



Dear Case Managers and Home and Community-Based Services Providers,

Providers are advised of statewide changes in billing practices and service codes relative to Denver Minimum Wage Regional Pricing.

Claims adjudication will no longer be based on the member's county of residence on file beginning January 1, 2025. Providers serving members eligible for Home and Community-Based Services with dates of service on or after January 1, 2025, should bill either the Denver rate or the non-Denver (standard) rate based on where the service was delivered.

Providers should add the HX modifier as described on the [Rate Schedules](#) when billing services rendered within Denver. The HX modifier will not appear on HCBS Prior Authorization Requests (PARs). These claims no longer need to be submitted with the procedure code T2034 or include the valid Denver ZIP code of the service location to the claim 'Note' field.

Some statewide standard HCBS service codes are changing effective January 1, 2025, to accommodate the Denver Minimum Wage Regional Pricing changes. Case managers must use the new HCBS service codes when adding services to PARs with service line start dates of January 1, 2025, or later. All existing PAR lines impacted by these standard HCBS code changes will automatically be revised. Case managers may need to manually revise PARs if the units need to be adjusted on these PAR lines. HCBS providers should contact case managers if PAR revisions are required to adjust units based on service utilization.

Refer to the [HCBS Fee Schedules](#) on the [Provider Rates and Fee Schedules web page](#) for more information on these code changes. The HCBS Billing Manuals will be updated on the [Billing Manuals web page](#) shortly.

Thank you,

Department of Health Care Policy & Financing