Specialty Billing Training

Nursing Facility

Health First Colorado
(Colorado's Medicaid Program)

COLORADO
Department of Health Care
Policy & Financing

Navigating This Presentation

- Underlined words or phrases often will link viewers to more information, such as web pages. If you are viewing this presentation in normal mode (not slideshow mode), you may need to press the Ctrl key while you click on the link in order to open it.

- Use color-coded table of contents slides to navigate to specific areas of interest in the presentation.
  - Use back arrows provided in the bottom right corner of some slides to return to table of contents slides.

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Agenda

Program Overview

Provider Enrollment

Member Eligibility

Prior Authorization PETI / IME

Billing & Payment

Resources

Program Overview

Program Overview
Nursing Facility

- Nursing Facility program provides skilled and maintenance services to members meeting long-term care guidelines

- Long-term guidelines are based on functional needs assessment

- See Nursing Facilities web page for more details

Program Overview
Change of Ownership

- Nursing facilities are required to notify the Nursing Facility Operations Specialist when there is a change of ownership or a change of tax ID number

  - Email HCPF_LTC_Facilities@state.co.us

  - Notice must be given to the Department of Health Care Policy & Financing's (the Department) Nursing Facility Operations Specialist at least 45 days before the change is to occur

  - The new owner is encouraged to obtain a new NPI

  - New owner must have their own Health First Colorado (Colorado's Medicaid program) billing number before they can bill Health First Colorado

  - See Provider Enrollment web page for more details

Program Overview
Covered Services

Valid revenue codes for billing nursing facility services to Health First Colorado:

Revenue Code	Description
0119	Private Room * (valid with TOB 21x, 28x, 65x, 66x)
0129	Semi-Private Room (valid with TOB 21x, 28, 65x, 66x)
0182	Non-Medical Leave Days (member convenience)
0183	Non-Medical Leave Days (therapeutic)
0185	Medical Leave Days (Hospitalization)
042X	Physical Therapy
043X	Occupational Therapy
044X	Speech Therapy

Health First Colorado reimburses the facility for a member in a private room at the semi-private per diem rate. There is no additional reimbursement for a member in a private room.

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Program Overview
Leave Days

Medical **Leave Days** – days member is absent from nursing facility due to inpatient hospital stay or admittance to another institution

- Medical leave days must be
  - Ordered by physician
  - Documented in member's medical record
  - Tracked on facility's daily census report

- Not a covered benefit with Health First Colorado

Program Overview
Leave Days

Non-Medical **Leave Days** – days member is absent from nursing facility due to non-medical reasons (e.g., family visits, therapeutic and/or rehabilitative reasons)

- Non-medical leave days must be
  - Approved by attending physician (aligned with member's plan of care)
  - Documented in member's medical record
  - Tracked on facility's daily census report

- Covered benefit with Health First Colorado

Excessive Non-Medical Leave Days

- Health First Colorado pays for 42 non-medical leave days per calendar year

- Members may pay for room reservations in excess of 42 days

- Excessive non-medical leave days must be
  - Approved by physician
  - Documented in member's medical record
  - Tracked on facility's daily census report
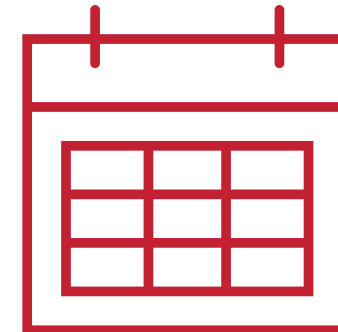
Provider Enrollment

Provider Enrollment

Provider Type: 20
Enrollment Type: Facility

Specialties:

382 – Nursing Facility – Hospital Back Up Program

392 – Nursing Facility – Regular

396 – Nursing Facility – Swing Beds

Application Fee: Required, $730

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Provider Enrollment
Enrollment Requirements

