

# Review of PCS billing using CMS 1500 Form

Sandy Terrell

NC Division of Medical Assistance

December 31, 2012 (rev)

# INTENDED AUDIENCE

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- Providers who can access Web Tool now
  - Currently can login with HP login and password
  - RA

<https://webclaims.ncmedicaid.com/ncecs>

- Providers who do not have access to Web Tool:
  - HP customer service and talk to ECF Dept.

# Overview on Billing on 1500 CMS

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- Bill every day on a separate line
- Do not use hash marks or dashes
- Providers shall bill the ICD-9 diagnosis. code(s) to the highest level of specificity that supports medical necessity
- Do not use V codes for Policy 3L Personal Care Service
- Prior Approval is required for Medicaid beneficiaries.
  - Individuals are prior approved for the number of service hour increments according to their assessed needs
- CPT code for this service: 99509 with correct modifier
- Bill on 1500 CMS for Dates of Service starting 1/1/13 (previous dates of service in 2012 remain on a UB form)

# MODIFIERS

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- Used with CPT codes
- Decision Notice sent to Provider from CCME will identify the modifier to use for billing
- Contact CCME 800-228-3365 for questions

# MODIFIERS (use as reference only)

| <b>Modifier</b> | <b>Modifier Definition/Description according to 2012 HCPCS Manual</b>              | <b>NC DMA use of modifier with 99509</b>  |
|-----------------|--|---|
| HA              | Child/Adolescent program   | All recipients under 21YO, regardless of residence type   |
| HB              | Adult program, non geriatric   | Private residence (served by home care agencies)  |
| HC              | Adult program, geriatric   | Licensed Adult Care Homes (HAL license types, for residents NOT served in SCU)                  |
| SC              | Medically necessary service or supply  | Licensed Adult Care Homes (HAL license types, for residents served in SCU)                      |
| HQ              | Group Setting  | Family Care Homes (FCL license types)   |
| HH              | Integrated Mental Health/substance abuse program                                   | 5600a Supervised Living Facilities for adults with MI/SA (MHL license that specifies 5600a)     |
| HI              | Integrated mental health and mental retardation/developmental disabilities program | 5600c Supervised Living Facilities for adults with MR/DD(MHL license type that specifies 5600c) |
| TT              | Individualized service provided to more than one patient in same setting           | Combination facilities (NH license types)   |

# Notice of Decision Example



## NOTICE OF DECISION ON A CONTINUING REQUEST FOR MEDICAID SERVICES

October 15, 2012

Mr. Lewis N. Clark  
123 Explorer Avenue  
Somewhere, NC 12345

Mike N Ike  
987654321L  
Santa Marie Home Care Facility  
678 Compass Drive  
Nightingale, NC 27717

RE: Mr. Lewis Clark  
MID: 000-00-0000K  
Service Requested: Personal Care Services

Dear Lewis Clark:

Effective January 1, 2013, N. C. Medicaid will no longer offer services under the In-Home Care (IHC) and Adult Care Home Personal Care Services (ACH-PCS) programs. Personal care services for beneficiaries residing in private living arrangements and in licensed ACH facilities will instead be provided under a new, consolidated Personal Care Services (PCS) benefit. Licensed ACH facilities include Adult Care Homes, Family Care Homes, and Supervised Living Group Homes.

As required by the North Carolina State Plan for Medical Assistance; N.C. Session Law 2012-142, Sections 10.9F(b) and 10.9F(c); and Division of Medical Assistance (DMA) Clinical Coverage Policy 3L, all Medicaid beneficiaries receiving Personal Care Services must be referred by their primary or attending physician who attests to the medical necessity for the service, and receive an independent assessment by a registered nurse or social worker affiliated with DMA or the Independent Assessment Entity (IAE) designated by DMA. The Carolinas Center for Medical Excellence (CCME) is the IAE designated by DMA to conduct independent assessments.

