



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

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 billing on the CO1500 and UB-92 claim forms** **March 1999**  
**Reference: B9900009**

I n t e r n e t   V e r s i o n

### Provider manual revision

Appendix J in the Colorado 1500 and UB-92 provider manuals has been revised to correct the wording for abortions "to save the life of the mother due to a physical disorder".

#### Please replace:

Appendix page J-1, dated 10/98 with page J-1, dated 03/99.

The revised appendix page contains the correct certification statement wording.

The corrected appendix page is in the Appendices of the Provider Manual section.