

Beginning Billing Workshop Practitioner

Colorado Medical Assistance Programs
including Health First Colorado
(Colorado's Medicaid Program) and CHP+

2018



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EPSDT Program

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program
 - Federally mandated health care benefits package for essentially all Colorado Medical Assistance Program children
 - Ages birth to 20 years
 - Emphasizes preventive care
 - Focuses on early identification and treatment of medical, dental, vision, hearing and developmental concerns



EPSDT Program (cont.)

- EPSDT establishes a regular pattern of health care through routine health screenings, diagnostic, treatment services
 - See the AAP Bright Futures periodicity for recommended well child visits
 - https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
 - EPSDT well child screenings must include testing for lead poisoning
 - At 12 and 24 months of age or between 36 and 72 months of age if not previously tested
 - This continues to be a CMS requirement for all Health First Colorado eligible children until Colorado can provide enough data to show it is not a concern in this region



EPSDT - D = Diagnostic

- When a screening indicates the need for further evaluation, diagnostic services must be provided
 - The referral should be made without delay
 - Provide follow-up to make sure that the child receives a complete diagnostic evaluation



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EPSDT - T = Treatment

- Health care must be made available:
 - Treatment or other measures to correct/improve illness or conditions discovered by the screening
- All services must be provided
 - If Health First Colorado coverable
 - If medically necessary
 - Even if the service is not available under the State plan to other Health First Colorado eligible members
 - Health First is not an insurance plan with an exclusions list - if you believe the child or youth needs it, ask for it



EPSDT – Medical Necessity

- No arbitrary limitations on series allowed
 - E.g., one pair of eyeglasses or 10 PT visits per year
- Additional services above what is covered in State plan must be allowed for any child or youth 20 and under:
 - When medically necessary
 - Must be Health First Colorado coverable as listed in 1905(a)(c) of the Social Security Act
- State may determine which treatment it will cover
 - Among equally effective & available alternative treatments
 - As long as the determination is specific to the individual child



EPSDT – Medical Necessity (cont.)

- EPSDT does NOT include:
 - Experimental or investigational treatments
 - Services or items not in accordance with professionally recognized standards for health care in the US
 - Services primarily for caregiver or provider convenience
 - Services or items in which an equally effective but less expensive option is available



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EPSDT – PAR Process

- Use the standard PAR process outlined on page 10 of this presentation
- You can and should request services or items even if the code list shows it is not a benefit of Health First Colorado
 - e.g. Glucose monitoring equipment



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Letter of Medical Necessity

- Must include a letter of medical necessity (LMN) with request
 - Letters should include appropriate CPT and HCPCS codes, units or other details related to the request
 - Detailed information as to how the service or procedure will improve or maintain the child/youth health, prevent it from worsening or prevent the development of additional health problems
 - Include duration and treatment goals for the request as well as any previous treatments and responses
 - Is the service or item safe?
 - How do you believe the item to be effective?
 - Send relevant internet documents, manufacturer information, etc. with your request



EPSDT PAR Requests

- Providers can submit a PAR for non-covered services or items to be reviewed under EPSDT guidelines to the appropriate third party vendor that authorizes that category of services
- All requests for services or items will be reviewed by the appropriate third party vendor for medical necessity and a response will be returned to the requesting provider
 - May be a response that is pended for additional information
 - May be approved
 - May be denied and will include a reason for denial
 - May be partially approved and will include what specific items were denied and why
- For more information on procedures, please visit the ColoradoPAR website at ColoradoPAR.com



ABCD Program

- Assuring Better Child Health and Development through the Use of Improved Screening Tools Project
 - ABCD helps Primary Care Providers improve identification of developmental delays through standardized testing
 - Assists in implementing efficient & practical office screenings
 - Helps practices learn about reimbursement for development screenings
 - Promotes early identification and referral
 - Facilitates links to other community services
 - More information at <http://www.coloradoabcd.org/our-story>



Health First Colorado (Colorado's Medicaid Program)