CCME completed your assessment on «assessmentdate». After reviewing the assessment results, Medicaid **approved 62 hours** of PCS per month until the earlier of **September 12, 2013** or the next assessment completed by DMA or the IAE designated by DMA. This is **no change** to the service hours you currently receive.

Your approved service level is based on your assessed self-performance levels and days of unmet need for assistance with the five qualifying Activities of Daily Living (ADLs). Your assessed self-performance levels and days of unmet need for assistance with the five qualifying ADLs are as follows:

Si necesitas ayuda para leer y entender la carta, por favor contáctese con el 1-800-662-7030.  
DIGA AL OPERADOR QUE LA NOTIFICACION DMA 3504 IHCA.

DMA 3504-IHCA Transition-[Select One: HA HB HC HH HI HQ SC TT]  
09/17/2012

Every provider will be given the modifier to use. Use only the modifier provided by CCME

# Authorized Hours

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- Qualifying recipients 21 YO or older: up to 80 hours month
- Qualifying recipients under 21 YO: up to 60 hours / month
- Once assessment is complete and the Provider knows the number of monthly service hours that have been approved, the provider will convert monthly authorization hours to weekly hours

# Example – for illustration only

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- Monthly hours authorized= 62 hours
- Divide by 4.35= 14.25 hours per week
- Round down to next  $\frac{1}{4}$  hour= 14.25 hours per week
- DMA does not require one methodology to use. Providers may use other ways to calculate

# Units for Billing

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- 1 unit= 15 minutes when billing PCS
- Example:
  - 2 hours of service provided on 1/1/13
  - 2 hours of service=8 units (4 units per hour)

# 1500 CMS Professional Form

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- Next slides will present Screen Shots of actual form on Web Tool
- Web Tool  
**<https://webclaims.ncmedicaid.com/ncecs>**
- Must have a HP login and password
- Don't have a login?
  - Contact HP customer service for login

<https://webclaims.ncmedicaid.com/ncecs>

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Navigation Menu

### CMS-1500

#### Selection Criteria

Claim Type: CMS-1500    Claim ID: 111620123630558808    [Save] [Cancel] [Delete]

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#### Recipient Information

|                             |                                    |                          |                                   |                       |   |
|-----------------------------|------------------------------------|--------------------------|-----------------------------------|-----------------------|---|
| Recipient Last Name:        | <input type="text" value="Doe"/>   | Recipient First Name:    | <input type="text" value="John"/> | Medicaid ID:          | <input type="text" value="123456789A"/> |
| Date Field:                 | <input type="text"/>               | Recipient Date of Birth: | <input type="text"/>              | Patient weight(lbs):  | <input type="text"/>                    |
| Patient Account Number:     | <input type="text" value="100JD"/> | Medical Record Number:   | <input type="text"/>              | Post OP from Date:    | <input type="text"/>                    |
| Prior Authorization Number: | <input type="text"/>               |                          |                                   | Post OP Through Date: | <input type="text"/>                    |

#### Provider Information

|  |  |                       |   |
|--|--|-----------------------|---|
| Provider Last Name or Organization Name: | <input type="text" value="Santas Workshop"/>   | Provider First Name:  | <input type="text"/>                    |
| Medicaid Provider Number:                | <input type="text"/>                           | National Provider ID: | <input type="text" value="1578851580"/> |
| Billing Address:                         | <input type="text" value="5555 North Avenue"/> | Billing Taxonomy:     | <input type="text" value="310400000X"/> |
| Billing State:                           | <input type="text" value="NC"/>                | Billing City:         | <input type="text" value="Claus Town"/> |
| Referring Physician Provider No:         | <input type="text"/>                           | Billing Pay-To ZIP:   | <input type="text" value="280781234"/>  |
|  |  | CLIA Number:          | <input type="text"/>                    |

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<https://webclaims.ncmedicaid.com/ncecs>

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### CMS-1500

#### Selection Criteria

Claim Type: CMS-1500    Claim ID: 111620123630558808    [Save] [Cancel] [Delete]

