



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent
CONSULTEC
INC.
600 Seventeenth Street
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Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments
P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information,
Changes, Signature authorization,
and Claim requisitions
P.O. Box 1100
Denver, CO 80201-1100

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: All Providers

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Internet Version

Urgent
Read Immediately

Medicaid Prior Authorization Letters

Providers requesting prior authorization for services for Medicaid clients will receive a Prior Authorization Request (PAR) letter. The letter advises providers of the approval or denial of each service. The letters contain language that appears to address the client.

Until the language is revised, please be aware of State's continuing prior authorization policies.

- An approved PAR does not guarantee payment.
- Providers of prior authorized services must be properly licensed and/or certified to provide the service. The provider **must** be an enrolled Colorado Medicaid provider.
- Clients must be Medicaid eligible on the date the service is rendered. Verify client eligibility prior to rendering services.
- Clients enrolled in Medicaid Managed Care Organizations (MCOs), Prepaid Health Plans (PHPs), or Health Maintenance Organizations (HMOs) may not be eligible to receive the prior authorized services.

If enrollment in an MCO, PHP, or HMO is listed on the eligibility inquiry, the provider must coordinate rendering the service with the client's plan.

If the client's plan does not cover the service and the service is a regular Medicaid benefit, call 303-534-0416 or 1-800-237-0757 prior to rendering the service. Confirm that the specific approved service is MCO, PHP, and HMO exempt.

- Home and Community Based Services case managers should copy the PAR letter for each provider of service(s).
- Claims for prior authorized services must be filed in a timely manner according to State policy.