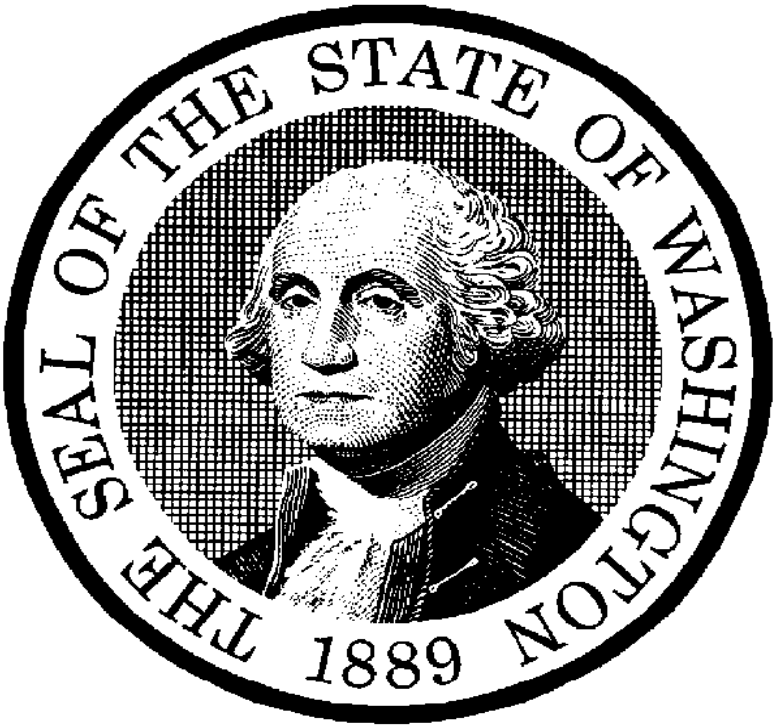
Washington State Department of Social & Health Services

Health and Recovery Services Administration (HRSA)



Private Duty Nursing for Children

Billing Instructions

[WAC 388-551-3000]

Copyright Disclosure

About this publication

This publication supersedes all previous HRSA Private Duty Nursing Billing Instructions and Numbered Memorandum published by the Health and Recovery Services Administration.

Note: The effective date and publication date for any particular page of this document may be found at the bottom of the page.

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Important Contacts

A provider may contact HRSA with questions regarding its programs. However, HRSA's response is based solely on the information provided to HRSA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern HRSA's programs. [WAC 388-502-0020(2)]

How can I use the Internet to…

Find information on becoming a DSHS provider?

Visit Provider Enrollment at:
http://maa.dshs.wa.gov/provrel

Click ***Sign up to be a DSHS WA state Medicaid provider*** and follow the on-screen instructions.

Ask questions about the status of my provider application?

Visit Provider Enrollment at:
http://maa.dshs.wa.gov/provrel

- Click ***Sign up to be a DSHS WA state Medicaid provider***
- Click ***I want to sign up as a DSHS Washington State Medical provider***
- Click ***What happens once I return my application?***

Submit a change of address or ownership?

Visit Provider Enrollment at:
http://maa.dshs.wa.gov/provrel

- Click ***I'm already a current Provider***
- Click ***I want to make a change to my provider information***

Check payments, denials, claims processing, or HRSA managed care organizations?

Visit the Customer Service Center for Providers at:
http://maa.dshs.wa.gov/provrel

- Click ***I'm already a current Provider***
- Click ***Frequently Asked Questions***

or call/fax:
800.562.3022, Option 2 (toll free)
360.725.2144 (fax)

or write to:
HRSA Customer Service Center
PO Box 45562
Olympia, WA 98504-5562

If I don't have access to the Internet, how do I find information on…

Becoming a DSHS provider, ask questions about the status of my provider application, or submit a change of address or ownership?

Call Provider Enrollment at:
800.562.3022, option 2 then option 5 (toll free)

or write to:
HRSA Provider Enrollment
PO Box 45562
Olympia, WA 98504-5562

If I don't have access to the Internet, how do I find information on… (cont.)

Private insurance or third-party liability, other than HRSA managed care?

Office of Coordination of Benefits
PO Box 45565
Olympia, WA 98504-5565
800.562.6136 (toll free)

How do I find out about Internet billing (electronic claims submission)?