---

#### Recipient Information

|                             |                                    |                          |                          |                                   |                       |   |
|-----------------------------|------------------------------------|--------------------------|--------------------------|-----------------------------------|-----------------------|---|
| Recipient Last Name:        | <input type="text" value="Doe"/>   | <input type="checkbox"/> | Recipient First Name:    | <input type="text" value="John"/> | Medicaid ID:          | <input type="text" value="123456789A"/> |
| Date Field:                 | <input type="text"/>               |                          | Recipient Date of Birth: | <input type="text"/>              | Patient weight(lbs):  | <input type="text"/>                    |
| Patient Account Number:     | <input type="text" value="100JD"/> |                          | Medical Record Number:   | <input type="text"/>              | Post OP from Date:    | <input type="text"/>                    |
| Prior Authorization Number: | <input type="text"/>               |                          |                          |                                   | Post OP Through Date: | <input type="text"/>                    |

#### Provider Information

|  |  |                          |                       |   |
|--|--|--------------------------|-----------------------|---|
| Provider Last Name or Organization Name: | <input type="text" value="Santas Workshop"/>   | <input type="checkbox"/> | Provider First Name:  | <input type="text"/>                    |
| Medicaid Provider Number:                | <input type="text"/>                           |                          | National Provider ID: | <input type="text" value="1578851580"/> |
| Billing Address:                         | <input type="text" value="5555 North Avenue"/> |                          | Billing Taxonomy:     | <input type="text" value="310400000X"/> |
| Billing State:                           | <input type="text" value="NC"/>                |                          | Billing City:         | <input type="text" value="Claus Town"/> |
| Referring Physician Provider No:         | <input type="text"/>                           |                          | Billing Pay-To ZIP:   | <input type="text" value="280781234"/>  |
|  |  |                          | CLIA Number:          | <input type="text"/>                    |

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<https://webclaims.ncmedicaid.com/ncecs>

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Navigation Menu

### CMS-1500

#### Selection Criteria

Claim Type: CMS-1500 Claim ID: 111620123630558808

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#### Recipient Information

|                             |                                    |                          |                          |                                   |                       |   |
|-----------------------------|------------------------------------|--------------------------|--------------------------|-----------------------------------|-----------------------|---|
| Recipient Last Name:        | <input type="text" value="Doe"/>   | <input type="checkbox"/> | Recipient First Name:    | <input type="text" value="John"/> | Medicaid ID:          | <input type="text" value="123456789A"/> |
| Date Field:                 | <input type="text"/>               |                          | Recipient Date of Birth: | <input type="text"/>              | Patient weight(lbs):  | <input type="text"/>                    |
| Patient Account Number:     | <input type="text" value="100JD"/> |                          | Medical Record Number:   | <input type="text"/>              | Post OP from Date:    | <input type="text"/>                    |
| Prior Authorization Number: | <input type="text"/>               |                          |                          |                                   | Post OP Through Date: | <input type="text"/>                    |

#### Provider Information

|  |  |                          |                       |   |
|--|--|--------------------------|-----------------------|---|
| Provider Last Name or Organization Name: | <input type="text" value="Santas Workshop"/>   | <input type="checkbox"/> | Provider First Name:  | <input type="text"/>                    |
| Medicaid Provider Number:                | <input type="text"/>                           |                          | National Provider ID: | <input type="text" value="1578851580"/> |
| Billing Address:                         | <input type="text" value="5555 North Avenue"/> |                          | Billing Taxonomy:     | <input type="text" value="310400000X"/> |
| Billing State:                           | <input type="text" value="NC"/>                |                          | Billing City:         | <input type="text" value="Claus Town"/> |
| Referring Physician Provider No:         | <input type="text"/>                           |                          | Billing Pay-To ZIP:   | <input type="text" value="280781234"/>  |
|  |  |                          | CLIA Number:          | <input type="text"/>                    |

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Navigation Address: 2222 North Avenue Billing City: Charlotte

