



Provider News & Resources

January 21, 2022 Issue 42

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Featured Resources:

[Psychiatric Residential Treatment Facilities Fact Sheet](#)

Upcoming Holidays:

President's Day - Monday, February 21

State Offices, the ColoradoPAR Program, Gainwell Technologies and DentaQuest will be closed.

Note: Revised since original publication date.

Federal Vaccine Guidance



Providers are reminded of the Health First Colorado vaccination requirements for healthcare workers. Timelines for CMS enforcement of COVID-19 vaccination requirements for staff at

Medicaid-certified health facilities remain the same as in [CMS Memorandum Summary](#) guidance.

Extension of Public Health Emergency (PHE)

Health and Human Services Secretary Xavier Becerra has [formally extended the Public Health Emergency \(PHE\)](#). The PHE can be extended for up to 90 days at a time.

This extension started January 16, 2022, and would end, unless extended again, on April 16, 2022.

Pediatric Personal Care Rate Increase (Non-HCBS Providers)

Effective January 1, 2022, the rate for CPT code T1019 increased to \$6.28 for Pediatric Personal Care services rendered within Denver County and \$5.81 for services rendered outside of Denver County.

Any claims with a date of service on or after January 1, 2022, billed at any amount below the 2022 rates, must be adjusted by the provider in order to receive the increased rate.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Pfizer Gray Cap COVID-19 Vaccine Code Updates



The Colorado interChange was updated to accept the following codes for [Pfizer Gray Cap](#) COVID-19 vaccinations: 91305, 0051A, 0052A, 0053A, and 0054A, effective September 29, 2021.

The age range is 12 years and up. 91305 should be billed along with each claim for 0051A, 0052A, 0053A, or 0054A. 91305 is reimbursed at \$0. 0051A and 0052A are reimbursed at \$61.77. 0053A and 0054A are reimbursed at \$41.18.

Code	Reimbursement Rate
91305	\$0.00
0051A, 0052A	\$61.77
0053A, 0054A	\$41.18

Affected claims were reprocessed.

Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Respite Providers

Respite Rates Billing Instructions

In order to receive the enhanced reimbursement, an additional line must be billed on a claim with a TU modifier. When the line item with the TU modifier is billed in addition to the original line item the provider will be reimbursed the total of all rate enhancements. Providers may add both lines to one claim, or add the line with TU to a second claim, if the first claim has already processed.

April 1, 2021 - March 31, 2022 - enhancement through American Rescue Plan Act (ARPA) funding

- July 1, 2021 - Across the board (ATB) rate increase
- January 1, 2022 - Base wage increase
- There are no rate enhancements for group respite service rates.

The table below outlines the TU rates associated with each respite service and their effective dates.