Call the HRSA/HIPAA E-Help Desk at:
800.562.3022 (toll free) and choose option #2, then option #4

or e-mail to:
hipaae-help@dshs.wa.gov

- or -

visit:
WinASAP and WAMedWeb:
http://www.acs-gcro.com

Click ***Medicaid*** then ***Washington State***.

All other HIPAA transactions:
https://wamedweb.acs-inc.com

To enroll with ACS EDI Gateway for HIPAA Transactions and/or WinASAP 2003, visit:
http://www.acs-gcro.com

Click ***Medicaid***, then ***Washington State***, then ***Enrollment***.

or call ACS EDI Gateway, Inc. at:
800.833.2051 (toll free)

After you submit the completed EDI Provider Enrollment form, ACS will send you the link and information necessary to access the web site. If you are already enrolled but cannot access the website, please call ACS toll free at 800.833.2051.

Who do I call for prior authorization?

Division of Developmental Disabilities
Medically Intensive Home Care Program Manager
360.725.3451

Where can I view and download HRSA fee schedules?

Visit:
http://maa.dshs.wa.gov/rbrvs

How do I check on a client's eligibility status or provider warrant amount?

Call HRSA at:
800.562.3022 (toll free) and choose option #2

Who do I call for pharmacy authorization?

Pharmacy Authorization Section
Drug Use and Review
800.848.2842
(option 1 for drugs listed on PDL)
(option 2 for prior authorization requests and DAW reimbursement corrections.)
(option 3 for other reimbursement corrections.)

Who do I call for pharmacy authorization? (cont.)

Backup documentation ONLY must be mailed or faxed to:
Pharmacy Authorization Section
Drug Use and Review
PO Box 45506
Olympia WA 98504-5506
Fax: 360.725.2141 (for pharmacies)
Fax: 360.725.2122 (for prescribers)

Who do I call if I have technical questions about switch vendor issues or system availability issues?

Affiliated Computer Services, Inc.
Technical Assistance Help Desk
800.365.4944

Where do I send paper claims?

Claims Processing
PO Box 9248
Olympia, WA 98507-9248

How do I obtain DSHS forms?

To **view and download** DSHS forms, visit DSHS Forms and Records Management Service on the web:
http://www1.dshs.wa.gov/msa/forms/eforms.html

To **have a paper copy sent** to you, contact DSHS Forms and Records Management Service:
Phone: 360.664.6047
Fax: 360.664.6186

Include in your request:

- Form number and name;
- Quantity you want;
- Your name;
- Your office/organization name; and
- Your complete mailing address.

Definitions & Abbreviations

This section defines terms and abbreviations (includes acronyms) used in these billing instructions.

Authorization –Official approval for action taken for, or on behalf of, an eligible client. This approval is only valid if the client is eligible on the date of service.

Authorization Number - A number assigned by Health and Recovery Services Administration (HRSA) that identifies a specific request for approval for services or equipment. [WAC 388-500-0005]

Client - An individual who has been determined eligible to receive medical or health care services under any HRSA program. [WAC 388-500-0005]

Code of Federal Regulations (CFR) - Rules adopted by the federal government [WAC 388-500-0005]

Community Services Office (CSO) - An office of the department that administers social and health services at the community level. [WAC 388-500-0005]

Core Provider Agreement - The basic contract between HRSA and an entity providing services to eligible clients. The core provider agreement outlines and defines terms of participation in medical assistance programs. [WAC 388-500-0005]

Department - The state Department of Social and Health Services. [WAC 388-500-0005]

Division of Developmental Disabilities – The organization within DSHS that supports individuals enrolled in DDD per RCW 71A.10.020 (3) and (4).

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) - Also known as the "healthy kids" program, means a program providing early and periodic screening, diagnosis and treatment to persons under 21 years of age who are eligible for Medicaid or the children's health program. [WAC 388-500-0005]

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Explanation of Medicare Benefits (EOMB) – A federal report generated for Medicare providers displaying transaction information regarding Medicare claims processing and payments.

Health and Recovery Services Administration (HRSA) - The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI State Children's Health Insurance Program (SCHIP), Title XVI Supplemental Security Income for the Aged, Blind, and Disabled (SSI), and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

Home Health Agency - An agency or organization certified under Medicare to provide comprehensive health care on a part-time or intermittent basis to a patient in the patient's place of residence. [WAC 388-500-0005]

Intermittent Home Health – Skilled nursing services and specialized therapies provided in a client's residence. Services are for client's with acute, short-term intensive courses of treatment.

