medicaid PDL and will be covered without a prior authorization (unless otherwise indicated):

Insulins:

- **Rapid acting duration:** Humalog and Novolog pens and vials
- **Short acting duration:** Humulin R vial
- **Intermediate acting duration:** Humulin N pen and vial
- **Long acting duration:** Levemir pen and vial
- **Insulin mixtures:** All mixtures will be preferred including pens and vials

Alzheimer Agents: Generic donepezil tab, donepezil ODT, generic galantamine and galantamine ER, Namenda

Atypical Antipsychotics: Abilify, clozapine, Clozaril, Geodon, Latuda, olanzapine, risperidone, Risperdal, quetiapine, Seroquel IR, ziprasidone, Zyprexa

Growth Hormones: Norditropin, Saizen, Omnitrope

Nasal Corticosteroids: Fluticasone, Nasonex

Leukotriene Modifiers: Montelukast (generic Singulair)

MS Agents: Avonex, Betaseron, Rebif, Copaxone 20mg injections

Ophthalmic Antihistamines: Cromolyn, Patanol

Sedative Hypnotics: Lunesta, zaleplon, zolpidem

Statins: Crestor, atorvastatin, pravastatin, simvastatin

The complete PDL and criteria for non-preferred medications are available on the [PDL](#) web page.

March and April 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.

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	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

April 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	7	8 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM *WebEx – NHVP 1:00 PM-3:00 PM	9 *WebEx – Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 PM Hospice 1:00 PM-3:00 PM	10 Dental 9:00 AM-11:00 AM Web Portal 837D 11:15 AM-12:00 PM Practitioner 1:00 PM-3:00 PM	11 *WebEx – Basic Billing Waiver 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	12

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 date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

All the information noted above is necessary to process reservations successfully. Look for a confirmation e-mail within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact the Department’s fiscal agent and talk to a Provider Relations Representative.

Workshops presented in Denver are held at:

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

***Please note:** For WebEx training, a meeting notification containing the website, phone number, meeting number and password will be emailed or mailed to those who sign up.

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include the following:

Light Rail – A Light Rail map is available at: 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.



DR 2219 (12/27/13)
 COLORADO DEPARTMENT OF REVENUE
 Division of Motor Vehicles
 Registration Section
www.colorado.gov/revenue

Parking Privileges Application

Persons With Disabilities must meet one of the criteria below and have it verified in writing by a Medical Professional*.

- 1) **Mobility:** Persons who cannot walk two-hundred feet without stopping to rest.
- 2) **Assisted Mobility:** Persons who cannot walk without the use of, or assistance from, a brace, cane crutch, another person, prosthetic device, wheelchair, or other assistive device.
- 3) **Respiratory:** Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.
- 4) **Oxygen:** Persons who use portable oxygen.
- 5) **Cardiac:** Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.
- 6) **Other:** Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

***Medical Professional** – licensed professionals from Colorado and bordering states:

- Physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S.,
- Commissioned Medical Officer of the U.S. Armed Forces, the U.S. Public Health Service, and/or the U.S. Veterans Administration
- Advance Practice Nurse registered pursuant to section 12-38-111.5, C.R.S.
- Physician Assistant licensed pursuant to section 12-36-107.4, C.R.S.
- Podiatrist licensed under article 32 of title 12, C.R.S.
- Additional professionals for the Short Term Placard only
 - Chiropractor licensed under article 32 of title 12, C.R.S.
 - Physical Therapist licensed under article 32 of title 12, C.R.S

Impairments are defined as follows:

Permanent - A condition that is not expected to change within a person's lifetime

Extended - A condition that is not expected to change within thirty months after the issuance of plates or placards

Temporary - A condition that is expected to last less than thirty months after the issuance of plates or placards

Short Term - A condition that is not expected to last more than 90 days after the issuance of a placard

Options Available:

Applicants with Permanent, Extended, and Temporary disabilities qualify for one of the following options:

- 1) **One set of license plates. (fees apply)**
- 2) **One set of license plates (fees apply) and one permanent (blue) no fee placard.**
- 3) **Up to two permanent (blue) no fee placards and no license plates.**

Applicants with Short Term disabilities qualify for the following option:

