



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.

COVID-19 Topics & Resources

Client Application Signatures for Colorado Indigent Care Program

The Frequently Asked Questions drop-down sections, labeled by topic under the [Completing Colorado Indigent Care Program \(CICP\) Applications During the COVID-19 Pandemic area](#) of the [COVID-19 web page](#), have been updated to reflect an extension to end-date flexibility for application signature collection to 6/30/20.

Health First Colorado Fee Schedule Update

The Health First Colorado Fee Schedule, available on the [Provider Rates & Fee Schedule web page](#), has been updated to include new COVID-19 telemedicine codes.

New COVID-19 Antibody Testing Codes for Practitioner, Clinic and Laboratory Providers

Effective for dates of service on or after 4/10/20, COVID-19 antibody test codes 86328 and 86769 have been loaded to the Colorado interChange as of 5/29/20. These codes are applicable for practitioner, clinic and laboratory providers.

Billing for COVID-19 Rate Increases for Certain Home & Community-Based Services (HCBS)

Providers should bill with two lines, one with the regular codes (for the normal rate) and one with the modifier TU (for the COVID-19 increased rate).

If claims were not submitted with two lines, please either:

- adjust the original claim, but keep both lines on the adjustment; OR
 - bill a second claim with modifier TU to pay the additional line
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Resolved 5/27/20: 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) were denying for EOB 1010 – “This is a duplicate item that was previously processed and paid” or EOB 0101 – “This is a duplicate service.” The Colorado interChange was allowing one line item to process for payment but was denying the other line item as a duplicate.

Claims were reprocessed by DXC on 5/28/20.

Issue resolved 5/27/20

Resolved 5/27/20: 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) were denying for EOB 2384 – “Residential Habilitation Services and Support DIDD benefit limited to 1

unit per day." The Colorado interChange was allowing one line item to process for payment but was denying the other line item as benefit limited to one per day.

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

Claims were reprocessed by DXC on 5/28/20.

Issue resolved 5/27/20

COVID-19 Guidance for Home & Community Based Service (HCBS) Providers and Long-Term Services and Supports

System, billing and policy COVID-19 guidance for HCBS providers are available on the [Long-Term Services and Supports COVID-19 Response web page](#)

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