



Automated Medical Payments

# Medicaid Bulletin

## Colorado Title XIX

Fiscal Agent

**CONSULTEC**  
INC.  
600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

**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

**Distribution: Hospital Providers**

**January 1999**

**Reference: B9900008**

### New Version of Grouper

Effective February 1, 1999, the following two versions of the Health Care Financing Administration (HCFA) Grouper will be used to process Medicaid inpatient hospital claims:

- ◆ All inpatient claims with a discharge date on or after February 1, 1999 will pay using Grouper Version 16.0.
- ◆ All inpatient claims with a discharge date prior to February 1, 1999 will pay using Grouper Version 15.0.

With the exception of the following new DRGs, the Version 16.0 Grouper will use the existing Medicaid DRG relative weights, average lengths of stay, and trim points.

DRG	Relative Weight	ALOS	Trim Point
104	5.8284	9.7	43
105	4.5699	7.6	34
106	6.7212	9.8	29
107	5.0193	9.6	29
108	4.7832	8.8	39
109	3.7139	7.2	21
504	14.8683	27.1	155
505	1.8829	4.9	28
506	4.4744	14.3	82
507	1.7989	7.7	44
508	1.4934	6.7	38
509	.8241	4.3	24
510	1.2250	6.0	34
511	.6364	4.2	24

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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.