



Dear Alternative Care Facility (ACF) Provider,

Claims affected by the issue described in the previous communications below were reprocessed on May 28, 2020. This will appear on remittance advices beginning Monday, June 1.

For claims that were not reprocessed, providers should verify that the claims were billed correctly. Claims should be billed with two lines, one without the TU modifier (for the normal rate) and one with the TU modifier (for the COVID-19 increased rate).

Contact the [Provider Services Call Center](#) with questions or for more information on billing.

Thank you,

Department of Health Care Policy & Financing

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Dear Alternative Care Facility (ACF) Provider,

The issue described in the previous communication below has been resolved as of May 27, 2020.

A follow-up communication will be sent once affected claims have been reprocessed.

Thank you,

Department of Health Care Policy & Financing

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Dear Alternative Care Facility (ACF) Provider,

Some Home & Community Based Services (HCBS) ACF for Elderly, Blind or Disabled (EBD) and Community Mental Health Services (CMHS) waiver claims for procedure code T2031 billed with the U1 or UA modifiers with or without the TU modifier (enhanced rate for COVID-19) may deny for EOB 1010 – “This is a duplicate item that was previously processed and paid.” or EOB 0101 – “This is a duplicate service.” Currently, the Colorado interChange will allow one line item to process for payment but will deny the other line item as a duplicate.

The Department and DXC Technology (DXC) are working to resolve the issue. Affected claims will be reprocessed by DXC. A follow-up communication will be sent once the issue is fully resolved and claims have been reprocessed.

Thank you,

Department of Health Care Policy & Financing

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