Examples of Services

Surgery

Vaccines /
Immunizations

Laboratory

Radiology

SBIRT

Obstetrics

PCP/Well
Child Visits

Early
Intervention



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Surgery

- Surgical reimbursement includes:
 - Payment for the operation
 - Local infiltration
 - Digital block or topical anesthesia
 - Normal, uncomplicated follow-up care
- If surgery has 30, 60, or 90 post operation days and you bill an office visit within those 30, 60, or 90 days, the claim will deny
 - Office visit is included in your surgical reimbursement



Multiple Surgery

- Multiple surgery should be billed with 1 unit of service on 1 line using the 50 modifier for additional reimbursement



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Modifier on Multiple Procedures

- Modifier 59 - Distinct Procedural Service
 - Used to identify procedures/services:
 - That are normally reported together
 - But are appropriate under the circumstances
 - Modifier 59 should be used only if:
 - A more descriptive modifier is unavailable
 - The use of modifier 59 best explains the circumstances
 - Clinical documentation **MUST** justify usage
 - Please see the Medical/Surgical Manual regarding Modifier 59 for more information
 - For more detailed surgery information, refer to:

www.Colorado.gov/hcpf/Billing-Manuals

Billing Manuals → CMS 1500 → Medical and Surgical Services



Vaccines/Immunizations

Immunizations for children:

- A benefit when recommended by Advisory Committee on Immunization Practices (ACIP)
 - For members aged 18 and under
 - Only admin fee reimbursed
- Available from federal Vaccines for Children Program (VFC)
- For ages 19 and 20, reimbursed as adults

Immunizations for adults:

- A benefit when recommended by ACIP (subject to Colorado Medical Assistance Program rules)
 - Admin fee and vaccine reimbursed

For more detailed vaccine information, refer to:

www.Colorado.gov/hcpf/billing-manuals

Billing Manuals → CMS 1500 → Immunization Benefit



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Telemedicine

Who can bill for telemedicine services?



Provider types not listed may facilitate telemedicine services; however, they may not bill procedure code Q3014 or use the GT modifier when billing.

Telemedicine is not a paid visit for FQHCs or RHCs.

Telemedicine Billing

- Bill all Telemedicine services electronically as a 837P or on the CMS 1500 claim form
- Providers may only bill procedure codes for which they are eligible to bill
- PAR requirements remain the same
- Bill the Regional Accountable Entity (RAE) when appropriate
- For further information:
 - Telemedicine Billing Manual
 - Volume 8, section 8.200.3.B



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Laboratory

- Provider who actually performs the laboratory test is the only one eligible to bill & receive payment
- Providers may only bill for tests actually performed in their office or clinic
- Testing performed by independent laboratories or hospital outpatient laboratories must be billed by the laboratories
 - For more information, please consult Rule 8.660
- In order to receive Colorado Medical Assistance Program payment, all laboratory service providers must be:
 - Clinical Laboratory Improvement Act (CLIA) certified
 - Colorado Medical Assistance Program enrolled



Outpatient Imaging & Radiology

- PAR requirements
 - Outpatient settings need to obtain a prior authorization for:
 - Non-emergent CT
 - Non-emergent MRI
 - All PET and SPECT scans
 - If the emergency indicator box is checked on the claims, CT and MRI tests are exempt from prior authorization
 - PAR revisions due to the test changing just prior to the time of the service need to be submitted within 48 hours
 - For a list of all the procedure codes requiring PARs, refer to:
www.Colorado.gov/hcpf/Billing-Manuals
Billing Manuals → CMS 1500 → Outpatient Imaging and Radiology



SBIRT

- Screening, Brief Intervention and Referral to Treatment
 - Technique used to identify and treat drug/alcohol abuse for members ages 12+
 - All primary care providers can render services and bill for SBIRT
 - Requires special certification and training
 - Training can be done through online or in-person services
 - For more detailed SBIRT information, refer to:
www.Colorado.gov/hcpf/Billing-Manuals
- Billing Manuals → CMS 1500 → Screening, Brief Intervention, and Referral to Treatment (SBIRT)



