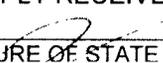
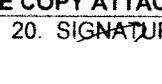


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>10-032</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>7/1/10</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
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 ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.50</b>		7. FEDERAL BUDGET IMPACT a. FFY 2010 (\$390,431) b. FFY 2011 (\$1,440,520)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Physician Services</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Physician Services, Page 1 of 1 (TN 10-001)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for physician services. July 2010 Rate Change.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )			
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		<b>Governor's letter dated 29 July 2009</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: David Smith	
13. TYPED NAME <b>Robert C. Douglas</b>			
14. TITLE <b>Legal Division Director</b>			
15. DATE SUBMITTED <b>9/30/10</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>9/30/10</b>		18. DATE APPROVED <b>10/14/10</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/10</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Richard C. Allen</b>		22. TITLE <b>ARA</b>	
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 –  
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.

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](http://www.colorado.gov/hcpf).

FN No. 10-032  
Supersedes FN No. 10-001

Approval Date 10/14/10  
Effective Date 7/1/10