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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-17-0005

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

September 22, 2017

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0005

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0005. This Amendment adds an introduction page to Attachment 4.19-B listing covered services with rates determined by the Department's fee schedule and increases rates for the included services.

Please be informed that this State Plan Amendment was approved September 21, 2017 with an effective date of July 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment could affect expenditures reported on various lines of the Form CMS-64 dependent upon where the client receives services and the type of client.

- (01 – CO-15-0027) Line 11 - Laboratory and Radiological
- (02 – CO-15-0018) Line 15 - EPSDT Screening Services
- (03 – CO-15-0039) In accordance with section 1903(a)(5) of the Social Security Act, only services and supplies clearly furnished for family planning purposes may be claimed at the enhanced 90 percent federal medical assistance percentage (FMAP) rate. Consequently, this amendment could affect expenditures reported under column (D) on various lines of the Form CMS-64 report.
- (04 – CO-15-0020) Line 44 - Tobacco Cessation for Pregnant Women
- (05 – CO-15-0026) Line 5A - Physician and Surgical Services

- (06 – CO-15-0036) Line 5 Physician and Surgical Services, Line 8 - Dental Services, and Line 9A Other Practitioners
- (07 – CO-15-0025) Line 9A - Other Practitioners Services - Regular Payments
- (08 – CO-15-0037) Line 12 - Home Health Services
- (09 – CO-15-0037) Line 12 - Home Health Services
- (10 – CO-15-0019) Line 41 - Private Duty Nursing
- (11 – CO-15-0021) Line 10 - Clinic Services
- (12 – CO-15-0010) Line 8 - Dental Services
- (13 – CO-15-0028) Line 12 - Home Health, Line 30 - Physical Therapy, Line 31- Occupational Therapy, Line 32 - Services for Speech, Hearing & Language, Line 39- School Based Services, Line 40 - Rehabilitative Services (non- school-based)
- (14 – CO-15-0029) Line 33 - Prosthetic Devices, Dentures, Eyeglasses
- (15 – CO-15-0017) Line 34 - Diagnostic Screening and Preventive Services
- (16 – CO-15-0024) Line 10 - Clinic Services
- (17 – CO-15-0013) Line 39 - School Based Services
- (18 – CO-15-0031) Line 6A - Outpatient Hospital Services, Line 10 -Clinic Services, Line 15- EPSDT Screening, Line 40 - Rehabilitative Services
- (19 – CO-15-0033) Line 24A - Targeted Case Management Services
- (20 – CO-15-0016) Line 24A - Targeted Case Management Services
- (21 – CO-15-0023) Line 49 - Other Care Services
- (22 – CO-15-0030) Line 36 - Emergency Hospital Services and/or Line 27 —Emergency Services Undocumented Aliens, as applicable

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



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

cc: Gretchen Hammer
 John Bartholomew
 David DeNovellis

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: <p style="text-align: center;">17-0005</p>	2. STATE: <p style="text-align: center;">COLORADO</p>
	3. PROGRAM IDENTIFICATION: <p style="text-align: center;">TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <p style="text-align: center;">JULY 1, 2017</p>	
5. TYPE OF PLAN MATERIAL (Check One): <p style="text-align: center;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </p>		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: <p style="text-align: center;">Section 1902(a)(30)(A)</p>	7. FEDERAL BUDGET IMPACT: <p>3. Laboratory and Radiology Services FFY 2016-17: \$277,726 FFY 2017-18: \$1,144,297</p> <p>4.b. Early and Periodic Screening, Diagnosis and Treatment Services FFY 2016-17: \$443,285 FFY 2017-18: \$1,825,840</p> <p>4.c. Family Planning FFY 2016-17: \$8,246 FFY 2017-18: \$33,999</p> <p>4.d. Tobacco Cessation Counseling for Pregnant Women FFY 2016-17: \$5 FFY 2017-18: \$20</p> <p>5.a. Physician Services FFY 2016-17: \$832,531 FFY 2017-18: \$3,442,630</p> <p>5.b. Medical and Surgical Services Furnished by a Dentist FFY 2016-17: \$1,937 FFY 2017-18: \$8,011</p> <p>6.d. Services Provided by Non-Physician Practitioners FFY 2016-17: \$97,643 FFY 2017-18: \$403,767</p> <p>7.A.-B. Home Health Care Services FFY 2016-17: \$1,472,641 FFY 2017-18: \$6,103,828</p> <p>7.C.-D. Durable Medical Equipment FFY 2016-17: \$388,022 FFY 2017-18: \$1,598,547</p> <p>8. Private Duty Nursing Services FFY 2016-17: \$340,214 FFY 2017-18: \$1,417,267</p>	