Billing State: NC Billing Pay-To ZIP: 280781234

Referring Physician Provider No: (Carolina Access Physician Number) CLIA Number:

Referring Physician NPI: (Carolina Access Physician NPI) Referring Taxonomy:

Service Facility Location: Service Facility NPI:

Service Facility ZIP: Billing Street Zip: 280781234

Miscellaneous Claim Information

EPSDT:  Follow-up  No Release of Information:  Yes  No

Referral given to Patient?:  Yes  No EPSDT Referral Type: [Dropdown]

Provider Site for Medicare Override?:  Yes  No

Related Causes:  Auto Accident State of Auto Accident: [Dropdown]

Employment Accident Date of Accident: [Text]

Other Accidental Injury

Original ICN: [Text]

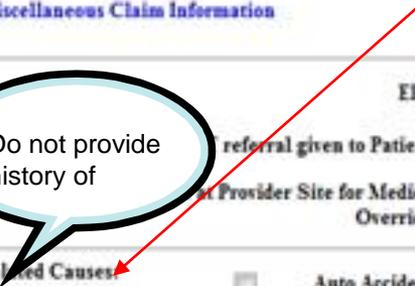
Place of Service Facility Type Code: 12-Home Claim Submission Reason Code: 1-Original

Adjustment Payer: NCXIX-Medicaid Payer

Rendering/Attending Information

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Do not provide history of



**Rendering/Attending Information**

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number:

R/A NPI:

R/A Taxonomy:

**CMS-1500 Insurance Detail**

[Add/Edit Other Insurance](#)

No Other Insurance Total Insurance: 0.00

**Diagnosis Codes**

|                   |                                    |                                    |                        |                                    |                        |                                    |                        |                                    |                         |                                    |
|-------------------|------------------------------------|------------------------------------|------------------------|------------------------------------|------------------------|------------------------------------|------------------------|------------------------------------|-------------------------|------------------------------------|
| <b>Principal:</b> | <input type="text" value="XXXXX"/> | <input type="button" value="..."/> |                        |                                    |                        |                                    |                        |                                    |                         |                                    |
| <b>Additional</b> | 1 <input type="text"/>             | <input type="button" value="..."/> | 2 <input type="text"/> | <input type="button" value="..."/> | 3 <input type="text"/> | <input type="button" value="..."/> | 4 <input type="text"/> | <input type="button" value="..."/> | 5 <input type="text"/>  | <input type="button" value="..."/> |
|                   | 6 <input type="text"/>             | <input type="button" value="..."/> | 7 <input type="text"/> | <input type="button" value="..."/> | 8 <input type="text"/> | <input type="button" value="..."/> | 9 <input type="text"/> | <input type="button" value="..."/> | 10 <input type="text"/> | <input type="button" value="..."/> |
|                   | 11 <input type="text"/>            | <input type="button" value="..."/> |                        |                                    |                        |                                    |                        |                                    |                         |                                    |

**CMS-1500 Detail**

[Add/Edit Details](#)

**Service Detail Information**

| From Date of Service | Through Date Of Service | Place of Service | HCPCS/CPT | Mod1 | Mod2 | Mod3 | Mod4 | Charge | Units | E/F | DME Days | Line | Item | Ctrl | Num |
|----------------------|-------------------------|------------------|-----------|------|------|------|------|--------|-------|-----|----------|------|------|------|-----|
| 11/01/2012           | 11/01/2012              | 12               | 99509     | HC   |      |      |      | 20.00  | 4     |     | 0        |      |      | 0    |     |

**Insured Information**

| Insurance Detail | Blind | Insurance Detail | Rate | Insurance Detail | Paid | Insurance Detail |
|------------------|-------|------------------|------|------------------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|------------------|-------|------------------|------|------------------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number:

R/A NPI:

R/A Taxonomy:

CMS-1500 Insurance Detail

[Add/Edit Other Insurance](#)

