



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 • (303) 866-2993 • (303) 866-4411 Fax • (303) 866-3883 TTY

John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

Date:

Re: Out of State Durable Medical Equipment Provider Requirements

Dear Applicant:

The Colorado Medical Assistance Program is open to durable medical equipment and supply providers (DME) located within the State of Colorado and certain out of state DME providers (10 C.C.R. 2505-10, Section 8.590). In order to provide services to Colorado Medical Assistance Program clients, the out of state DME must meet one or more of the following criteria:

- (1) Is providing services to a Colorado Medical Assistance Program client who is a Medicare client (services may be provided to crossover clients only);
(2) Is providing services for foster care children or other Medical Assistance Program clients who permanently reside in other states and are wards of Colorado; or
(3) Is providing a unique service that is not available through DME providers within Colorado

Please circle the above criteria for which your company qualifies.

If you are providing emergency services, please indicate below the client's name and Medical Assistance Program state identification number. Please estimate the length of time that the client will need such services. The Colorado Medical Assistance Program will reimburse the DME provider for the equipment or supplies needed to treat the emergency only.

Name: _____ Client's ID No.: _____ Time estimate: _____
Name: _____ Client's ID No.: _____ Time estimate: _____
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Name: _____ Client's ID No.: _____ Time estimate: _____

If providing services for foster care children or other Medical Assistance Program clients who permanently reside in other states and are wards of Colorado, please indicate below the client's name and Medical Assistance Program identification number. The Colorado Medical Assistance Program will only reimburse the DME provider for the equipment or supplies dispensed to the clients listed below.

Name: _____ Client's State ID Number: _____

If you are providing a service that is not available through DME providers in Colorado, please describe those services below in detail:

Regardless of the reason why you want to enroll your DME company as a Colorado Medical Assistance Program provider, the DME provider must also meet all requirements outlined in the Medical Assistance Program Provider application. To provide the proposed services, the DME provider must also be accredited by an approved Medicare accrediting agency. A copy of the accreditation certification must be included with the application.

Please understand that any information that you provide in connection with this letter is part of your Medical Assistance Program provider application. Your certification on the application that all provided information is correct also applies to any information provided in connection with this letter.

Sincerely,

Susan E. Birch, MBA,BSN,RN
Executive Director

Approved:

Chris Ukoha
Pharmacy Liaison

Denied:

Chris Ukoha
Pharmacy Liaison