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**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-10-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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May 24, 2010

Joan Henneberry, Executive Director  
Medical Assistance Office  
Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

RE: Colorado #10-004

Dear Ms. Henneberry:

We are pleased to inform you that Colorado's State Plan amendment 10-004 has been approved effective February 15, 2010. This State Plan concerns payment rates for laboratory and radiology services.

If you have any questions concerning this amendment, please contact Diane Dunstan-Murphy at (303) 844-7040.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Sandeep Wadhwa, M.D.  
David Smith  
Rachel Gibbons  
John Bartholomew

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>10-004</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>2/15/10</b>	
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <b>X AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.30</b>		7. FEDERAL BUDGET IMPACT a. FFY 2010 (\$514) w/ ARRA b. FFY 2011 (\$706) w/ partial ARRA	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 3. Laboratory and Radiology Services</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 3. Laboratory and Radiology Services (TN 09-027)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for laboratory and radiology services. February 15, 2010 – Some procedure codes changed from manually priced methodology to fee schedule methodology.</b>			
11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b>  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <p style="text-align: right;"><b>Governor's letter dated 26 January 2009</b></p>			
12. SIGNATURE	16. RETURN TO		
13. TYPE	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818		
14. TITLE	Attn: Rachel Gibbons		
15. DATE SUBMITTED	3/31/10		
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED	3/31/10	18. DATE APPROVED	5/24/10
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL	2/15/10	[Redacted] OFFICIAL	
21. TYPED NAME	[Redacted]		
23. REMARKS	Richard C. Allen Associate Regional Administrator		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDANDARDS FOR ESTABLISHING PAYMENT RATES-  
OTHER TYPES OF CARE

3. LABORATORY AND RADIOLOGY SERVICES

A. Laboratory services shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule for laboratory services as determined by the Department of Health Care Policy and Financing.

B. Radiology services shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule for radiology services as determined by the Department of Health Care Policy and Financing.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after February 15, 2010, for these services can be found on the official Web site of the Department of Health Care Policy and Financing at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf).

TN No. 10-004  
Supersedes TN No. 09-027

Approval Date 5/24/10  
Effective Date 2/15/10