No Other Insurance Total Insurance: 0.00

Diagnosis Codes

|            |                                    |                        |                        |                        |                         |
|------------|------------------------------------|------------------------|------------------------|------------------------|-------------------------|
| Principal: | <input type="text" value="XXXXX"/> | <input type="text"/>   |                        |                        |                         |
| Additional | 1 <input type="text"/>             | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 5 <input type="text"/>  |
|            | 6 <input type="text"/>             | 7 <input type="text"/> | 8 <input type="text"/> | 9 <input type="text"/> | 10 <input type="text"/> |
|            | 11 <input type="text"/>            |                        |                        |                        |                         |

CMS-1500 Detail

[Add/Edit Details](#)

Service Detail Information

| From Date of Service | Through Date Of Service | Place of Service | HCPCS/CPT | Mod1 | Mod2 | Mod3 | Mod4 | Charge | Units | E/F | DME Days | Line | Item | Ctrl Num |
|----------------------|-------------------------|------------------|-----------|------|------|------|------|--------|-------|-----|----------|------|------|----------|
| 11/01/2012           | 11/01/2012              | 12               | 99509     | HC   |      |      |      | 20.00  | 4     |     | 0        |      |      | 0        |

Insured Information

| Insurance Detail |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Blind            | Rate             | Paid             |                  |                  |                  | Medicare         | Part             |

|    |  |  |   |  |  |   |  |  |   |  |  |    |  |  |
|----|--|--|---|--|--|---|--|--|---|--|--|----|--|--|
| 1  |  |  | 2 |  |  | 3 |  |  | 4 |  |  | 5  |  |  |
| 6  |  |  | 7 |  |  | 8 |  |  | 9 |  |  | 10 |  |  |
| 11 |  |  |   |  |  |   |  |  |   |  |  |    |  |  |

**CMS-1500 Detail**

Add/Edit Details

| Service Detail Information      |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |      |          |
|---------------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------|------|----------------------------------|--------|--------------------------|-----|----------|------|------|----------|
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3 | Mod4                             | Charge | Units                    | E/F | DME Days | Line | Item | Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |      |                                  | 20.00  | 4                        |     | 0        |      |      | 0        |
| Insured Information             |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |      |          |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      |      | Insurer Medicare Psych Reduction |        | Insurer Detail Paid Date |     |          |      |      |          |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      |      | 0.00                             |        |                          |     |          |      |      |          |
| No NDC Information              |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |      |          |
| Service Detail Information      |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |      |          |
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3 | Mod4                             | Charge | Units                    | E/F | DME Days | Line | Item | Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |      |                                  | 30.00  | 6                        |     | 0        |      |      | 0        |
| Insured Information             |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |      |          |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      |      | Insurer Medicare Psych Reduction |        | Insurer Detail Paid Date |     |          |      |      |          |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      |      | 0.00                             |        |                          |     |          |      |      |          |
| No NDC Information              |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |      |          |

**Total Claim Charge: 50.00**

**Claim Note**

|    |  |   |  |   |  |   |  |    |  |
|----|--|---|--|---|--|---|--|----|--|
| 1  |  | 2 |  | 3 |  | 4 |  | 5  |  |
| 6  |  | 7 |  | 8 |  | 9 |  | 10 |  |
| 11 |  |   |  |   |  |   |  |    |  |

