

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-011	2. STATE: COLORADO
		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 7/1/2010	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
<input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120		7. FEDERAL BUDGET IMPACT a. FFY 09-10: (\$395) b. FFY 10-11: \$1,299 c. FFY 11-12: \$423	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Prosthetics		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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Prosthetics (TN# 09-030)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for prosthetics.			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 29 July 2009	
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Robert C. Douglas		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Legal Division Director		Attn: David Smith	
15. DATE SUBMITTED July 8, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 7/8/10		18. DATE APPROVED 8/26/10	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/10		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Richard C. Allen		22. TITLE ARA	
23. REMARKS			

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

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

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 for dates of service on or after September 1, 2009:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 20.82 percent;
3. Actual invoiced acquisition cost plus 15.87 percent when no MSRP is available.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after December 1, 2009:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 21.61 percent;
3. Actual invoiced acquisition cost plus 14.71 percent when no MSRP is available.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following for dates of service on or after July 1, 2010:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 22.39 percent;
3. Actual invoiced acquisition cost plus 13.56 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. Reimbursement rates for these services for dates of service on or after December 1, 2009, dates of service on or after July 1, 2010, and dates of service on or after August 11, 2010 (for items previously manually priced that were moved to the fee schedule), are listed on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.