9. Clinic Services

FFY 2016-17: \$69,279
FFY 2017-18: \$286,479

10. Dental Services

FFY 2016-17: \$348,870
FFY 2017-18: \$1,437,426

11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services

FFY 2016-17: \$117,348
FFY 2017-18: \$485,250

12.c. Prosthetics

FFY 2016-17: \$12,897
FFY 2017-18: \$53,333

13.b. Screening Services – Screening, Brief Intervention, and Referral to Treatment

FFY 2016-17: \$127
FFY 2017-18: \$524

13.d. Rehabilitative Services: Substance Use Disorder Treatment Services

FFY 2016-17: \$638
FFY 2017-18: \$2,636

13.d. Rehabilitative Services: Behavioral Health Services

FFY 2016-17: \$18,750
FFY 2017-18: \$77,226

13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children

FFY 2016-17: \$10,620
FFY 2017-18: \$43,943

19. Targeted Case Management: Persons with a Developmental Disability

FFY 2016-17: \$32,599
FFY 2017-18: \$197,879

19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment

FFY 2016-17: \$49
FFY 2017-18: \$205

20. Extended Services for Pregnant Women

FFY 2016-17: \$2,185
FFY 2017-18: \$9,037

24.a. Transportation

FFY 2016-17: \$398,088
FFY 2017-18: \$1,644,395

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care:

- Introduction, Page 1-3 of 3 (NEW)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care:

- 3. Laboratory and Radiology Services (TN 15-0027)

- **3. Laboratory and Radiology Services**
- **4.b. Early and Periodic Screening, Diagnosis and Treatment, Page 1 of 1**
- **4.c. Family Planning**
- **4.d. Tobacco Cessation Counseling for Pregnant Women**
- **5.a. Physician Services**
- **5.b. Medical and Surgical Services Furnished by a Dentist**
- **6.d. Services Provided by Non-Physician Practitioners**
- **7.A.-B. Home Health Care Services, Page 1 of 7**
- **7.C.-D. Home Health Care Services – Durable Medical Equipment and Supplies, Page 2 of 7**
- **8. Private Duty Nursing Services**
- **9. Clinic Services, Page 1–3 of 4**
- **10. Dental Services, Page 1 of 3**
- **11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services**
- **12.c. Prosthetics**
- **13.b. Screening Services – Screening, Brief Intervention, and Referral to Treatment**
- **13.d. Rehabilitative Services: Substance Use Disorder Treatment Services**
- **13.d. Rehabilitative Services: Behavioral Health Services**
- **13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children, Page 1-2 of 2**
- **19. Targeted Case Management: Persons with a Developmental Disability, Page 1-2 of 2**
- **19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment, Page 1 of 2**
- **20. Extended Services for Pregnant Women**
- **24.a. Transportation**
- **4.b. Early and Periodic Screening, Diagnosis and Treatment, Page 1 of 1 (TN 15-0018)**
- **4.c. Family Planning (TN 15-0039)**
- **4.d. Tobacco Cessation Counseling for Pregnant Women (TN 15-0020)**
- **5.a. Physician Services (TN 16-0007)**
- **5.b. Medical and Surgical Services Furnished by a Dentist (TN 15-0036)**
- **6.d. Services Provided by Non-Physician Practitioners (TN 16-0007)**
- **7.A.-B. Home Health Care Services, Page 1 of 7 (TN 15-0037)**
- **7.C.-D. Home Health Care Services – Durable Medical Equipment and Supplies, Page 2 of 7 (TN 15-0037)**
- **8. Private Duty Nursing Services (TN 15-0019)**
- **9. Clinic Services, Page 1–3 of 4 (TN 15-0021)**
- **10. Dental Services, Page 1 of 3 (TN 15-0010)**
- **11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services (TN 15-0028)**
- **12.c. Prosthetics (TN 15-0029)**
- **13.b. Screening Services – Screening, Brief Intervention, and Referral to Treatment (TN 15-0017)**
- **13.d. Rehabilitative Services: Substance Use Disorder Treatment Services (TN 15-0024)**
- **13.d. Rehabilitative Services: Behavioral Health Services (TN 15-0013)**
- **13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children, Page 1-2 of 2 (TN 15-0031)**
- **19. Targeted Case Management: Persons with a Developmental Disability, Page 1-2 of 2 (TN 15-0033; TN 12-003)**
- **19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment (TN 15-0016)**
- **20. Extended Services for Pregnant Women (TN 15-0023)**
- **24.a. Transportation (TN 15-0030)**

