

Provider Bulletin

Reference: B1900427



All Providers

- Did You Know National Provider Identifier (NPIs) and Multiple Locations
- 1 Remittance Advices (RAs) and ERA X12 835 Reports Schedule Change
- 2 Remittance Advice (RA) Reports Must Be Obtained Through the Provider Web Portal
- 2 Remittance Advice (RA) Update to Help Providers Reconcile Payments

Accountable Care Collaborative Primary Care Medical Providers (PCMPs)

3 How to Bill for Short-Term Behavioral Health Services in the Primary Care Setting

All Physician-Administered Drug Providers

4 Quarter 1 Rate Updates 2019 for Physician-Administered Drugs

Durable Medical Equipment & Supply Providers

4 Policy Clarification for Health First Colorado Benefit on Wipes

Hospital Providers

4 General Updates

Hospital and Dialysis Providers

6 End-Stage Renal Disease to be Considered an Emergency Medical Condition

Pharmacy Providers

6 Vivitrol® Injections and Pharmacist Immunizations

Provider Billing Training Sessions

7 February & March 2019 Provider Billing Training Sessions

Did You Know?

A unique nine (9) digit zip code or taxonomy code is required to identify the Health First Colorado (Colorado's Medicaid Program) billing provider ID if the provider shares a National Provider Identifier (NPI) with multiple locations or multiple provider types. In some cases, an additional enrollment record may have been created in the Colorado interChange during revalidation if all data did not match exactly. If a claim denies for Explanation of Benefits (EOB) 1473 - "Multiple Provider Locations Found for Billing Provider," contact the Provider Services Call Center at 1-844-235-2387. The call center representative can analyze the existing enrollment information and give guidance to providers regarding the correct taxonomy or zip code to be used on the claim. All providers rendering medical services must use an NPI on the claim. Using a Health First Colorado ID either in place of, or in addition to an NPI, is not acceptable.

All Providers

Remittance Advices (RAs) and ERA X12 835 Reports Schedule Change

Effective January 9, 2019, providers may see an increase in the number of RAs received each week dependent upon the financial activity occurring during that period. Any payment holds, Accounts Receivable (AR) recoveries or third-party garnishments may be reported on an additional RA (separate from the standard RA posted each Monday). For example, if a provider sends in a check and it is applied to the AR or refunded, that activity may be reported on an additional RA.

An RA will not be generated if there is no financial activity during that period. Current claim payments will still be paid on a weekly cycle and RAs will still be posted each Monday. ERA X12 835s will also be posted each Monday. All trading partners/submitters were notified of these changes in the following communication: ERA X12 835 Reports Schedule Change. A copy of the communication is available on the EDI Support web page under the Communications to Submitters drop-down section.

RAs will not be distributed on state holidays and instead will be distributed the following business day. Upcoming holidays are noted on the <u>Provider Contacts web page</u>.

Contact the Provider Services Call Center at 1-844-235-2387 with questions.

Remittance Advice (RA) Reports Must Be Obtained Through the Provider Web Portal

Providers are reminded that RAs are available electronically and will not be mailed out on paper. Providers must obtain their RAs through the Provider Web Portal. Refer to the Pulling Your Remittance Advice (RA)
Provider Portal Quick Guide for detailed, step-by-step instructions on accessing RAs through the portal. All Provider Web Portal and Provider Enrollment Portal Quick Guides are available on the Quick Guides and Webinars web page.

Remittance Advice (RA) Update to Help Providers Reconcile Payments

Many providers have had questions about how to reconcile claim adjustments reflected on their RAs. Based on provider feedback, the Financial Transactions page of the RA has been updated to provide additional payment and recoupment information. These changes were implemented on January 9, 2019, and appeared on RAs starting January 14, 2019.

A detailed summary of the RA updates is available on the <u>Provider News</u> web page under the All Providers drop-down section, titled <u>Remittance Advice (RA) Update to Help Providers Reconcile Payment Remittances 1-9-2019.</u>



The following resources have been updated to reflect the latest RA updates:

- Reading the Remittance Advice (RA) Dated on or After 1/9/2019 (available on the Quick Guides and Webinars web page)
- General Provider Information manual (available on the Billing Manuals web page)

Contact the Provider Services Call Center at 1-844-235-2387 with questions.

Accountable Care Collaborative Primary Care Medical Providers (PCMPs)

How to Bill for Short-Term Behavioral Health Services in the Primary Care Setting



Access has been increased to short-term behavioral health (mental health and substance use disorder) services within the primary care setting as of July 1, 2018. The intent of this change is to provide additional access to behavioral health services for short-term episodes of care for low-acuity conditions.

With this change, the first six (6) visits can be billed directly to DXC Technology (DXC) and not the Regional Accountable Entity (RAE).