**CMS-1500 Detail**

Add/Edit Details

| Service Detail Information      |                         |                         |                           |                             |      |                                  |      |                          |       |     |          |                    |
|---------------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------|----------------------------------|------|--------------------------|-------|-----|----------|--------------------|
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3                             | Mod4 | Charge                   | Units | E/F | DME Days | Line Item Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |                                  |      | 20.00                    | 4     |     | 0        | 0                  |
| Insured Information             |                         |                         |                           |                             |      |                                  |      |                          |       |     |          |                    |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      | Insurer Medicare Psych Reduction |      | Insurer Detail Paid Date |       |     |          |                    |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      | 0.00                             |      |                          |       |     |          |                    |
| No NDC Information              |                         |                         |                           |                             |      |                                  |      |                          |       |     |          |                    |
| Service Detail Information      |                         |                         |                           |                             |      |                                  |      |                          |       |     |          |                    |
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3                             | Mod4 | Charge                   | Units | E/F | DME Days | Line Item Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |                                  |      | 30.00                    | 6     |     | 0        | 0                  |
| Insured Information             |                         |                         |                           |                             |      |                                  |      |                          |       |     |          |                    |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      | Insurer Medicare Psych Reduction |      | Insurer Detail Paid Date |       |     |          |                    |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      | 0.00                             |      |                          |       |     |          |                    |
| No NDC Information              |                         |                         |                           |                             |      |                                  |      |                          |       |     |          |                    |

**Total Claim Charge: 50.00**

**Claim Note**

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HP Intranet Search

Navigation Menu

Navigation Menu

1 2 3 4 5  
6 7 8  
11

**CMS-1500 Detail**

Add/Edit Details

| Service Detail Information      |                         |                         |                           |                             |      |      |      |                                  |       |                          |          |       |               |
|---------------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------|------|------|----------------------------------|-------|--------------------------|----------|-------|---------------|
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3 | Mod4 | Charge                           | Units | E/F                      | DME Days | Line  | Item Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |      |      | 20.00                            | 4     |                          | 0        | 0     |               |
| Insured Information             |                         |                         |                           |                             |      |      |      |                                  |       |                          |          |       |               |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      |      |      | Insurer Medicare Psych Reduction |       | Insurer Detail Paid Date |          |       |               |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      |      |      | 0.00                             |       |                          |          |       |               |
| No NDC Information              |                         |                         |                           |                             |      |      |      |                                  |       |                          |          |       |               |
| Service Detail Information      |                         |                         |                           |                             |      |      |      |                                  |       |                          |          |       |               |
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3 | Mod4 | Charge                           | Units | E/F                      | DME Days | Line  | Item Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |      |      | 30.00                            | 6     |                          | 0        | 0     |               |
| Insured Information             |                         |                         |                           |                             |      |      |      |                                  |       |                          |          |       |               |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      |      |      | Insurer Medicare Psych Reduction |       | Insurer Detail Paid Date |          |       |               |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      |      |      | 0.00                             |       |                          |          |       |               |
| No NDC Information              |                         |                         |                           |                             |      |      |      |                                  |       |                          |          |       |               |
| <b>Total Claim Charge:</b>      |                         |                         |                           |                             |      |      |      |                                  |       |                          |          | 50.00 |               |

Claim Note

Local intranet | Protected Mode: Off 100%

Use the modifier listed in Decision Notice Provider receives from CCME



|    |  |   |  |   |  |   |  |    |  |
|----|--|---|--|---|--|---|--|----|--|
| 1  |  | 2 |  | 3 |  | 4 |  | 5  |  |
| 6  |  | 7 |  | 8 |  | 9 |  | 10 |  |
| 11 |  |   |  |   |  |   |  |    |  |

CMS-1500 Detail

Add/Edit Details

| Service Detail Information      |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |               |
|---------------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------|------|----------------------------------|--------|--------------------------|-----|----------|------|---------------|
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3 | Mod4                             | Charge | Units                    | E/F | DME Days | Line | Item Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |      |                                  | 20.00  | 4                        |     | 0        |      | 0             |
| Insured Information             |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |               |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      |      | Insurer Medicare Psych Reduction |        | Insurer Detail Paid Date |     |          |      |               |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      |      | 0.00                             |        |                          |     |          |      |               |
| No NDC Information              |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |               |
| Service Detail Information      |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |               |
| From Date of Service            | Through Date Of Service | Place of Service        | HCPCS/CPT                 | Mod1                        | Mod2 | Mod3 | Mod4                             | Charge | Units                    | E/F | DME Days | Line | Item Ctrl Num |
| 11/01/2012                      | 11/01/2012              | 12                      | 99509                     | HC                          |      |      |                                  | 30.00  | 6                        |     | 0        |      | 0             |
| Insured Information             |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |               |
| Insurer Detail Blood Deductible | Insurer Detail Late Fee | Insurer Detail Paid Amt | Insurer Detail deductible | Insurer Detail co-insurance |      |      | Insurer Medicare Psych Reduction |        | Insurer Detail Paid Date |     |          |      |               |
| 0.00                            | 0.00                    | 0.00                    | 0.00                      | 0.00                        |      |      | 0.00                             |        |                          |     |          |      |               |
| No NDC Information              |                         |                         |                           |                             |      |      |                                  |        |                          |     |          |      |               |

