

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-029	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 7/1/10	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.30	7. FEDERAL BUDGET IMPACT a. FFY 2010 (\$47,915) b. FFY 2011 (\$176,784)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 3. Laboratory and Radiology Services	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Page 4A – 10. Lab and X-Ray Services (TN 10-004)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for laboratory and radiology services. July 2010 Rate Change.		
11. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 29 July 2009 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
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 9/30/10		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 9/30/10	18. DATE APPROVED 10/13/10	
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

Attachment 4.19-B

METHODS AND STANDARDS 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 July 1, 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.

FN No. 10-029
Supersedes FN No. 10-004

Approval Date 10/13/10
Effective Date 7/1/10