Allowable Procedure Codes

Only the following procedure codes are reimbursable under the Department's short-term behavioral health services policy:

- 90791--Diagnostic evaluation without medical services
- 90832--Psychotherapy 30 minutes
- 90834--Psychotherapy 45 minutes
- 90837--Psychotherapy 60 minutes
- 90846--Family psychotherapy without patient
- 90847--Family psychotherapy with patient

Billing Provider Requirements

PCMPs may submit claims for fee-for-service (FFS) directly to DXC for short-term behavioral health services if they have a Health First Colorado-enrolled, licensed behavioral health clinician on site that provided the service. The billing provider must be contracted with a RAE as a PCMP and billing as one of the following primary care provider types:

- Clinic (primary care)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Indian Health Services (IHS) provider
- Non-physician practitioner group

Other Billing Requirements/Restrictions

- The rendering provider on the claim must be a licensed behavioral health clinician and enrolled with Health First Colorado.
- The PCMP may be reimbursed through FFS for up to six (6) visits per state fiscal year (defined as July 1 June 30).

- A visit is defined as a single date of service.
- Additional visits beyond six (6) during a state fiscal year may be eligible for reimbursement by the RAE in accordance with provider credentialing and utilization management policies and procedures.

Additional Information & Resources

- <u>Short-Term Behavioral Health Services in the Primary Care Setting Fact Sheet</u> (available on the Accountable Care Collaborative Phase II web page)
- <u>Verifying Member Eligibility and Co-Pay Provider Web Portal Quick Guide</u> (available on the <u>Quick</u> Guides and Webinars web page)
- Accountable Care Collaborative Phase II web page

All Physician-Administered Drug Providers

Quarter 1 Rate Updates 2019 for Physician-Administered Drugs

The Department has updated the Physician-Administered Drug rates for the first quarter of 2019. The new rates have a start date of January 1, 2019. The new rates are posted to the PAD Fee Schedule web page.

Durable Medical Equipment & Supply Providers

Policy Clarification for Health First Colorado Benefit on Wipes

Due to coding changes by the Centers for Medicare & Medicaid Services (CMS), procedure code A9286 is covered and requires a prior authorization. The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) billing manual, available on the Billing Manual web page under the CMS 1500 drop-down section, states that wipes are not a benefit. CMS changes do not change the coverage for Health First Colorado for wipes. Providers should not submit a request for authorization using this code to obtain wipes.

Contact hcpf_dme@hcpf.state.co.us with policy questions.

Hospital Providers

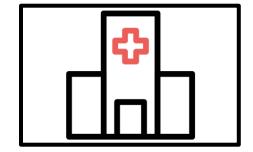
General Updates

Inpatient Hospitals

Fiscal Year (FY) 2018-19 Inpatient Hospital Base Rates Update

Notification of the Centers for Medicare & Medicaid Services (CMS) approval was received by the Payment Reform Department staff on December 26, 2018. All mass adjustments for FY 2018-19 rates will be reprocessed by DXC.

Rebasing Health First Colorado Inpatient Hospital Rates for FY 2019-2020



As specified by Health First Colorado regulations, 10 CCR 2505-10, Section 8.300.5, for the purpose of rate setting effective on July 1 of each fiscal year, the Department uses the most recently audited Medicare/Medicaid Cost Report (CMS 2552) available as of March 1 of each fiscal year.

In order to calculate a hospital's inpatient base rate and the Health First Colorado-specific add-ons for FY 2019-2020, it is imperative that the Department's hospital contractor, Myers and Stauffer LC, receives the agency's most recent finalized Medicare Notice of Program Reimbursement (NPR) by March 1, 2019. The Department will be using the most recent finalized report Myers and Stauffer LC has as of March 1, 2019, for rebasing inpatient hospital rates. Please note that there is no extension to this date.

Please submit the following:

- Electronic Cost Report (ECR) file (if available) or hard copy
- Copy of Medicare adjustments
- Notice of Program Reimbursement letter
- If a reopening was completed, send the most recent finalized report

If a facility fails to include the Notice of Program Reimbursement letter, the other documents submitted will not be used for rate setting.

Electronic submissions may be sent to Kelly Swope at kswope@mslc.com or through regular mail to:

Attn: Kelly Swope, Senior Manager Myers and Stauffer LC 6312 S Fiddlers Green Cir Suite 510N Greenwood Village, CO 80111

Contact Diana Lambe at Diana.Lambe@state.co.us with any questions.

Inpatient Hospital Per Diem Rate Group

Web Page

A new web page has been created to house the Inpatient Per Diem Rates. Providers are encouraged to visit the Inpatient Hospital Per Diem Reimbursement Group web page.

There are no meetings currently scheduled. Past meeting materials are available on the <u>Hospital</u> Stakeholder Engagement Meeting's web page.

Outpatient Hospitals

Bi-Monthly Enhanced Ambulatory Patient Group (EAPG) Meetings

The bi-monthly EAPG meetings have merged into the Hospital Stakeholder Engagement Meetings. Please review the <u>Hospital Stakeholder Engagement Meeting's web page</u> for upcoming meeting dates. For 2018 EAPG Meeting materials, visit the <u>Outpatient Hospital Payment web page</u>.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions regarding EAPG rates or the EAPG methodology.