Required Attachments:
- License
- Proof of Malpractice/Liability Insurance
- W9 (signed and dated within the last six [6] months)
- Voided business check (no temporary checks or deposit slips) or bank letter (dated within the last six [6] months)

Risk Level	Limited	Fee Required	Yes	NPI Required	Yes
Medicare Required	Yes (396), No (382, 392)	**Out of State Allowed**	Restricted	**Border Town Allowed**	Yes

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Member Eligibility

Member Eligibility
ULTC 100.2 Form

Uniform Long-Term Care (ULTC) 100.2 form includes medical information from the medical provider

- Filed by the Single-Entry Point (SEP) via the "Bridge"

- Bridge interfaces with Colorado interChange System

- Access the Bridge via Medicaid Enterprise User Provisioning System (MEUPS)

Process for completing the ULTC 100.1 form

1. Nursing facility completes two (2) portions of this form, submits to SEP

2. SEP completes form and approves care

3. Confirmation number assigned, approval faxed to facility

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Member Eligibility
ULTC 100.2 Form

Approval of a ULTC 100.2 does not guarantee Health First Colorado payment and does not serve as a timely filing waiver

Authorization only assures that the approved service is a medical necessity and is considered a benefit of the Health First Colorado

Member Eligibility
5615 Form

Status of Nursing Facility Care 5615 form reviews and determines the financial eligibility of member

Process for completing the 5615 form

1. Completed by County Income Maintenance Technician

2. County updates Colorado Benefits Management System (CBMS) with member's financial info

3. County sends completed 5615 to nursing facility

Member Eligibility
Member Liability

Member Liability Amount is payment made by the member for nursing facility care, after the personal needs allowance and other approved expenses are deducted from the member's income

County Income Maintenance Technician determines the member liability amount
- Identifies the personal needs allowance amount
- Determines other approved deductions

5615 form is used to communicate the calculated amount to the facility

Member Eligibility
Member Liability

Reporting member liability amount for entire month – full member liability amount must be applied to the member's care at the beginning of each month

How to calculate member liability amount for a partial month
- Calculate Health First Colorado amount: multiply number of days in facility (excluding the date of discharge) by per diem rate

- If Health First Colorado amount > the member liability amount
  - Partial month's member liability amount = regular member liability amount
- If the member liability amount > Health First Colorado amount:
  - Partial month's member liability amount = Health First Colorado amount
  - Excess paid is refunded to member

Prior Authorization
PETI / IME

Prior Authorization – PETI / IME
Overview

- **Post Eligibility Treatment of Income (PETI)** – the amount of an individual's income that must be paid to the nursing facility for the cost of care provided to the individual after certain deductions have been applied
  - Federally mandated, this income may be used for an incurred medical expense not covered by Health First Colorado or third-party insurance

- **Incurred Medical Expenses (IME)** include medical health insurance premiums, hearing aids, eyeglasses and acupuncture treatment
  - Limited coverage for non-covered pharmacy drugs and dental care (which are a benefit of Medicaid)

- Check with the Department's Office of Community Living, Nursing Facility Operations Specialist to verify if a service or item is covered by PETI/IME

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Prior Authorization – PETI / IME
Eligibility Criteria

The member must meet the following criteria to receive PETI/IME approval

Eligibility Criteria
- Active Health First Colorado member
- Nursing facility resident
- Monthly member liability payment greater than zero
- Documented medical necessity
- Other potential payer sources exhausted

Prior Authorization – PETI / IME
Reasonable Limits

The State Plan Amendment Supplement 3 to Attachment 2.6-A imposes the following reasonable limits:

Reasonable Limits
- Prior authorization for all expenses. (New Colorado interChange requires all PETI/IMEs to be submitted electronically.)
- Verification of medical necessity required by physician.
- Validation expense is not a benefit of Health First Colorado.
- Allowable cost does not exceed the basic Health First Colorado rate.
- Cost will not be allowed for items for cosmetic reasons only.
- Expenses are not a duplication of expenses previously authorized.