10. SUBJECT OF AMENDMENT:

Adds an introduction page to Attachment 4.19-B listing all covered services with rates determined by the Department's fee schedule. Effective July 1, 2017, increases rates for the included services with a 1.4% across-the-board rate increase and targeted rate increases for specific service types.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED
Governor's letter dated 15 January, 2015

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Gretchen Hammer

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

Initial: June 25, 2017 Resubmit: August 21, 2017

16. RETURN TO:

Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Attn: David DeNovellis

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 25, 2017

18. DATE APPROVED

September 21, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

23. REMARKS

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

STATE OF COLORADO

Attachment 4.19-B
Introduction
Page 1 of 3

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

Reimbursement rates for the services listed below on this Attachment 4.19-B introduction page are effective for services provided on or after the corresponding effective date. All payment rates can be found on the official website of the Department of Health Care Policy and Financing at <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>.

Service	Attachment	Effective Date
3. Laboratory and Radiology Services	Attachment 4.19-B	July 1, 2017
4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Attachment 4.19-B, Page 1 of 1	July 1, 2017
4.c. Family Planning	Attachment 4.19-B	July 1, 2017
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2017
5.a. Physician Services	Attachment 4.19-B	July 1, 2017
5.b. Medical and Surgical Services Furnished by a Dentist	Attachment 4.19-B, Page 1 of 1	July 1, 2017
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2017
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2017
7.C.-D. Durable Medical Equipment	Attachment 4.19-B, Page 2 of 7	July 1, 2017
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2017

TN No. 17-0005

Supersedes TN No. NEW

Approval Date: September 21, 2017

Effective Date: July 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2017
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2017
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2017
12.c. Prosthetics	Attachment 4.19-B	July 1, 2017
13.b. Screening Services – Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2017
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2017
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2017
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2017
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2017
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2017

TN No. 17-0005

Supersedes TN No. NEW

Approval Date: September 21, 2017

Effective Date: July 1, 2017

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2017
24.a. Transportation	Attachment 4.19-B	July 1, 2017

TN No. 17-0005

Supersedes TN No. NEW

Approval Date: September 21, 2017

Effective Date: July 1, 2017

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METHODS AND STANDANDARDS FOR ESTABLISHING PAYMENT RATES-
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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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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4.b EPSDT Services

A. For medically necessary services not otherwise provided under the State Plan but available to EPSDT participants, reimbursement shall be the lower of the following:

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

B. For medically necessary services provided by dentists and unsupervised licensed dental hygienists not otherwise provided under the State Plan but available to EPSDT participants, reimbursement shall be the lower of the following

1. Submitted charges or
2. Fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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4.c. Family Planning

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

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

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

TN: 17-0005

Supersedes TN: 15-0039

Approval Date: September 21, 2017

Effective Date: July 1, 2017

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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4.d. Tobacco Cessation Counseling for Pregnant Women

Tobacco Cessation Counseling for Pregnant Women is reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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5.a. PHYSICIAN SERVICES

Physician services provided by physicians, podiatrists, and optometrists shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Physician services fee schedule as determined by the Department of Health Care Policy and Financing.