Service	Code	Modifier 1	Modifier 2	Base Rate	TU Rate	Effective Date	End Date	Total
Nursing Facility	H0045	U1		\$180.49	\$44.19	4/1/2021	6/30/2021	\$224.68
Nursing Facility	H0045	U1	SC	\$180.49	\$44.19	4/1/2021	6/30/2021	\$224.68
Nursing Facility	H0045	U8		\$180.49	\$44.19	4/1/2021	6/30/2021	\$224.68
Nursing Facility	H0045	UA		\$180.49	\$44.19	4/1/2021	6/30/2021	\$224.68
Nursing Facility	H0045	U1		184.91	45.39	7/1/2021	3/31/2022	\$230.30
Nursing Facility	H0045	U1	SC	184.91	45.39	7/1/2021	3/31/2022	\$230.30
Nursing Facility	H0045	U8		184.91	45.39	7/1/2021	3/31/2022	\$230.30
Nursing Facility	H0045	UA		184.91	45.39	7/1/2021	3/31/2022	\$230.30
In-home respite	S5150	U1		\$5.78	\$1.41	4/1/2021	6/30/2021	\$7.17
In-home respite	S5150	U1	SC	\$5.78	\$1.41	4/1/2021	6/30/2021	\$7.17
In-home respite	S5150	U8		\$5.78	\$1.41	4/1/2021	6/30/2021	\$7.17
In-home respite	S5150	U1		5.91	\$1.44	7/1/2021	12/31/2021	\$7.35
In-home respite	S5150	U1	SC	5.91	\$1.44	7/1/2021	12/31/2021	\$7.35
In-home respite	S5150	U8		5.91	\$1.44	7/1/2021	12/31/2021	\$7.35
In-home respite	S5150	U1		5.91	2.09	1/1/2022	3/31/2022	\$8.00
In-home respite	S5150	U1	SC	5.91	\$2.09	1/1/2022	3/31/2022	\$8.00
In-home respite	S5150	U8		5.91	\$2.09	1/1/2022	3/31/2022	\$8.00
Children's Extensive Support (CES) Respite, Individual	S5150	U7		\$5.78	\$1.41	4/1/2021	6/30/2021	\$7.17
Children's Extensive Support (CES) Respite, Individual	S5150	U7		\$5.91	\$1.44	7/1/2021	12/31/2021	\$7.35
Children's Extensive Support (CES) Respite, Individual	S5150	U7		\$5.91	\$2.09	1/1/2022	3/31/2022	\$8.00
Supportive Living Services (SLS) Respite, Individual	S5150	U8		\$5.78	\$1.41	4/1/2021	6/30/2021	\$7.17
Supportive Living Services (SLS) Respite, Individual	S5150	U8		\$5.91	\$1.44	7/1/2021	12/31/2021	\$7.35
Supportive Living Services (SLS) Respite, Individual	S5150	U8		\$5.91	\$2.09	1/1/2022	3/31/2022	\$8.00
Individual - (CHRP) In Family Home	S5150	U9	HA	\$5.48	\$1.34	4/1/2021	6/30/2021	\$6.80
Individual - (CHRP) In Family Home	S5150	U9	HA	\$5.60	\$1.37	7/1/2021	12/31/2021	\$6.97
Individual - (CHRP) In Family Home	S5150	U9	HA	\$5.60	\$2.02	1/1/2022	3/31/2022	\$7.62
Unskilled, 4 Hours or Less (CLLI)	S5150	UD		\$5.62	\$1.37	4/1/2021	6/30/2021	\$6.99
Unskilled, 4 Hours or Less (CLLI)	S5150	UD		\$5.78	\$1.41	7/1/2021	12/31/2021	\$7.17
Unskilled, 4 Hours or Less (CLLI)	S5150	UD		\$5.78	\$2.08	1/1/2022	3/31/2022	\$7.82
Alternative Care Facility (ACF)	S5151	U1		\$89.94	\$53.07	4/1/2021	6/30/2021	\$143.01
Alternative Care Facility (ACF)	S5151	U1	SC	\$89.94	\$53.07	4/1/2021	6/30/2021	\$143.01
Alternative Care Facility (ACF)	S5151	UA		\$89.94	\$53.07	4/1/2021	6/30/2021	\$143.01
Alternative Care Facility (ACF)	S5151	U1		\$92.15	\$22.60	7/1/2021	12/31/2021	\$114.75
Alternative Care Facility (ACF)	S5151	U1	SC	\$92.15	\$22.60	7/1/2021	12/31/2021	\$114.75
Alternative Care Facility (ACF)	S5151	UA		\$92.15	\$22.60	7/1/2021	12/31/2021	\$114.75
Alternative Care Facility (ACF)	S5151	U1		\$92.15	\$53.07	1/1/2022	3/31/2022	\$145.22
Alternative Care Facility (ACF)	S5151	U1	SC	\$92.15	\$53.07	1/1/2022	3/31/2022	\$145.22
Alternative Care Facility (ACF)	S5151	UA		\$92.15	\$53.07	1/1/2022	3/31/2022	\$145.22
Individual Day- (CHRP) In Family Home	S5151	U9	HA	\$216.05	\$52.89	4/1/2021	6/30/2021	\$268.94
Individual Day- (CHRP) In Family Home	S5151	U9	HA	\$221.33	\$54.33	7/1/2021	12/31/2021	\$275.66
Individual Day- (CHRP) In Family Home	S5151	U9	HA	\$221.33	\$76.32	1/1/2022	3/31/2022	\$297.65
Unskilled, 4 Hours or More (CLLI)	S5151	UD		\$101.04	\$24.72	4/1/2021	6/30/2021	\$125.76
Unskilled, 4 Hours or More (CLLI)	S5151	UD		\$103.52	\$25.39	7/1/2021	12/31/2021	\$128.91
Unskilled, 4 Hours or More (CLLI)	S5151	UD		\$103.52	\$40.31	1/1/2022	3/31/2022	\$143.83
CNA 4 Hours or More (CLLI)	S9125	UD		\$130.81	\$32.03	4/1/2021	6/30/2021	\$162.84
CNA 4 Hours or More (CLLI)	S9125	UD		\$134.02	\$32.80	7/1/2021	3/31/2022	\$166.82
Skilled RN, LPN 4 hours or more (CLLI)	S9125	UD	TD	\$288.01	\$70.52	4/1/2021	6/30/2021	\$358.53
Skilled RN, LPN 4 hours or more (CLLI)	S9125	UD	TD	\$295.07	\$72.42	7/1/2021	3/31/2022	\$367.49
CNA 4 Hours or Less (CLLI)	T1005	UD		\$7.38	\$1.80	4/1/2021	6/30/2021	\$9.16
CNA 4 Hours or Less (CLLI)	T1005	UD		\$7.55	\$1.84	7/1/2021	3/31/2022	\$9.39
Skilled RN, LPN 4 Hours or Less (CLLI)	T1005	UD	TD	\$16.01	\$3.92	4/1/2021	6/30/2021	\$19.93
Skilled RN, LPN 4 Hours or Less (CLLI)	T1005	UD	TD	\$16.41	\$4.02	7/1/2021	3/31/2022	\$20.43
Camp (Group, Overnight) (CLLI)	T2037	UD		\$203.79	\$49.90	4/1/2021	6/30/2021	\$253.69
Camp (Group, Overnight) (CLLI)	T2037	UD		\$208.78	\$51.25	7/1/2021	3/31/2022	\$260.03

