



Dear Level 7 Residential Habilitation 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

Dear Level 7 Residential Habilitation 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

Dear Level 7 Residential Habilitation Provider,

Some HCBS Developmental Disabilities (DD) waiver claims for procedure code T2016 billed with the following modifier combinations with or without the TU modifier (enhanced rate for COVID-19) may deny for EOB 2384 – “Residential Habilitation Services and Support DIDD benefit limited to 1 unit per day.” Currently, the Colorado interChange will allow one line item to process for payment but will deny the other line item as benefit limited to one per day.

- U3, SC
- U3, SC and TT
- U3, SC and HQ

The Department and DXC Technology (DXC) are working to resolve the issue. Affected claims will be reprocessed by DXC. **This issue, previously communicated as affecting Brain Injury (BI) waiver claims, was incorrect. This issue affects Developmental Disabilities (DD) waiver claims.**

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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