



Dear Providers,

This special newsletter summarizes information and communications for Home and Community Based Services (HCBS) providers.

Former Colorado Choice Transitions (CCT) Providers for Certain Services Can Still Render Care by Adding a New Specialty

On May 18, 2022, an email was sent to **targeted** providers who were identified as a provider formerly enrolled in CCT for the following CCT services:

- Home Delivered Meals
- Community Transition Services Independent Living Skills Training
- Peer Mentorship

Refer to the [HCBS Providers Adding a Specialty - 05-18-22](#) email for more information.

Specialty Information

Providers are reminded that services should only be rendered if the billing provider has enrolled for the correct specialty. The system was updated to enforce this policy which resulted in claim denials.

Contact the [Provider Services Call Center](#) to confirm or update the provider specialty.

Refer to the [Claims Denying for EOB 4758 - Billing Provider Type/Specialty Restriction on Procedure Coverage Rule - 05-12-2022](#) email for more information.

Known Issues

Procedure Codes T2025 for Explanation of Benefits (EOB) Codes 4758 and 1553

Some HCBS claims for procedure code T2025 with specific option modifiers of U8 and SE for Specialty 702 are not reimbursing for Explanation of Benefits (EOB) Codes 1553 - "The procedure code and modifier combination is not covered for the member's benefit" and 4758 - "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule."

A resolution to this issue is in process.

Affected claims will be reprocessed.

Resolved Known Issues

Resolved 5/18/22:

Procedure Codes T2021 and S5165 and Option Modifiers for Explanation of Benefits (EOB) Codes 4758 and 1553

Some HCBS claims for procedure codes S5165 and T1021 with specific option modifiers of TU for Specialties 648 and 651 were not reimbursing for Explanation of Benefits (EOB)

Codes 4758 - "The procedure code and modifier combination is not covered for the member's benefit plan" and 1553 - "The procedure code and modifier combination is not covered for the member's benefit plan."

Affected claims were reprocessed on 5/19/22.

Issue resolved 5/18/2022.

Resolved 5/6/2022:

Elderly, Blind, and Disabled Waiver (EBD) Claims Denying with Procedure Code S5130

Some Elderly, Blind, and Disabled Waiver (EBD) claims for procedure code S5130 billed with modifiers SC and U1 were denying for Explanation of Benefits (EOB) 1553 - The procedure code and modifier combination is not covered for the member's benefit plan.

Affected claims were reprocessed on 5/9/22.

Issue resolved 5/6/2022.

Resources

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

[Home and Community-Based Services web page](#)

[For Our Providers web page](#)

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