



**<sup>1</sup>MEMORANDUM**

DATE: August 14, 2006

TO: Administrators and Billing Staff

FROM: Lisa Donahue  
Director of Fee Coordination/Member Education

RE: Process for Non MD Providers and Colorado Medicaid

---

This memo is written for two purposes: 1) to clarify the process for administrators verifying services for non MD providers and 2) to address the procedure coders will need to follow for non MD providers to Colorado Medicaid.

Effective May 5, 2006, **Colorado Medicaid** notified me of the approval for some of the outstanding requests for services to be allowed by non MD providers. The State of Colorado will review my requests for these services by provider type only **twice** a year.

As requests come to me for validation of non MD provider services, I will check against the existing State list to verify whether the service is allowed for a provider type. If the code is not allowed, I will request the State to review the code to allow for the addition of the non MD provider type.

From a billing perspective, claims for **Medicaid** patients will be processed as normal. If denials are returned due to provider type, the coder will research whether the code has been approved. If it is an approved code, the coder will request an appeal to Colorado Medicaid. If the code has been submitted to the State for approval and is either pending approval or denied, a request will be written up to write off the service as a non approved provider.