Managed Care – A comprehensive system of coordinated medical and health care delivery including preventive, primary, specialty, and ancillary health services. [WAC 388-500-0005]

Maximum Allowable - The maximum dollar amount HRSA will reimburse a provider for a specific service, supply, or piece of equipment. [WAC 388-500-0005]

Medicaid – The state and federally funded Title XIX program under which medical care is provided to persons eligible for the:

- Categorically needy program; or
- Medically needy program

Health and Recovery Services Administration (HRSA) – The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI state-children's health insurance program (S-CHIP), Title XVI, and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities. [WAC 388-500-0005]

Medical Identification (ID) card – The document that identifies a client's eligibility for a medical program. This card was formerly known as the medical assistance identification (MAID) card or medical coupon.

Medically Intensive Home Care Program – A program managed by DDD that provides a home-based program for clients age 17 and under who require complex, long-term care for a condition of such severity and/or complexity that continuous skilled nursing care is required. Persons with medically intensive needs require more individual and continuous care than is available from an intermittent visiting nurse.

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. [WAC 388-500-0005]

Medicare - The federal government health insurance program for certain aged or disabled clients under Titles II and XVIII of the Social Security Act. Medicare has two parts:

- "Part A" covers the Medicare inpatient hospital, post-hospital skilled nursing facility care, home health services, and hospice care.
- "Part B" is the supplementary medical insurance benefit (SMIB) covering the Medicare doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of Medicare.

[WAC 388-500-0005]

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each HRSA client and which consists of:

- First and middle initials (or a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Plan of Treatment (POT) – (Also known as "plan of care" [POC]) The written plan of care for a patient which includes, but is not limited to, the physician's order for treatment and visits by the disciplines involved, the certification period, medications, and rationale indicating need for services.

Provider - Any person or organization that has a signed contract or core provider agreement with DSHS to provide services to eligible clients. [WAC 388-500-0005]

Provider Number – an identification number issued to providers who have a signed contract(s) with HRSA. [WAC 388-500-0005]

Remittance And Status Report (RA) - A report produced by Medicaid Management Information System (MMIS), HRSA's claims processing system, that provides detailed information concerning submitted claims and other financial transactions. [WAC 388-500-0005]

Revised Code of Washington (RCW) - Washington State laws.

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid. [WAC 388-500-0005]

Usual & Customary Fee - The rate that may be billed to the department for a certain service or equipment. This rate may not exceed 1) the usual and customary charge that you bill the general public for the same services, or 2) if the general public is not served, the rate normally offered to other contractors for the same services.

Washington Administrative Code (WAC) - Codified rules of the state of Washington.

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Private Duty Nursing Services

Private duty nursing services are administered by the Division of Developmental Disabilities (DDD) through the Medically Intensive Home Care Program (MIHCP). The purpose of this program is to reduce the cost of health care services by providing equally effective, more conservative, and/or less costly treatment in a client's home.

Private duty nursing services are considered *supportive* to the care provided to the client by family members or guardians. Private duty nursing services are decreased as the family/ guardian or other caregiver becomes able to meet the client's needs or when the client's needs diminish.

What are private duty nursing services?

[Refer to WAC 388-551-3000]

Private duty nursing services consists of four or more hours of continuous skilled nursing services provided in the home to eligible clients with complex medical needs that cannot be managed within the scope of intermittent home health services.

Skilled nursing service is the management and administration of the treatment and care of the client, and may include, but is not limited to:

- **Assessments** (e.g., respiratory assessment, patency of airway, vital signs, feeding assessment, seizure activity, hydration, level of consciousness, constant observation for comfort and pain management);

- **Administration of treatment related to technological dependence** (e.g., ventilator, tracheotomy, BIPAP (bilevel positive airway pressure), IV (intravenous) administration of medications and fluids, feeding pumps, nasal stints, central lines);

- **Monitoring and maintaining parameters/machinery** (e.g., oximetry, blood pressure, lab draws, end tidal CO_2s, ventilator settings, humidification systems, fluid balance, etc.); and

- **Interventions** (e.g., medications, suctioning, IVs, hyperalimentation, enteral feeds, ostomy care, and tracheostomy care).