Telemedicine Services

Distant Site Transmission Fee: Physician services provided via telemedicine by physicians, podiatrists, and optometrists located at eligible distant sites shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating physician services provided via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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5.b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST

Medical and surgical services furnished by a dentist shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Dental services fee schedule as determined by the Department of Health Care Policy and Financing.

Telemedicine Services

Distant Site Transmission Fee: Medical and surgical services furnished via telemedicine by a dentist located at an eligible distant site shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: An eligible originating site hosting, transmitting, or facilitating medical and surgical services furnished by a dentist via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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6.d. SERVICES PROVIDED BY NON-PHYSICIAN PRACTITIONERS

Services provided by non-physician practitioners consisting of certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners, clinical nurse specialists, physician assistants, and psychologists shall be reimbursed at the lower of the following:

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

Telemedicine Services

Distant Site Transmission Fee: Services provided via telemedicine by non-physician practitioners located at eligible distant sites shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating services provided by non-physician practitioners via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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7. HOME HEALTH CARE SERVICES

A. Payment rates for the home health services are established as follows:

1. The unit of reimbursement for skilled nursing, physical therapy, occupational therapy, and speech/language pathology home health services is one visit up to two and one half hours in length.
2. Home health aide services are billed in basic and extended units. A basic unit is the first part of a visit up to one hour. The extended units are additional increments up to one-half hour each for visits lasting more than one hour. All basic units and all extended units must be at least 15 minutes in length to be reimbursable.
3. The unit of reimbursement for Home Health Telehealth services is one calendar day. The Home Health Agency is reimbursed for one initial visit per client each time the monitoring equipment is installed in the home, and is reimbursed a daily rate for each day the telehealth monitoring equipment is used to monitor and manage the client's care.
4. The cost of supplies used during visits by home health agency staff for the practice of universal precautions, excluding gloves used for bowel programs and catheter care, is included in the maximum unit rate.

B. Home health care services provided by home health providers are reimbursed at the lower of the following:

1. Submitted charges; or
2. Home health fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

TITLE XIX OF THE SOCIAL SECURITY ACT
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42 CFR 440.70

State of Colorado

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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7. HOME HEALTH CARE SERVICES

- C. Durable medical equipment and supplies are reimbursed at the lower of the following:
1. Submitted charges; or
 2. Fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing.
- D. Durable medical equipment and supplies that require manual pricing are reimbursed at the lower of the following:
1. Submitted charges;
 2. Manufacturer's suggested retail price (MSRP) less 18.74 percent;
 3. Actual invoiced acquisition cost plus 18.90 percent when no MSRP is available.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

TN# 17-0005

APPROVAL DATE September 21, 2017

SUPERSEDES TN# 15-0037

EFFECTIVE DATE: July 1, 2017

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.80

State of Colorado

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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8. Private Duty Nursing Services

Private Duty Nursing services provided to eligible clients by Medicaid certified home health agencies are reimbursed in units of one hour.

There is a maximum statewide rate for R.N. services and a maximum rate for L.P.N. services.

Reduced maximum rates are also established for one nurse providing Private Duty Nursing to more than one client at the same time in the same setting. These rates were originally based on eighty percent of the rates for one-to-one Private Duty Nursing, and are increased whenever the Colorado General Assembly authorizes and appropriates rate increases.

