Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

CONSULTEC

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Medicaid Provider Services

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Mailing Addresses

Claims & PARs
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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 Fiscal Agent Information on the Internet

WWW.CONSULTEC-GCRO.COM

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Practitioners, Independent & hospital laboratories & radiologists

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Reference: B0000055

Medicaid rate changes

The Colorado Department of Health Care Policy and Financing announces rate changes for the codes listed below for services provided on or after April 1, 2000.

Providers required to bill usual and customary fees

Providers are required to bill usual and customary fees – the same fees charged to non-Medicaid covered individuals – when submitting Medicaid fee-for-service claims.

- ✓ Submission of usual and customary fees provides important information for the Medicaid budgeting process and reporting to the State legislature.
- ✓ Providers are paid the Medicaid maximum allowable rate on file (as determined by the State) or the provider's billed charge, whichever is less.
- ✓ Providers who attempt to match submitted charges to the Medicaid reimbursement rate do not receive a higher payment when rates are increased.
- ✓ The fiscal agent does not adjust claim payments for providers who have failed to submit usual and customary charges and retroactively wish to increase submitted charges to take advantage of rate changes.
- ✓ Providers may not charge Medicaid a higher fee than that charged to non-Medicaid covered individuals even if the Medicaid allowable fee is greater than the provider's usual and customary fee.
- ✓ If special discounts are available to non-Medicaid covered individuals, claims submitted to the Medicaid program must represent the same discounted charges as those available to the general public.

Procedure Code	Maximum Allowed Fee
22851	$361.71
29879	$463.67
33217	$318.92
33243	$994.88
33244	$666.26
33249	$767.55
33405	$1,656.79
36534	$142.75
36535	$128.71
50320	$1,018.95

Procedure Code	Maximum Allowed Fee
54100	$108.31
61751	$976.82
61795	$219.64
61885	$324.94
62273	$93.94
62280	$144.08
62282	$161.47
62287	$397.15
62291	$167.48
63030	$687.32

Procedure Code	Maximum Allowed Fee
64622	$166.15
72285	$278.28
72285-26	$42.42
72285-TC	$235.86
95816	$96.35
95816-26	$40.01
95816-TC	$56.34
99295	$511.00