



Dear Providers,

This special newsletter summarizes the emails and communications concerning COVID-19 from the past week. The Department knows providers will have many questions about COVID-19 and will post updates on policies, codes and other important information on the new [COVID-19 Information for Health First Colorado and CHP+ Provider and Case Managers web page](#). The new web page will be frequently updated with resources and guidance on COVID-19 as information becomes available.

## General Reminders

### Upcoming Holiday Reminder - Memorial Day

On Monday, 5/25/20, State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed.

Upcoming holidays are posted to the [Provider Resources web page](#) and on the last page of every monthly [Provider Bulletin](#).

## COVID-19 Topics & Resources

### Guidance for COVID-19-Related Services for Recipients of Emergency Medicaid Services

The Department of Health Care Policy & Financing (the Department) recognizes that the severity of many symptoms and complications due to COVID-19 may be considered emergency medical conditions by providers, as defined at Colorado Revised Statutes § 24-76.5-102(1). As such, recipients of Emergency Medicaid Services (EMS) who experience an emergency medical condition due to COVID-19 are able to access necessary services to treat the emergency medical condition. In addition to emergency department care and inpatient hospital admissions, services may include other medically necessary interventions to treat the emergency medical condition only to prevent emergent readmission to a hospital during the COVID-19 public health emergency. These services include the following outpatient treatments only after an emergency medical condition discharge: COVID-19 diagnostic testing, a maximum of two primary care visits (in person or via telemedicine), oxygen, and other respiratory therapy or non-invasive ventilation or supplemental oxygen provided by positive or negative pressure, without intubation.

Per the Department's regulations at 10 CCR 8.100.3.G.1.g.vii, a provider must certify the presence of an emergency medical condition when services are provided and indicate on claim forms that services are for a medical emergency. Coverage is limited to care and services that are necessary to treat the immediate emergency medical conditions and does not include prenatal care or follow-up care.

Emergency medical condition is defined as, "a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (A) Placing the patient's health in serious jeopardy,
- (B) Serious impairment to bodily function, or
- (C) Serious dysfunction of any bodily organ or part."

See 42 U.S.C. § 1396b(v)(3); Colorado Revised Statutes § 24-76.5-102(1).

Claims submitted for recipients of Emergency Medicaid Services must have the appropriate emergency indicator on claims forms. The provider must use the following claim form fields to confirm that the claimed services relate to emergency medical conditions:

### **Continued Enrollment During the Public Health Emergency for Recipients of Emergency Medicaid Services**

In alignment with section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA), EMS recipients will have continued enrollment through the end of the federal emergency period described therein. However, coverage remains limited to services necessary for treatment of emergency medical conditions only.

For emergency services billing guidance, please refer to the [General Provider Information Manual](#). As with all claims submitted, Emergency Medical Services claims will be subject to compliance monitoring by the Department per 10 CCR 2505-10, Section 8.076.2.

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### **Home & Community-Based Services (HCBS) Alternative Care Facility (ACF) for Elderly, Blind or Disabled (EBD) and Community Mental Health Services (CMHS) Waiver Claims for T2031 Denying for EOB 1010 and 0101**

Some HCBS ACF for EBD and 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.

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### **Home & Community-Based Services (HCBS) Developmental Disabilities (DD) Waiver Level 7 Claims for T2016 Denying for EOB 2384**

HCBS 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 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 Disability (DD) waiver claims.

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### **Resolved 5/9/20: Home & Community Based Services (HCBS) Brain Injury (BI) Waiver Claims for T2033 Denying for EOB 1553**

Some HCBS BI waiver claims for procedure code T2033 billed with modifiers U6, HB, HE and HK were denying for EOB 1553 – “The procedure code and modifier combination is not covered for the member's benefit plan.”

Claims were reprocessed by DXC 5/13/20.

Issue resolved 5/9/20

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### **Telemedicine Grant Opportunities Through COVID-19 Emergency Funding**

Information is now available on [Telemedicine Grant Opportunities Through COVID-19 Emergency Funding](#).

The following codes have been added to the list of CPT/HCPCS codes which may be billed using Place of Service code 02, available on the [Telemedicine - Provider Information web page](#):

99441 physician 98966 non-physician	5-10 minutes	\$14.52
99442 physician 98967 non-physician	11-20 minutes	\$28.25
99443 physician 98968 non-physician	21-30 minutes	\$41.33

*Please do not reply to this email; this address is not monitored.*