

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-033	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 (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 440.110		7. FEDERAL BUDGET IMPACT a. FFY 2010 (\$17,915) b. FFY 2011 (\$66,098)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services <i>Supplement to Attach 3.1 A, 11a, 11b, 11c</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders (TN 10-005); Supplement to Attach 3.1-A, 11a, 11b, 11c <i>(TN 09-031)</i>	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for physical therapy, occupational therapy, speech therapy, and audiology services. July 2010 Rate Change.			
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 9/30/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 9/30/10		18. DATE APPROVED 11/22/10	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/10		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Diana Maiden		22. TITLE Acting 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
PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AND
AUDIOLOGY SERVICES

Services provided by licensed physical therapists, licensed occupational therapists, certified speech therapists/pathologists and licensed audiologists 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. 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.

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

- 11a. Physical Therapy
- Services shall be provided by a licensed physical therapist who is an approved Medicaid provider.
 - A medical prescription for services is required and the service/procedure must be a covered benefit of the Medicaid program.
 - Prior authorization is required after 24 units of physical therapy per 12-month period. A unit is defined by the current procedural terminology (CPT) code.
 - A prior authorization request shall be effective for a length of time that is determined medically necessary, not to exceed a maximum of 12 months.
 - Services shall be provided in accordance with 42 CFR 440.110.
- 11b. Occupational Therapy
- Services shall be provided by a registered occupational therapist who is an approved Medicaid provider.
 - A medical prescription for services is required and the service/procedure must be covered benefit of the Medicaid program.
 - Prior authorization is required after 24 units of occupational therapy per 12-month period. A unit is defined by the current procedural terminology (CPT) code.
 - A prior authorization request shall be effective for a length of time that is determined medically necessary, not to exceed a maximum of twelve months.
 - Services shall be provided in accordance with 42 CFR 440.110.
- 11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech-language pathologist or audiologist)
- Audiology services shall be provided by a licensed audiologist or an audiologist's aide. An audiologist's aide is a person who, after appropriate training and demonstrated competency, performs tests that are prescribed, directed, and supervised by a licensed audiologist as recommended by the American Academy of Audiology.

TN No. 10-033
Supersedes TN No. 09-031

Approval Date 11/22/10
Effective Date 7/1/2010

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES
(Item 11c, continued)

- Speech-language pathology services shall be provided by a certified speech-language pathologist or speech-language pathology assistant. A speech-language pathology assistant is a person who has an associate's degree from a technical training program in speech-language pathology assistants' scope of work as recommended by the American Speech-Language-Hearing Association.
- A medical prescription for services is required and the service/procedure must be a covered benefit of the Medicaid program.
- Speech-language pathology services are limited to five units per date of service. A unit is defined by the current procedural terminology (CPT) code.
- Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are not a covered benefit, except for the EPSDT population.
- Speech-language pathology services provided for simple articulation or academic difficulties that are not medical in origin are not a covered benefit.

TN No. 10-033
Supersedes TN No. 09-031

Approval Date 11/22/10
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