Refer to the [Operational Memo OM 21 - 090](#), the [January 2022 Provider Bulletin \(B2200472\)](#) and the [HCBS American Rescue Plan Act \(ARPA\) Rate Schedule](#) for more information.

Contact the [Provider Services Call Center](#) with any questions pertaining to billing.

Psychiatric Residential Treatment Facilities (PRTF) Resources

A Psychiatric Residential Treatment Facility (PRTF) is an inpatient psychiatric facility for children and youth who need intensive psychiatric care but do not require the level of care of an inpatient hospital setting.

Refer to the [Child Welfare Placements in In-State Psychiatric Residential Treatment Facilities \(PRTFs\) Fact Sheet](#) located on the [Psychiatric Residential Treatment Facilities web page](#) for more information.

Recently Published Billing Manuals

- [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#)

- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)
- [Pharmacy](#)



Visit the [Billing Manuals web page](#) to locate all published manuals.

Known Issues

Home & Community Based Services (HCBS) Alternative Care Facility/Supported Living Program (ACF/SLP) Claims for T2031 with TU Modifier Denying for Explanation of Benefits (EOB) 1010

Some HCBS ACF/SLP waiver claims for procedure code T2031 billed with the TU modifier (enhanced rate for COVID-19) with dates of service on or after 01/01/22 are denying for EOB 1010 - "This is a duplicate item that was previously processed and paid."

The Colorado interChange is allowing one line item to process for payment but denying the other line item as a duplicate.

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Issues

Resolved 11/18/21

Physician-Administered Drug (PAD) Claims Denying for Explanation of Benefits (EOB) 1381

Some Physician-Administered Drug (PAD) claims for the listed procedure codes with dates of service on or after 10/1/2021 were denying for EOB 1381 – "No billing rule for procedure."

Impacted procedure codes: J0517, J0585, J0586, J0587, J0588, J0897, J1300, J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599, J1745, J2182, J2323, J2350, J2357, J2786, and J3380.

Affected claims were reprocessed 12/3/21. Additional affected claims were identified on 1/19/22 and will be reprocessed. More information will be provided in future communications.

Issue resolved 11/18/21.

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