Questions for Colorado Medicaid

1. Previously, there was no printed notice about the inability to use 97532 and 92507 on the same day by the same discipline. Prior printed information from CO Medicaid stated that this practice was accepted with the use of the -59 modifier. As an example, the EI manual (revision 8/18/14) provides a scenario in which 97532 and 92507 can be used on the same day, with the use of -59 modifier
   a. In order for providers to appropriately code their services going forward, what is the effective date of discontinuance of the use of this practice?
   b. Is there a revised manual/bulletin reflecting a change in practice?
2. We understand that audits may take place when these codes are billed together going forward, once notification is provided.
   a. For what dates of service will claims be audited solely for this specific pairing?
   b. Is there any general information about audits that can be provided?
3. There is a variance in acceptable codes as printed in the EI manual vs. the Medicaid manual in general for the state.
   a. To avoid confusion about billing going forward, what source(s) should clinicians in Colorado use as billing guidance?
   b. Are there different billing guides that are appropriate to different settings, e.g. early intervention, outpatient?
   c. Will Colorado Medicaid publish a list of acceptable codes for all providers, or are EI providers limited to use only of the codes printed in the 8/14 manual (copy attached)?
   d. The EI manual lists 92609 (use of speech device service) and the general guidance (https://www.colorado.gov/pacific/sites/default/files/CMS1500_Speech_5.pdf) includes both 92609 and 92606 (use of non-speech device service).
      i. Are EI providers precluded from using certain codes such as 92606?
      ii. Can you clarify the use of habilitative/rehabilitative codes specific to provider setting?
   e. Are there other codes, such as team conferences or parent training, billable by speech-language pathologists under Medicaid?
4. For providers where funding for speech-language services may come from more than one source, e.g. EI funding that comes from Community Centered Boards (CCB) and CCBs receive funding from multiple sources, can codes such as 97532 that couldn’t be billed on the same day as 92507 by the SLP, then be billed to the CCB?
5. The CCI edits would apply to all providers, however, there seems to be an indication that this isn’t the case for home health providers. Can you address any difference in billing for SLPs in other settings?