- 1) **One temporary (red, 90-Day) no fee Placard**

Medical Professional Certification and Self- Certification

Placard Type	Disability Type	Medical Professional Verification	Self-Certification
Three Year Placards (Blue) or Plates Program recertification required every three years (by mail or in person) with completion of DR 2219	Permanent	Initially, then every ninth year (third renewal)	Third and sixth year renewal
	Extended	Initially, then every third year with renewal	N/A
	Temporary		
Temporary Placard (Red) One only Valid until the last day of the month falling ninety days after the date of issuance May be renewed only once with completion of DR 2219	Short-term	Initially, then with 90 day renewal	N/A

Physician Certification Instructions

1. Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor.
 2. Complete the entire form, sign and date.
 3. If you make a mistake on this form, please complete a new form. Do not write over, white-out or cross-out information. This will void the form.
4. To sign the form, you must be a Medical Professional as defined below
 - a. **Medical Professional** – licensed professionals from Colorado and bordering states:
 - i. Physician licensed to practice medicine or practicing medicine pursuant to section 12-36-106 (3) (i), C.R.S.,
 - ii. Commissioned Medical Officer of the U.S. Armed Forces, the U.S. Public Health Service, and/or the U.S. Veterans Administration
 - iii. Advance Practice Nurse registered pursuant to section 12-38-111.5, C.R.S.
 - iv. Physician Assistant licensed pursuant to section 12-36-107.4, C.R.S.
 - v. Podiatrist licensed under article 32 of title 12, C.R.S.
 - b. Additional professionals for the Short Term Placard only
 - i. Chiropractor licensed under article 32 of title 12, C.R.S.
 - ii. Physical Therapist licensed under article 32 of title 12, C.R.S.
5. Patients must have a new Medical Professional verification done as part of their renewal process depending on the designated disability (see #6 below). Ensure the Persons With Disabilities applicant meets one of the criteria below before you verify in writing:
 - i. **Mobility:** Persons who cannot walk two-hundred feet without stopping to rest.
 - ii. **Assisted Mobility:** Persons who cannot walk without the use of, or assistance from, a brace, cane crutch, another person, prosthetic device, wheelchair, or other assistive device.
 - iii. **Respiratory:** Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.
 - iv. **Oxygen:** Persons who use portable oxygen.
 - v. **Cardiac:** Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.
 - vi. **Other:** Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.
6. Application must meet one of the impairments which are defined as follows:
 - i. **Permanent** - A condition that is not expected to change within a person's lifetime
 - ii. **Extended** - A condition that is not expected to change within thirty months after the issuance of plates or placards
 - iii. **Temporary** - A condition that is expected to last less than thirty months after the issuance of plates or placards
 - iv. **Short Term** - A condition that is not expected to last more than 90 days after the issuance of a placard
7. Ensure the date reflects the most current patient information. The condition time is based on the date you enter (i.e., extended thirty-months is from the date entered, not the transaction date).
 8. Please do not fax or e-mail the form to the Division of Motor Vehicles. The applicant must submit the completed DR 2219 at the time of registration.
 9. You may contact the Title and Registration Sections at 303-205-5608 with any questions

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Persons With Disabilities Parking Privileges Application

Submit Completed Application to Your Local County Motor Vehicle Office			
Name of person with disability (please type or print in ink)		Date of Birth (if PWD is a minor)	
Physical Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
I certify, under penalty of perjury, that I have read and understand the Persons with Disabilities plate and placard application and usage requirements and that I am responsible for the use in conformity with Colorado Revised Statutes 42-3-204 and 42-4-1208. I further understand that violation of the requirements in the statutes referenced above may result in fines, penalties, and suspension of Persons with Disabilities placards and plates.			
Printed name as it appears on identification			
Signature			
Secure and Verifiable ID of (circle one) Applicant/Legal Guardian/Representative: (check appropriate box)			
<input type="checkbox"/> Colorado DL <input type="checkbox"/> Colorado ID <input type="checkbox"/> Other			
ID #	Expires	DOB	
The undersigned witness affirms that the (circle one) applicant/legal guardian/representative signing this document presented the identification described above.			
Witness Printed Name			
Witness Signature			Date
This Person is Mobility Impaired as Described Below (Check one box)			
Qualifying criteria are listed below. All criteria require certification by a person fully licensed to practice medicine in Colorado.			
<input type="checkbox"/> Persons who cannot walk two hundred feet without stopping to rest.			
<input type="checkbox"/> Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.			
<input type="checkbox"/> Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.			
<input type="checkbox"/> Persons who use portable oxygen.			
<input type="checkbox"/> Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.			
<input type="checkbox"/> Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.			
This Form Must be Completed by a Professional Defined in Colorado Revised Statute 42-3-204(1)(g)			
Medical License Number and Issuing State		Name of Professional (please type or print in ink)	
Address	City	State	ZIP
I certify, under penalty of perjury, that the above named patient has a physical impairment complying with 23 CFR 1235. I have read and understand Colorado Revised Statute 42-3-204 and 42-4-1208 as they pertain to certifying persons with disabilities and affirm my knowledge of the contents of persons with disabilities notices and documentation made available to me pursuant to 42-3-204(5)(b), C.R.S.			
This impairment is: <input type="checkbox"/> Permanent* <input type="checkbox"/> Extended* <input type="checkbox"/> Temporary* <input type="checkbox"/> Short Term (will last 90 days or less) **			
*These Placards are valid for and must be renewed every 3 years. See definitions on the first page.			
** Chiropractors and Physical Therapists may only certify a physical impairment for Short Term Placards			
Providers who knowingly misuse or who make false statements to help someone obtain or retain a placard may be fined up to \$500,000 for a Class 4 Felony or \$1,000 for a Class one misdemeanor.			
Signature of Professional			
Phone Number			Date