Private Duty Nursing services provided by R.N. and L.P.N. providers are reimbursed at the lower of the following:

1. Submitted charges; or
2. Private duty nursing fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

TN# 17-0005

APPROVAL DATE: September 21, 2017

Supersedes TN# 15-0019

EFFECTIVE DATE: July 1, 2017

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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9. CLINIC SERVICES

Ambulatory Surgical Centers

Ambulatory Surgical Center (ASC) reimbursement for select surgical procedures is the lower of the following:

1. Submitted charges or
2. ASC fee schedule as determined by the Department of Health Care Policy and Financing under the ASC grouper payment system.

Services and items at minimum that are included in the ASC reimbursement are:

1. Use of the facility where the surgical procedure is performed
2. Nursing, technician, and related services
3. Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment directly related to the provision of the surgical procedure
4. Diagnostic and therapeutic items and services directly related to the provision of the surgical procedure
5. Administrative, record-keeping, and housekeeping items and services
6. All blood products (whole blood, plasma, platelets, etc.)
7. Materials for anesthesia
8. Intra-ocular lenses
9. Supervision of the services of an anesthetist by the operating surgeon

Services and items that are not included in the ASC reimbursement rate and may be billed separately by the actual provider of the service include:

1. Physician services
2. Anesthetist services
3. Laboratory, radiology, or diagnostic procedures other than those directly related to performance of the surgical procedure
4. Surgically implanted prosthetics (except intra-ocular lenses)
5. Ambulance services
6. Artificial limbs
7. Durable medical equipment for use in the client's home

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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9. CLINIC SERVICES – Continued

Dialysis Centers

Routine dialysis center services are reimbursed at the lower of the following:

1. Submitted charges;
2. Dialysis Center Fee Schedule as determined by the Department of Health Care Policy and Financing. The rates are subject to a wage index multiplier plus a non-wage component.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

Routine dialysis center services are all items and services necessary for delivering dialysis including routinely provided drugs, laboratory tests, and supplies for dialysis-related services.

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9. CLINIC SERVICES – Continued

Treatment Services for Pregnant Women with Substance Use Disorders

Treatment services for pregnant women with substance use disorders (Special Connections Program) are reimbursed at the lower of the following:

1. Submitted charges, or
2. Market-based fee schedule as determined by the Department of Health Care Policy and Financing and the Department of Human Services' Division of Behavioral Health based on an analysis of private sector behavioral health care management corporation reimbursement rates and substance abuse treatment reimbursement rates of other states' public medical assistance programs.

Reimbursable treatment services for pregnant women with substance use disorders include the following:

1. Risk assessment where one unit of service equals one session
2. Individual counseling/therapy where one unit of service equals fifteen minutes
3. Group counseling/therapy where one unit of service equals fifteen minutes
4. Case management services where one unit of service equals fifteen minutes
5. Group health education/maintenance where one unit of service equals one hour
6. Residential services (excluding room and board) where one unit of service equals one day

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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10. Dental Services

- a. Dental services for adults age 21 and over shall be reimbursed at the lower of the following:
 1. Submitted charges or
 2. Dental services fee schedule as determined by the Department of Health Care Policy and Financing.
- b. Dental services for adults accessing services through the state's Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers shall be based on a separate fee schedule found on the official website of the Department of the Health Care Policy and Financing at www.colorado.gov/hcpf.
- c. Dental services for adults 21 years of age and older, except for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year. Dentures (see 4.19-B section 12.b) are not subject to this \$1,000 limitation and are available to clients when medically necessary.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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11. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND
AUDIOLOGY SERVICES

Services provided by licensed physical therapists, physical therapist assistants, licensed occupational therapists, occupational therapy assistants, certified speech therapists/pathologists, licensed audiologists, and speech-language clinical fellows shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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12.c. PROSTHETICS

Prosthetics shall be reimbursed at the lower of the following:

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

Prosthetics that require manual pricing shall be reimbursed at the lower of the following:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 18.74 percent;
3. Actual invoiced acquisition cost plus 18.90 percent when no MSRP is available.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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13.b. SCREENING SERVICES