Sterilizations

- Must be billed electronically through the web portal
- Claims should include the appropriate family planning diagnostic code and/or the family planning modifier 'FP'.
- All providers billing for services associated with a sterilization procedure must include the MED-178 Sterilization Consent form or a copy of the form.
- Member must:
 - Be at least 21 years of age
 - Be mentally competent
 - Give informed consent
- At least 30 days, but not more than 180 days, must pass between date MED-178 was signed by member and the date of the sterilization procedure (except in specific circumstances of preterm delivery or emergency abdominal surgery)
- www.colorado.gov/hcpf/provider-forms



Sterilization Form

www.Colorado.gov/hcpf/provider-forms

HEALTH FIRST COLORADO (Colorado's Medicaid Program)
STERILIZATION CONSENT FORM (MED-178)

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____, When I first asked for the

1. Health Care Provider or Clinic

information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving federal funds such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation know as a _____, The discomforts, risks

2. Type of Procedure

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____, _____

3. Date of Birth

I, _____, hereby consent of my own

4. Name of Member

free will to be sterilized by _____ by a

5. Health Care Provider or Clinic

method called _____, My consent

6. Type of Procedure

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to representatives of the U.S. Department of Health and Human Services, or employees of programs or projects funded by the Department but only for determining if federal laws were observed.

I have received a copy of this form.

7. Member's Signature

8. Date of Signature

You are requested to supply the following information, but it is not required: (9. Ethnicity and Race)

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have read to the member this consent form in _____

10. Language

language and explained its contents to the member. To the best of my knowledge and belief, the member has understood this explanation.

11. Interpreter's Signature

12. Date of Signature

Revised: 06/2016

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form,

13. Name of Member

I explained to member the nature of the sterilization operation _____, the fact that it is intended to be a

14. Type of Procedure

final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual that member consent can be withdrawn at any time and that the member will not lose any health services or any benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. Member knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

15. Signature of Person Obtaining Consent

16. Date of Signature

17. Name of Facility Where Information About Sterilization Was Given to Member

Address of Facility (including city, state, and zip code)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____,

18. Name of Member

19. Date of Procedure

I explained to the individual the nature of the sterilization operation known as _____, the fact

20. Type of Procedure

that it is intended to be a final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that member consent can be withdrawn at any time and that the member will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old ad appears mentally competent. Member knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph that is not used.)

21.(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization procedure was performed.

21.(2) The sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- a. Premature delivery. Expected date of delivery: _____
 b. Emergency abdominal surgery (describe circumstances): _____

22. Signature of Person Who Performed Procedure

23. Date of Signature



Common Sterilization Errors

- Common Errors

- Using an old version of the Med-178 (2004) form
- Missing member's signature
- Type of operation entered in Consent differs from that in the Physician's Statement
- Incomplete facility address
 - Must include zip code
- Operation performed less than 30 days or more than 180 days from signature date

Early Intervention

- Early Intervention services are those provided to children who have or are at risk for developmental disabilities or special needs
 - Child are eligible birth through age three (3)
- All codes billed by a provider/practitioner for children who are receiving services as a part of an approved Individual Family Service Plan (IFSP) should be billed using the TL modifier
 - Sick care
 - Nurse visit
 - Therapies
 - Assistive Technology
 - Audiology services
 - Nutrition services



Universal Procedure & Diagnosis Coding

- HIPAA requires providers to use universal Current Procedural Terminology (CPT) coding guidelines
 - Health First Colorado payment policies are based on CPT descriptions
 - Providers are required to consult CPT manual definitions for each code they submit for reimbursement
- Providers must also use International Classifications of Diseases 10th Revision, Clinical Modification diagnosis codes (ICD-10)



Benefit and Billing Information

For more detailed benefit and billing information, refer to:

<https://www.Colorado.gov/hcpf/Billing-Manuals>

Billing Manuals → CMS 1500 → Medical and Surgical Services



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Provider Services Call Center

1-844-235-2387

[Download the Call Center Queue Guide](#)

7 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday

10 a.m. - 5 p.m. MST Wednesday & Friday

The Provider Services Call Center will be utilizing the time
between 7 a.m. and 10 a.m.

on Wednesdays and Fridays to return calls to providers.



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Thank you! Please feel free to ask us any questions you may have.



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