All Hospital Providers

Bi-Monthly Hospital Stakeholder Engagement Meetings

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for Friday, March 1,



2019, 9:00 a.m. - 12:00 p.m. at 303 E 17th Ave, Denver, Conference Room 7B & 7C. A calendar for meetings in 2019 is currently posted.

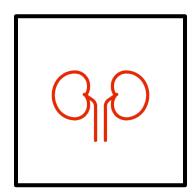
Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.

Visit the <u>Hospital Engagement Meeting web page</u> for more details, meeting schedule and past meeting materials.

Contact Elizabeth Quaife at <u>Elizabeth.Quaife@state.co.us</u> with any questions or topics to be discussed at future meetings. Advance notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Hospital and Dialysis Providers

End-Stage Renal Disease to be Considered an Emergency Medical Condition



Effective February 1, 2019, the Department will consider End-Stage Renal Disease to be an emergency medical condition. This policy change affects recipients of the Emergency Medicaid Service which covers emergency-only medical treatment for anyone who does not meet the citizenship requirement of Health First Colorado, but meets all other eligibility criteria.

Coverage under this policy is limited to care and services necessary in the treatment of End-Stage Renal Disease, including dialysis treatment at independent freestanding dialysis centers. Organ transplants and home dialysis are not covered for recipients of the Emergency Medicaid Service.

To indicate an emergency when billing:

- CMS-1500/837P: Use field 24C (EMG)
- UB-04/837I: Indicate Admission Type 1 (Emergency) or 5 (Trauma)

For more information, refer to the <u>Dialysis Billing Manual</u>, available on the <u>Provider Billing Manual web page</u> under the UB-04 drop-down section.

Contact Jessica Pekala at Jessica. Pekala@state.co.us with policy questions.

Pharmacy Providers

Vivitrol® Injections and Pharmacist Immunizations

Vivitrol® Injections

Effective January 1, 2019, the Department implemented House Bill 1007 (HB-1007), which stipulates that if a pharmacy has entered into a collaborative practice agreement with one or more physicians for the

purposes of administering Vivitrol®, the pharmacy where the injection is administered shall receive reimbursement when an enrolled pharmacist administers it.

The code for the Vivitrol[®] injection is J2315.

The CPT administration code for this injectable is 96372.

Pharmacist Immunizations

Effective November 1, 2018, pharmacists were able to enroll with Health First Colorado. Enrolled pharmacists can administer the vaccinations below in a pharmacy:

Pharmacist Immunization List	CPT Codes
HZV SubQ	90736
HZV IM	90750
PCV 13	90670
PPSV23	90732
Td	90714
TDaP	90715

The CPT administration codes for immunizations are:

- 90471
- 90472
- 90473
- 90474

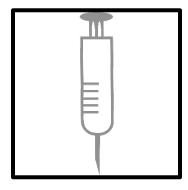
Rates for the CPT and J Codes can be found on the <u>Provider Rates & Fee</u> Schedule web page.

For more information specific to pharmacist enrollment, visit the <u>Pharmacist Enrollment</u>: Over-the-Counter and Immunizations web page.

Immunizations and injections are billed on a CMS 1500 professional claim form.

Contact the <u>Provider Services Call Center</u> at 1-844-235-2387 for claims assistance.

Contact Kristina Gould at Kristina.Gould@state.co.us with policy questions.



Provider Billing Training Sessions

February & March 2019 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services or need a billing refresher course should consider attending one or more of the following provider training sessions.

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, navigating the <u>Department's website</u>, using the <u>Provider Web Portal</u>, and more. For a preview of the training materials used in these sessions, refer to the <u>UB-04 Beginning Billing Workshop</u> and <u>CMS 1500 Beginning Billing Workshop</u> on the <u>Provider Training web page</u>.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the Quick Guides and Webinars web page.

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

February 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3	4	5	6	7	8	9
				CMS 1500		
				Provider		
				Workshop		
				9:00 a.m		
				11:30 a.m.		
				MT		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12	13	14	15	16
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17	18	19	20	21	22	23
				<u>UB-04</u>		
				<u>Provider</u>		
				<u>Workshop</u>		
				9:00 a.m		
				11:30 a.m.		
				MT		

March 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3	4	5	6	7	8	9
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12	13	CMS 1500 Provider Workshop 9:00 a.m 11:30 a.m. MT	15	16
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17	18	19	20	UB-04 Provider Workshop 9:00 a.m 11:30 a.m.	22	23

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Presidents Day - Monday, February 18, 2019	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

DXC Contacts

DXC Office

Civic Center Plaza 1560 Broadway Street, Suite 600 Denver, CO 80202

Provider Services Call Center 1-844-235-2387

P.O. Box 30

Denver, CO 80201