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Prior Authorization – PETI / IME Requests

Prior authorization by the Department is required for all PETI/IME requests

- The Provider Web Portal is utilized to submit the Nursing Facility (NF) PETI Prior Authorization request

- Quick Guide: Nursing Facility Post Eligibility Treatment of Income (PETI) Prior Authorization Request (PAR) Submission

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24

Prior Authorization – PETI / IME
Adult Health First Colorado Dental Benefit

The following dental benefits are covered by the State Plan. All claims are submitted to DentaQuest for billing. The Dental provider must be enrolled in Health First Colorado.

- Diagnostic and minor restorative dental services (such as x-rays and minor fillings)
- Root canals

- Crowns
- Partial dentures
- Complete dentures
- Periodontal scaling
- Root planning

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Nursing Facility PETI Checklist

Complete the checklist for the service(s) requested. Including full and complete information can help to ensure the claim is not denied.

Medical Health Insurance Service 0999
- ☐ Resident's monthly patient payment - $_____
- ☐ Medical Necessity Form completed with:
  - ☐ Signature and Printed Name of Attending Physician
  - ☐ Signature of Service Provider
  - ☐ Signature of Member or Responsible Party
- ☐ Billing Statement to Identify Type of Plan and Monthly Premium Fee
- ☐ Insurance Card Copies front and back – Date Span for Period _____

Acupuncture Treatment Service 0949
- ☐ Resident's monthly patient payment - $_____
- ☐ Medical Necessity Form completed with:
  - ☐ Signature and Printed Name of Attending Physician
  - ☐ Signature of Service Provider
  - ☐ Signature of Member or Responsible Party
- ☐ Provider's invoice with CPT codes and fees
- ☐ Prescription, Dr. Orders with number of treatments

Dental Service 0969
- ☐ Resident's monthly patient payment - $_____
- ☐ Medical Necessity Form completed with:
  - ☐ Signature and Printed Name of Attending Physician
  - ☐ Signature of Service Provider
  - ☐ Signature of Member or Responsible Party
- ☐ Provider's invoice with CDT procedure codes and fees
- ☐ Dental Quest EOB statement verifying Medicaid benefit service

Audiology Service 0479
- ☐ Resident's monthly patient payment - $_____
- ☐ Medical Necessity Form completed with:
  - ☐ Signature and Printed Name of Attending Physician
  - ☐ Signature of Service Provider
  - ☐ Signature of Member or Responsible Party
- ☐ Provider's invoice with CPT-HCPCS procedure codes and fees
- ☐ Audiogram current test performed by licensed audiologist

Vision Service 0962
- ☐ Resident's monthly patient payment - $_____
- ☐ Medical Necessity Form completed with:
  - ☐ Signature and Printed Name of Attending Physician
  - ☐ Signature of Service Provider
  - ☐ Signature of Member or Responsible Party
- ☐ Provider's invoice with CPT procedure codes and fees
- ☐ RX current eye prescription

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Prior Authorization - PETI / IME
Nursing Facility PETI Activity Log

NURSING FACILITY PETI ACTIVITY LOG

Facility Name:
Provider National
Provider Identifier
(NPI):

Resident Name: **Health First Colorado ID:**

PA Number	Type of Service	Date Service Requested by Member	Date PA Added to Provider Portal	Date PA was Approved by the Dept	Date NF received payment	Date Service Provider Paid	Date Service Rendered to Member	PNA Funds Used?	PNA Funds Reimbursed?	Was Member at Facility When Service Rendered?