Total Claim Charge: 50.00

Claim Note

# Maintenance of Service (MOS) for Adults

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- DMA received additional guidance from CMS
  - Prior to 12/28/12,
    - Adults authorized for service in excess of 80 hours per month and
    - Who appealed an adverse determination before 1/1/13 meant that individuals were to be maintained at 80 hours per month
    - Reimbursement methodology and rate in effect on 1/1/13 what was to be paid during pendency of an appeal (\$3.88 per 15 minute unit)

# Maintenance of Service (MOS) for Adults- continued

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- On 12/28/12, CMS provided guidance to NC
  - that NC has flexibility to reinstate services to the levels that existed prior to the individuals' adverse determination for individuals who appeal between 1/1/13 and 1/30/13
  - The provider still receives the Notice of MOS with # of authorized hours for MOS until the appeal is resolved

# What Billing topics can be addressed by CCME Billing Department?

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- Inquiries about Personal Care Service error codes
  - 2222- no documentation on file
  - 0023- services require prior approval
  - 5129/5111- provider number on claims does not match provider number on record
  - 5308- authorized units are exceeded
  - 5130/5112- procedure coded billed does not match procedure code on record

# What Billing Questions are directed to HP?

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- Denials
- Wrong Carolina Access Number
- Wrong CPT code
- Assistance with the Web Tool
- Request for on site visit

# RESOURCES

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- **HP Enterprise Services (HPES)** – Provider Services
- Toll Free Number: 800-688-6696
  
- **Division of Medical Assistance (DMA)** - <http://www.ncdhhs.gov/dma/index.htm>
  - Basic Medicaid and NC Health Choice Billing Guide - <http://www.ncdhhs.gov/dma/basicmed>

# RESOURCES

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- **The Carolina Center for Medical Excellence (CCME) -**  
[www.thecarolinascenter.org](http://www.thecarolinascenter.org)
- CCME's Call Center is available Monday through Friday from 8:00 a.m. – 5:00 p.m.
  - Toll Free Number: 800-228-3365

# RESOURCES

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- **Special Bulletin Dec 2011**

- <http://www.ncdhhs.gov/dma/bulletin/ncecsWebGuide.pdf>

- **North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool**

**<https://webclaims.ncmedicaid.com/ncecs>**

- **[www.nucc.org](http://www.nucc.org)**

- **Provides a crosswalk of paper CMS 1500 fields to electronic form equivalent fields**

# RESOURCES

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- [www.cms.gov](http://www.cms.gov)
- <http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx>

Special Payment to  
ACH Providers  
Licensed Under 131D  
SL-2012-142 10.37A (f)

Sandy Terrell  
NC Division of Medical Assistance  
December 31, 2012 (rev)

# Session Law 2012

## Section 10.37 A (d-f)

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- Transitions to Community Living fund
  - \$10.3M appropriated to support planning for individuals with severe Mental Illnesses into community including
    - Transitions individuals with severe Mental Illness and SPMI
    - Establish a rental assistance program