Screening services shall be reimbursed at the lower of the following:

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Reimbursable SBIRT services include the following:

1. Full Screening, using an evidence-based screening tool approved by the Department. Limited to 2 full screens per client per state fiscal year.
2. Brief Intervention and Referral to Treatment. Limited to 4 sessions per client per state fiscal year. Each session is limited to 2 units per session, at 15 minutes per unit.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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OTHER TYPES OF CARE

13.d. REHABILITATIVE SERVICES: SUBSTANCE USE DISORDER TREATMENT SERVICES

Outpatient substance abuse treatment services shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Market-based fee schedule as determined by the Department of Health Care Policy and Financing based on an analysis of private sector behavioral health care management corporation reimbursement rates and reimbursement rates of similar services covered by the Department.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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13d. Rehabilitative Services: Behavioral Health Services

a. Reimbursement for Services Provided by a Community Mental Health Center

Reimbursement for covered behavioral health services is made according to the methodology described in the Clinic Services reimbursement methodology page of the State Plan.

b. Reimbursement for Services Provided by Qualified Mental Health Professionals

Services provided by qualified mental health professionals shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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13.d. REHABILITATIVE SERVICES: MENTAL HEALTH AND SUBSTANCE ABUSE
REHABILITATION SERVICES FOR CHILDREN

Mental Health and Substance Abuse Rehabilitation Services for Children are reimbursed on a fee-for-service basis per units of service per practitioner. Rates for services include only Medicaid allowable costs. These services are available for all Medicaid clients for whom the services are found to be medically necessary. Rates do not include the cost of any room and board. Applicable practitioner provider salaries were considered in developing payment fee schedules. Rates for these services were compared with rates for similar services provided by Community Mental Health Centers under cost-based payment methodologies to ensure that rates for mental health rehabilitative services are not greater than the estimated costs of providing services. Also, rates for these services were compared with Medicare rates for similar service. Rates for these services are less than that for comparable Medicare and cost-based services, thereby ensuring an economical and efficient fee schedule.

Mental Health Services units of service are as follows:

- A. Psychiatric diagnostic examination unit of service shall be one hour per date of service.
- B. Individual psychotherapy (brief) unit of service shall be 16-37 minutes, face-to-face, per unit, up to two units per date of service.
- C. Individual psychotherapy (long) unit of service shall be 38-60 minutes, face-to-face, per unit, up to two units per date of service.
- D. Psychotherapy for Crisis unit of service shall be 30-74 minutes, face-to-face, one unit per date of service. If additional psychotherapy for crisis is needed, additional unit of service shall be 30 minutes, up to two units per date of service.
- E. Family psychotherapy unit of service shall be one hour per date of service.
- F. Group psychotherapy unit of service shall be 15 minutes, up to 8 units per date of service.
- G. Psychological testing (professional) unit of service shall be one hour, face-to-face, interpreting or preparing report.
- H. Psychological testing (technician) unit of service shall be one hour, face-to-face.

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I. Interactive group psychotherapy unit of service shall be 15 minutes, up to 8 units per date of service.

J. Pharmacologic management unit of service shall be one hour per date of service, which is to be completed in conjunction with an individual psychotherapy unit.

The mental health services fee schedule is reviewed annually and published in the provider billing manual accessed through the Department's fiscal agent's web site.

Reimbursement for services shall be the lower of:

1. Submitted charges;
2. Fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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19. Targeted Case Management Services: Persons with a Developmental Disability

Payment for targeted case management (TCM) services under the State Plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The reimbursement methodology is based upon a market-based rate with a unit of service equal to 15 minutes according to the State's approved fee schedule.

TCM services for Persons with a Developmental Disability are reimbursed at the lower of the following:

1. Submitted charges; or
2. Fee schedule 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 of TCM services for persons with developmental disabilities. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

The TCM fee-for-services rate is based on the estimated average number of hours a case manager and a case manager supervisor will spend on a case each month. The base for the rate is the estimated personnel related costs for these hours, and included consideration for non-direct cost allocations. The proposed rate is based on the following assumptions.