Billing & Payment

- Nursing facility services are billed using the UB-04 institutional claim form

- Claims should be submitted to the fiscal agent Gainwell Technologies

Billing
Revenue Coding - Type of Bill (TOB)

Type of Bill (TOB) code is based on provider type, use the following information to determine which TOB code to use when billing inpatient, Medicare Part B and outpatient claims:

For nursing facilities - PT 20

Specialty Code	Type of Bill
382 - Hospital Backup Unit (HBU)	21x, 22x, 23x
392 - Nursing Facility Regular (NF/SNF)	
392 - Nursing Facility Regular (QMB Only)	
396 - SNF Swing Bed	28x, 22x, 23x

For intermediate care facilities – PT 21

Specialty Code	Type of Bill
383 – ICF Level I – Privately owned	65x, 22x, 23x
394 – ICF Level II – State owned	66x, 22x, 23x

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Nursing Facility Revenue Codes

Revenue Code	Description
0119	Private Room * (valid with TOB 21x, 28x, 65x, 66x)
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0182	Non-Medical Leave Days (member convenience)
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042X	Physical Therapy
043X	Occupational Therapy
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* Health First Colorado reimburses the facility for a member in a private room at the semi-private per diem rate. There is no additional reimbursement for a member in a private room.

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Billing
Post Eligibility Treatment of Income (PETI) / Incurred Medical Expenses (IME)

- In addition to the codes on previous slides, seven (7) state-specific revenue codes for PETI/IME can be billed on nursing facility claims
- PETI/IME services include services that are medically necessary but are not covered by Health First Colorado (see slide 37 for service description)
- PETI/IME services can only be billed on claims that have an accommodation line item revenue code and a member liability amount greater than zero

Billing
Post Eligibility Treatment of Income (PETI) / Incurred Medical Expenses (IME)

**All PETI/IME services must be prior authorized (PA)
by the Department**

- All PETI/IME services must be submitted through the Provider Web Portal for Department review and determination
- All required documents must be attached to the request
- PA confirmation number is provided for tracking
- Once PA is approved by the Department, provider can bill the PETI/IME service on the next claim containing a member liability amount greater than zero

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Billing
Revenue Codes

PETI / IME Revenue Codes

Revenue Code	Description
0259	Non-covered Prescription Drugs
0479	Hearing and Ear Care
0949	Acupuncture
0962	Vision and Eye Care
0969	Dental Services *
0982	Other Outpatient Services
0999	Health Insurance Premiums and Other Approved Services

Dental Services and Non-covered Prescription Drugs are limited services which are a benefit of Medicaid.

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Resources

Resources

For Our Providers web pages: https://hcpf.colorado.gov/our-providers

The **General Provider Information Manual** is an overview of the program, including billing and policy information

The **Nursing Facility Billing Manual** provides specific guidance for the benefit

