

# OPERATIONAL MEMO

<b>Title:</b> Denver Minimum Wage Billing Guidance for Home and Community-Based Services (HCBS)	Topic: Benefits	
Audience: Providers, Case Managers, Members, Advocates	Sub-Topic: HCBS Billing	
Supersedes Number: N/A	<b>Division:</b> Benefits and Services Management	
Effective Date: May 1, 2024	Office: Office of Community Living	
Expiration Date: May 29, 2026	Program Area: HCBS	
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Legal Authority: N/A		
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Approved By: Cassandra Keller		

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

#### Purpose and Audience:

The purpose of this Operational Memo is to provide new billing guidance to Home and Community-Based Services (HCBS) providers on how to bill the Denver rate for eligible services rendered in the City and County of Denver.

#### Information:

The Colorado General Assembly approved a rate increase for certain services provided to eligible and enrolled HCBS waiver members receiving services in the City and County of Denver, effective beginning July 1, 2023. SB 23-214 authorizes an increase of rates to acknowledge the Denver Minimum Wage of \$17.29/hour. The Department of Health Care Policy and Financing (HCPF) is working with its Fiscal Agent to make the necessary system changes to reimburse claims accordingly. Per <u>OM 23-041</u>, additional communications would be sent with updates regarding the status as soon as they became available. Please see below regarding the changes being made specific to HCBS claims.

#### Changes Effective May 1, 2024

A new modifier (HX) will be required on HCBS claims for some services provided within the City and County of Denver. The HX modifier allows providers to bill for HCBS services with Denver County rates approved on the HCBS Prior Authorization (PA) without the need to add the HX modifier to the HCBS PA. Case managers do not need to add the HX modifier to the Pre-Prior Authorization (PPA), they only need to add the service codes without the HX modifier. For example, the case manager would add S5150 U1 to the PAR for EBD In-Home Respite and they would not add S5150 U1 HX. The provider would bill S5150 U1 HX if the service was provided in Denver County, and the provider would bill S5150 U1 if the service was provided outside of Denver County. Claims billed without the required HX modifier will need to be adjusted for services provided May 1,2024 and forward to ensure that services are reimbursed at the correct rate. These HX code changes are outlined below.

This update will allow for claims to be submitted without duplicate errors when services are provided both within and outside of Denver. The current process of submitting zip codes in the notes field along with code T2034 is still applicable. HCPF has been adding the HX modifier for services with Denver County rates in a phased approach, and the HX modifier was added for most HCBS Non-Medical Transportation services in a previous phase, as outlined in OM 23-060.

The Adult Day Program Transportation codes for Mileage Bands 2 and 3 on the Complementary and Integrative Health (CIH) Waiver will change for services provided outside the City and County of Denver. These changes will allow for the addition of the HX modifier for services provided in Denver. Prior Authorizations (PAs) impacted by these changes will automatically be revised by the Department. These code changes are outlined below.

#### New Denver County Codes - Effective May 1, 2024

The following HCBS procedure codes and modifiers will use HX to price with the Denver County rates:

In Home Services and Supports Health Maintenance	H0038, U1, HX
Adult Day Services Basic, 15 minutes	S5100, U1, HX
Adult Day Services Basic, 1/2 Day	S5105, U1, HX
Adult Day Services Specialized	S5105, U1, TF, HX
Homemaker	S5130, U1, HX
Homemaker, Remote Supports	S5130, U1, SE, HX

#### Elderly, Blind, and Disabled Waiver

Page 3 of 8

In Home Services and Supports Homemaker	S5130, U1, KX, HX
In-Home Respite	S5150, U1, HX
Respite Care, Alternative Care Facility (ACF)	S5151, U1, HX

# Community Mental Health Supports Waiver

Adult Day Services Basic, 15 minutes	S5100, UA, HX
Adult Day Services Basic, 1/2 Day	S5105, UA, HX
Adult Day Services Specialized	S5105, UA, TF, HX
Homemaker	S5130, UA, HX
Homemaker, Remote Supports	S5130, UA, SE, HX
Respite Care, Alternative Care Facility (ACF)	S5151, UA, HX

#### Brain Injury Waiver

In-Home Respite	S5150, U6, HX
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#### Complementary and Integrative Health Waiver

In Home Services and Supports Health Maintenance	H0038, U1, SC, HX
Adult Day Services Basic, 15 minutes	S5100, U1, SC, HX
Adult Day Services Basic, 1/2 Day	S5105, U1, SC, HX
Adult Day Services Specialized	S5105, U1, SC, TF, HX
Homemaker	S5130, U1, SC, HX

Homemaker, Remote Supports	S5130, U1, SC, SE, HX
In Home Services and Supports Homemaker	S5130, U1, SC, KX, HX
In-Home Respite	S5150, U1, SC, HX
Respite Care, Alternative Care Facility (ACF)	S5151, U1, SC, HX
Adult Day Program Transportation - Mobility Van, Mileage Band 2	A0120, U1, SC, ST, HX
Adult Day Program Transportation - Mobility Van, Mileage Band 3	A0120, U1, SC, TU, HX
Adult Day Program Transportation - Wheelchair Van, Mileage Band 2	A0130, U1, SC, ST, HX
Adult Day Program Transportation - Wheelchair Van, Mileage Band 3	A0130, U1, SC, TU, HX