- Direct Personnel Costs: There are two sets of wages, case manager and supervisor, in the TCM model. Both wages were derived from the May 2005 BLS statewide wage data. These wages were adjusted for inflation by using the average SSI inflation rates for the past three years, which adjusted the salary by 9.7 percent.
- Caseload: This drives the average number of hours assumed for a given case in a month, based on a 40-hour work week. The proposed rate assumes a caseload of 40 cases per case manager, which translates to an average of 3.67 hours devoted to each client each month.
- Supervisor Span of Control: The supervisor span of control is the number of employees providing direct service supervised by a supervisor. This component of the rate model captures the costs associated with direct supervision; other levels of management are

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contained in the non-direct cost allocation, Program Support: Payroll Related. The TCM model allows for one supervisor for every ten case managers.

- Benefits Factor: The benefits factor represents taxes and benefits for the direct care employee and the direct care supervisor. The benefits factor is calculated using reported costs from the spring 2007 and the wage survey data. The same benefit factor of 24 percent was used for all of the proposed rates.
- Program Support, Payroll Related: This category of non-direct cost allocations captures salaries and benefits not captured in the direct care or supervisor of direct care components of the rate. As with all non-direct cost allocations, we calculate these costs as a percentage of the direct care salaries and benefits. The source of all of the non-direct cost allocations is the spring 2007 targeted cost survey. The percentage add-on for this category of costs is 13.2 percent. The salaries and benefits included are those of program managers, associate program managers, program directors and program secretaries.
- Program Support, Non-Payroll Related: This category of non-direct cost allocations includes program expenses, medical professional services, staff development, staff travel, and vehicles. The percentage add-on is 12.5 percent and is based on data reported in the spring 2007 targeted cost survey.
- Other Non-Direct Program Related Expenses: This category of non-direct cost allocations captures general program management costs. These costs include program administration expenses, other professional services, telephone, dues and subscriptions, insurance and other general management expenses. The percentage add-on is 18.4 percent and is based on data reported in the spring 2007 targeted cost survey.
- Facility Related Costs: This category of non-direct cost allocations captures costs associated with the office space for the case manager. The 2007 cost survey asked providers to report on costs by service – Day Habilitation, Residential Habilitation and Supported Employment. The business model for Supported Employment is the closest in nature to TCM, so we used the survey data associated with Supported Employment to develop this allocation percentage. The percentage is 4.0 percent and includes rent/leases, maintenance and utilities.
- Management and General: The spring 2007 cost survey may not have captured all administrative costs associated with providing Comprehensive Waiver services. To reflect costs like those of the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and other non-program general administration, we included an additional overhead percentage of 5 percent.

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19.a. TARGETED CASE MANAGEMENT: OUTPATIENT SUBSTANCE USE DISORDER
TREATMENT

Targeted case management for Outpatient Substance Use Disorder Treatment services are reimbursed on a fee-for-service basis per each 15-minute unit of service per practitioner, not to exceed four (4) units per day. A unit of service consists of at least one documented contact with a client or person acting on behalf of a client, identified during the case planning process.

The cost includes only Medicaid allowable costs. The costs used to derive the targeted case management rate are derived from the average annual salary of the applicable providers expressed in 30-minute increments.

Targeted case management for Outpatient Substance Use Treatment services are reimbursed at the lower of the following:

1. Submitted charges or
2. Market-based fee schedule as determined by the Department of Health Care Policy and Financing based on an analysis of private sector behavioral health care management corporation reimbursement rates and reimbursement rates of similar services covered by the Department.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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20. EXTENDED SERVICES FOR PREGNANT WOMEN

Extended services for pregnant women (Prenatal Plus Program) shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule 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. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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24.a. TRANSPORTATION

Non-Brokered Transportation

Non-brokered emergent medical transportation shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule for transportation 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.. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.