Nursing Facilities web page

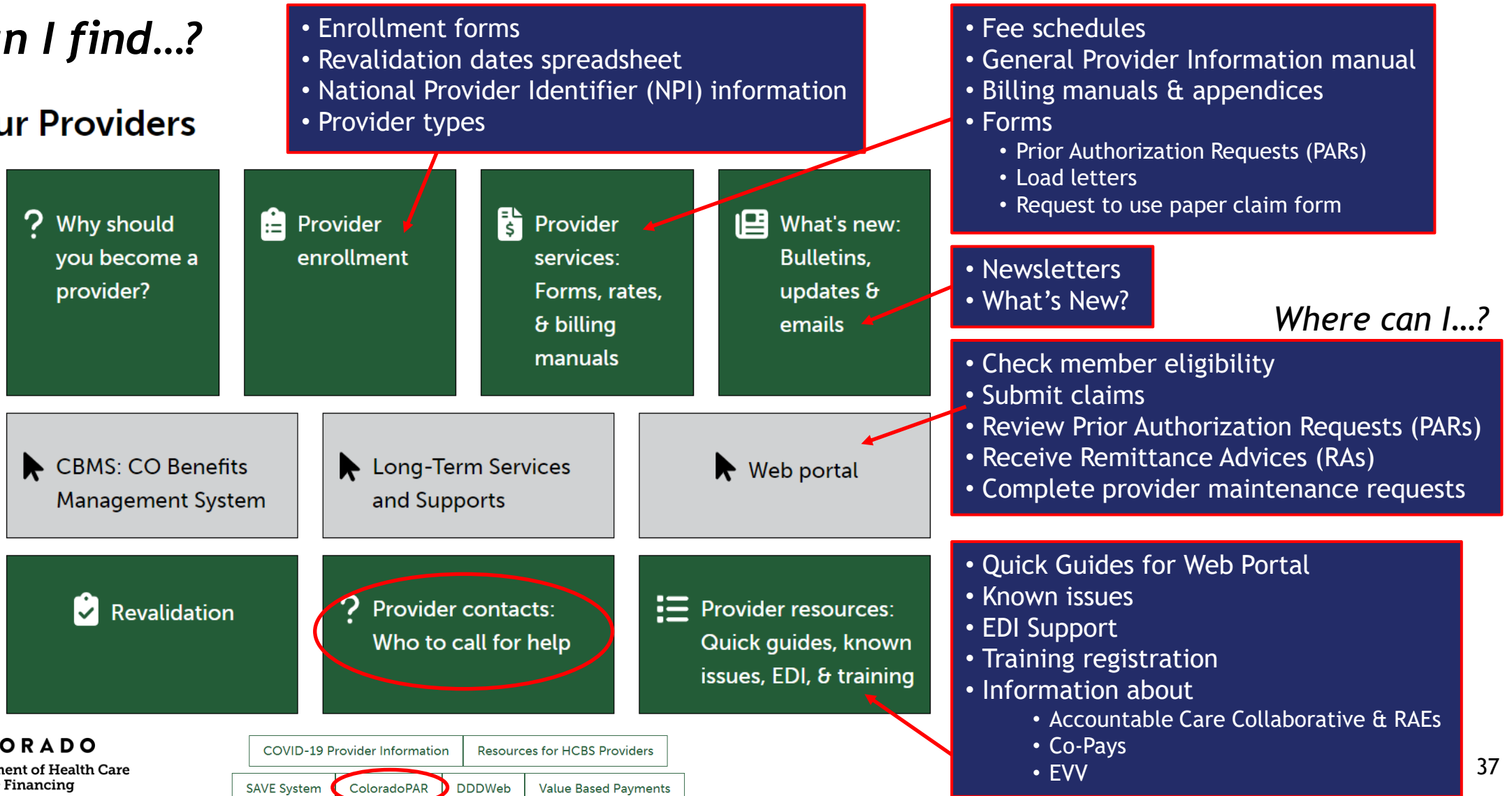**Provider Rates & Fee Schedule** web page

Provider Contacts web page

Provider Forms web page

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hcpf.colorado.gov/our-providers

Where can I find...?

For Our Providers

- Enrollment forms
- Revalidation dates spreadsheet
- National Provider Identifier (NPI) information
- Provider types

- Fee schedules
- General Provider Information manual
- Billing manuals & appendices
- Forms
  - Prior Authorization Requests (PARs)
  - Load letters
  - Request to use paper claim form

- Newsletters
- What's New?

Where can I...?

- Check member eligibility
- Submit claims
- Review Prior Authorization Requests (PARs)
- Receive Remittance Advices (RAs)
- Complete provider maintenance requests

- Quick Guides for Web Portal
- Known issues
- EDI Support
- Training registration
- Information about
  - Accountable Care Collaborative & RAEs
  - Co-Pays
  - EVV

Tiles

- ? Why should you become a provider?
- Provider enrollment
- Provider services: Forms, rates, & billing manuals
- What's new: Bulletins, updates & emails
- CBMS: CO Benefits Management System
- Long-Term Services and Supports
- Web portal
- Revalidation
- ? Provider contacts: Who to call for help
- Provider resources: Quick guides, known issues, EDI, & training

COVID-19 Provider Information   Resources for HCBS Providers

SAVE System   ColoradoPAR   DDDWeb   Value Based Payments

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Thank you!

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