## Developmental Disabilities Waiver

Job Development, Group	H2023, U3, HQ, HX
Job Development, Individual, Levels 1-2	H2023, U3, HX
Job Development, Individual, Levels 3-4	H2023, U3, 22, HX
Job Development, Individual, Levels 5-6	H2023, U3, TF, HX

#### Supported Living Services Waiver

Mentorship	H2021, U8, HX
Homemaker, Basic	S5130, U8, HX
Homemaker, Enhanced	S5130, U8, 22, HX
Homemaker, Remote Supports	S5130, U8, SE, HX

Job Development, Group	H2023, U8, HQ, HX
Job Development, Individual, Levels 1-2	H2023, U8, HX
Job Development, Individual, Levels 3-4	H2023, U8, 22, HX
Job Development, Individual, Levels 5-6	H2023, U8, TF, HX
Respite, Individual, 15 minutes	S5150, U8, HX
Respite, Individual, Day	S5151, U8, HX

# Children's Extensive Support Waiver

Community Connector	H2021, U7, HX
Community Connector, Parental Provision	H2021, U7, HA, HX
Homemaker, Basic	S5130, U7, HX
Homemaker, Enhanced	S5130, U7, 22, HX
Homemaker Basic, Parental Provision	S5130, U7, HA, HI, HX
Homemaker Enhanced, Parental Provision	S5130, U7, HA, HX
Respite - Skilled CNA (4 hours or less)	T1005, U7, HX
Respite - Skilled CNA (4 hours or more)	S9125, U7, HX
Respite - Skilled RN, LPN (4 hours or less)	T1005, U7, TD, HX
Respite - Skilled RN, LPN (4 hours or more)	S9125, U7, TD, HX
Respite - Skilled Therapeutic (4 hours or less)	T1005, U7, HA, HX
Respite - Skilled Therapeutic (4 hours or more)	S9125, U7, HA, HX
Respite - Unskilled Individual, 15 minutes	S5150, U7, HX
Respite - Unskilled Individual, Day	S5151, U7, HX

Community Connector	H2021, U9, HX
Community Connector, Parental Provision	H2021, U9, HA, HX
Foster Home, Level 1	H0041, U9, HX
Foster Home, Level 2	H0041, U9, 22, HX
Foster Home, Level 3	H0041, U9, TF, HX
Foster Home, Level 4	H0041, U9, TF, 22, HX
Foster Home, Level 5	H0041, U9, TG, HX
Foster Home, Level 6	H0041, U9, TG, 22, HX
Respite - Skilled CNA (4 hours or less)	T1005, U9, HX
Respite - Skilled CNA (4 hours or more)	S9125, U9, HX
Respite - Skilled RN, LPN (4 hours or less)	T1005, U9, TD, HX
Respite - Skilled RN, LPN (4 hours or more)	S9125, U9, TD, HX
Respite - Skilled Therapeutic (4 hours or less)	T1005, U9, HA, HX
Respite - Skilled Therapeutic (4 hours or more)	S9125, U9, HA, HX
Respite - Unskilled Individual, 15 minutes, In Family Home	S5150, U9, HA, HX
Respite - Unskilled Individual Day, In Family Home	S5151, U9, HA, HX

#### Children's Habilitation Residential Program Waiver

# Children's Home and Community-Based Services Waiver

In Home Services and Supports Health	H0038, U5, HX
Maintenance	

#### Children with Life-Limiting Illness Waiver

Respite - Skilled CNA (4 hours or less)	T1005, UD, HX
Respite - Skilled CNA (4 hours or more)	S9125, UD, HX
Respite - Skilled RN, LPN (4 hours or less)	T1005, UD, TD, HX
Respite - Skilled RN, LPN (4 hours or more)	S9125, UD, TD, HX
Respite - Unskilled (4 hours or less)	S5150, UD, HX
Respite - Unskilled (4 hours or more)	S5151, UD, HX
Respite - Camp (Group, Overnight)	T2037, UD, HX

# New Complementary and Integrative Health Transportation Codes - Changes Effective May 1, 2024

The following CIH procedure codes and modifiers will change for services provided outside of Denver:

Complementary and Integrative Health Transportation Codes - April 30, 2024 End Date
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Adult Day Program Transportation - Mobility Van, Mileage Band 2	A0120, U1, SC, TT, HB
Adult Day Program Transportation - Mobility Van, Mileage Band 3	A0120, U1, SC, TN, HB
Adult Day Program Transportation - Wheelchair Van, Mileage Band 2	A0130, U1, SC, TT, HB
Adult Day Program Transportation - Wheelchair Van, Mileage Band 3	A0130, U1, SC, TN, HB

#### Complementary and Integrative Health Transportation Codes - May 1, 2024 Start Date

Adult Day Program Transportation - Mobility Van, Mileage Band 2	A0120, U1, SC, ST
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Adult Day Program Transportation - Mobility Van, Mileage Band 3	A0120, U1, SC, TU
Adult Day Program Transportation - Wheelchair Van, Mileage Band 2	A0130, U1, SC, ST
Adult Day Program Transportation - Wheelchair Van, Mileage Band 3	A0130, U1, SC, TU

The complete list of the rates and services eligible for Denver County Rates can be found on the <u>Provider Rates and Fee Schedule Page</u>.

## Action To Be Taken:

A new modifier (HX) will be required on HCBS claims.

# Definition(s):

None

#### Attachment(s):

None

HCPF Contact:

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