



September 28, 2016

## **Billing Practices for HCBS Waiver Providers**

On October 31, 2016 the Department of Health Care Policy and Financing (Department) will launch a new Claims Payment System, the Colorado interChange, for processing payments for services rendered. Billing practices will need to be much more concise or claims will be denied. Providers billing for services for the following Home and Community Based Services Waivers must take note of the following changes:

- Brain Injury Waiver (BI),
- Children with Autism Waiver (CWA),
- Children with Life Limiting Illness Waiver (CLLI),
- Community Mental Health Supports Waiver (CMHS),
- Elderly, Blind and Disabled Waiver (EBD),
- Spinal Cord Injury Waiver (SCI).

### *Number of units and dates*

If providers bill for spans of time to report services that address more than one day on one line, the number of units **should not exceed** the maximum allowed for the given time period after the number of days in the date span are divided by the units of service (UOS) on the claim line to determine the number of units of service billed per day.

Any claim line with a UOS per day totaling less than or equal to 1.4 rounds down to 1 and any claim line with a UOS per day greater than or equal to 1.5 rounds up to 2 UOS per day.

### *Formula to determine number of units of service billed per day:*

Number of Units/Number of days in the reported date span = Number of units of service billed per day.

Example: An Alternative Care Facility bills a code that has a MUE value equal to 1 and reports 20 units on one claim line with a date span of 15 days (4/1/16-4/15/16).

20 (Number of Units)/15 (Number of days in the reported date span) = 1.3, since 1.3 is less than 1.5 the units of service would round down to 1 which would allow payment.

### *Date Spans*

Providers will need to ensure that the date spans are more concise as well. If there is a break during a week of service, the provider will need to bill on separate lines.

However, if the provider provides services for consecutive weeks, which would include weekends, they can span bill those weeks.

**Example:** T2031 Alternative Care Facility, client resides in facility  
Client has a first date of service on 9/1/16 – 9/30/16 which is the last service, during which there was no break in services.

**Example:** S5101 Adult Day Services, client attends day services 2-5 times per week  
Client attends Adult Day Services 3 times per week, having a break in services on the weekend.

Date spans for September are listed below, requiring a new line of billing for each span/week.

9/1/16 – 9/2/16

9/5/16 – 9/9/16

9/12/16 – 9/16/16

9/19/16 – 9/23/16

9/26/16 – 9/30/16

### *Billing for Monthly Services*

Services that are provided as a monthly service, such as a monthly monitoring service can only be billed once per month.

**Example:** Personal Emergency Response System, Monthly Monitoring is billed 1 unit per month. A provider cannot bill more than 1 unit for a month; you cannot bill a years' worth of monitoring on the first month of the certification period.

### **For questions contact:**

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