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Name of person with disability <i>(please type or print in ink)</i>	
<h2 style="margin: 0;">Application for Persons With Disabilities Parking Privileges</h2> <p style="margin: 5px 0 0 0;">There is no fee for Persons with Disabilities placards. Registration fees and ownership taxes will be charged for disability license plates. A plate or placard holder is responsible to safeguard the plate or placard from use by others</p>	
Please choose one option below:	
<p>Permanent, Extended, and Temporary–Disability Option</p> <ul style="list-style-type: none"> • Submit a completed application in the name of the person with a disability. • Secure and Verifiable Identification for the person with a disability. • Power of Attorney appointing an agent. • Enclose a photocopy of the title or registration to the vehicle (if applicable). 	
<p>Persons with Disabilities with Vehicle (Check one option below)</p> <p><input type="checkbox"/> 1 Plate OR</p> <p><input type="checkbox"/> 1 Placard OR</p> <p><input type="checkbox"/> 1 Plate and 1 Placard OR</p> <p><input type="checkbox"/> 2 Placards</p>	<p>Persons with Disabilities without a Vehicle (Check one option below)</p> <p><input type="checkbox"/> 1 Placard OR</p> <p><input type="checkbox"/> 2 Placards</p>
<p>Short Term (90-Day) Disability</p> <p><input type="checkbox"/> Temporary (90-Day) no fee Placard - For persons with a short term disability to the degree described on page one of this form.</p> <ul style="list-style-type: none"> • Submit a completed application in the name of the person with a disability. • A 90-day temporary placard will be issued which is to be placed inside the vehicle of which the person with a disability is a passenger. • The placard is movable from one vehicle to another. 	
Signature	Date

Note: Placards are issued with a registration receipt. The registration receipt must be available when the placard is in use.



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 • (303) 866-2993 • (303) 866-4411 Fax • (303) 866-3883 TTY

John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Acting Executive Director

February 19, 2014

To All Colorado Medicaid Providers:

A clarification is needed regarding the changes in the prior authorization process for **Sovaldi®**:

Hepatitis C Treatment

The Department is not aware of any documentation that indicates that there are patient safety issues regarding Sovaldi. Rather, given the demand for the medication, the generally slow progression of the disease, and the rapidly changing landscape of the treatments available for Hepatitis C, the Department needs to do further evaluation and review to determine the appropriate coverage criteria for Sovaldi. Due to this, new therapies for Hepatitis C will not be approved until this further analysis is done. Patients who have already been started will be allowed to complete their course of treatment. We will still evaluate cases which are medically necessary to start treatment urgently. There will need to be documentation submitted about why the treatment needs to be started urgently. Please go through the normal PAR process if this is the case.

Please fax any PAR's for Sovaldi to 303-866-3590 for consideration.

Thank you,

Swanee Grubb PharmD
PDL Pharmacist
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
Phone: 303-866-3614
Fax: 303-866-3590
Swanee.grubb@state.co.us
Colorado.gov/hcpf

"The mission of the Department of Health Care Policy & Financing is to improve access to cost-effective, quality health care services for Coloradans"
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