# Session Law 2012

## Section 10.37 A (d-f)

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- Transitions to Community Living fund (continued)
  - \$39.7M appropriated to ACH to provide stable and safe housing and care to frail and elderly during transition and transformation of statewide system
    - Licensed homes under §131D
    - Beneficiaries no longer eligible to receive Medicaid reimbursable assistance (not for housing)
    - No community placement is available for safe and timely discharge
    - Adult care home resident discharge team (ACHDRT) certifies with DHHS that a safe and timely placement is unavailable

# Session Law 2012

## Section 10.37 A (f)

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Funds available 1/1/13-06/30/13

- Paid to ACH providers
- 1<sup>st</sup> to 90th day of certification (\*) \$694.00/mo
- 91<sup>st</sup> to 180 days of certification (\*)\$520.50/mo

Funds will cease to upon implementation of 1915i -HCBS for elderly individuals typically served in special care or memory care units

(\*) or 6/30/13 whichever is earlier

# Accessing Funds for a beneficiary who does not appeal PCS transition denial

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Beneficiary must reside in ACH on 12/31/12

Conducts due diligence to find appropriate placement

Follows §131 D4.8

- Issues the 30 day Discharge notice
- Refer made Local DSS
- DSS determines lead agency (DSS or LME)
- Lead agency completes a mini assessment
- Lead agency certifies the beneficiary
- Notifies ACH provider of certification
- Lead agency continues to look for appropriate placement after certification

# Accessing Funds for a beneficiary who does not appeal PCS transition denial

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- Please allow at least 10 business days after notification of certification by Lead Agency
- Prior approval will be issued to allow ACH providers to submit CMS 1500 to receive funds
- Initial Date of Service is date that beneficiary is certified by Lead Agency
- All submissions must be sent by 06/30/13

# Accessing Funds for a beneficiary who does not appeal PCS transition denial

Submit a CMS 1500

- ❑ any diagnosis code

**AND**

- ❑ HCPCS code S 5126 (Attendant care services; per diem)

**AND** one of the following:

- SE modifier (\*) for dates of service up to 90<sup>th</sup> day or 06/30/13 whichever is earlier  
OR
- TS modifier (\*\*) for dates of service from 91<sup>st</sup> day to 180<sup>th</sup> day or until 06/30/13 whichever is earlier
- Dates of service
  - Once certified, interrupted dates of service such as hospitalizations should not be submitted. Upon return to facility, dates of service can resume for these funds
- Payment
  - made every check write
  - Payment calculated on a per diem basis
    - SE modifier \$23.13 daily
    - TS modifier: \$17.35 daily

(\*)SE Modifier description: "State and or Federally funded programs/services" will be used with S 5126 to indicate the higher rate

(\*\*) TS Modifier description: "Follow up service" will be used with S5126 to indicate the lower rate

# What if the Beneficiary files an Appeal?

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- Beneficiary files timely appealing the PCS transition denial
  - MOS is authorized hours during the pendency of the appeal
- If the PCS transition denial is upheld, MOS ends
- ACH provider may access these Transition Funds as appropriated by SL-2012-142 10.37A (f)

# Accessing Funds for a beneficiary who loses their Appeal

Submit a CMS 1500

- ❑ any diagnosis code

**AND**

- ❑ HCPCS code S 5126 (Attendant care services; per diem)

**AND** one of the following:

- SE modifier (\*) for dates of service up to 90<sup>th</sup> day or 06/30/13 whichever is earlier  
OR
- TS modifier (\*\*) for dates of service from 91<sup>st</sup> day to 180<sup>th</sup> day or until 06/30/13 whichever is earlier
- Dates of service
  - Once certified, interrupted dates of service such as hospitalizations should not be submitted. Upon return to facility, dates of service can resume for these funds
- Payment
  - made every check write
  - Payment calculated on a per diem basis
    - SE modifier \$23.13 daily
    - TS modifier: \$17.35 daily

(\*)SE Modifier description: "State and or Federally funded programs/services" will be used with S 5126 to indicate the higher rate

(\*\*) TS Modifier description: "Follow up service" will be used with S5126 to indicate the lower rate



QUESTIONS?