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Client Eligibility

Who is eligible for private duty nursing services for children? **[Refer to WAC 388-551-3000(2)]**

To be eligible for private duty nursing services, a client must meet all of the following:

- Be 17 years of age or younger;
  [For clients over 18 years of age or older who require private duty nursing, contact Aging and Adult Services at (360) 493-4512.]

- Need continuous skilled nursing care that can be provided safely outside an institution;

- Have prior authorization from the department; and

- Present a Medical ID card listing one of the following identifiers:

Medical ID Identifier	Medical Program
CNP	Categorically Needy Program
CNP-CHIP	Children's Health Insurance Program
LCP-MNP	Limited Casualty Program – Medically Needy Program

Are clients who are enrolled in an HRSA managed care plan eligible for private duty nursing services?

Private duty nursing services are included in the scope of service under HRSA's managed care plans. Clients with an identifier in the HMO column on their Medical ID cards are enrolled in one of HRSA's managed care plans and must receive all private duty nursing services directly through their plan. Clients can contact their plan by calling the telephone number indicated on their Medical ID card.

Primary Care Case Manager:

For the client who has chosen to obtain care with a PCCM, the identifier in the HMO column will be "PCCM." These clients must obtain their service via the PCCM. The PCCM is responsible for coordination of care just like the primary care provider (PCP) would be in a managed care plan. **Please refer to the client's Medical ID card for the PCCM.**

Women enrolled in the PCCM model of Healthy Options must have a referral from their PCP in order for women's health care services to be paid to an outside provider. The reason for this is the Indian clinics that contract as PCCMs do not meet the definition of health carriers in chapter 48.42 RCW. These clinics are not any of the organizations listed in Section 1 of this RCW; thus, they are exempt from the requirements spelled out in this act, including self-referrals by women to women's health care services.

Provider/Client Responsibilities

Who must perform the private duty nursing services?

[Refer to WAC 388-551-3000(3)]

The Department of Social and Health Services (DSHS) contracts only with home health agencies licensed by Washington state to provide private duty nursing services. The licensed home health agency must also be enrolled with HRSA as a medical provider. (See *Important Contacts* section for telephone number for Provider Enrollment.)

Within the home health agency, Private Duty Nursing services must be performed by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) under the direction of a physician. [WAC 388-551-3000(5)(e)]

Appropriate medical training for the nurses and the family/guardian is the responsibility of the discharging hospital and the receiving licensed home health agency. Training costs due to nurse turnover or client transfers are the responsibility of the licensed home health agency.

The licensed home health agency is responsible for meeting all of the client's nursing needs. HRSA will not approve intermittent nursing visits in addition to Private Duty Nursing services.

Who's responsible for choosing a private duty nursing agency?

Choosing a licensed home health agency is the responsibility of one, or a combination, of the following caregivers involved with the client's care:

- Family member/guardian;
- Attending physician;
- Client's social worker or case manager; or
- Discharge planner.

See "How do I request prior authorization?" on page D.1.

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Prior Authorization

Is prior authorization required for private duty nursing services? [Refer to WAC 388-551-3000(4)]

Yes! Providers must receive prior authorization from the Division of Developmental Disabilities (DDD) **prior** to providing private duty nursing services to clients.
DSHS approves requests for private duty nursing services on a case-by-case basis.

How do I request prior authorization?

[Refer to WAC 388-551-3000(4)]

A provider must coordinate with a Division of Developmental Disability case manager and request prior authorization by submitting a complete referral to the Division of Developmental Disabilities.

This referral must include all of the following:

- The client's age, medical history, diagnosis, and current prescribed treatment plan as developed by the individual's physician;
- Current nursing care plan that may include copies of current daily nursing notes that describe nursing care activities;
- An emergency medical plan which includes notification of electric, gas, and telephone companies, as well as local fire department;
- A written request from the client or the client's legally authorized representative for home care; and
- Psycho-social history/summary which provides the following information:
  - ✓ Family constellation and current situation;
  - ✓ Available personal support systems;
  - ✓ Presence of other stresses within and upon the family; and
  - ✓ Projected number of nursing hours needed in the home, after discussion with the family or guardian.

Where do I send the completed referral?

MIHCP Manager
Division of Developmental Disabilities
PO Box 45310
Olympia WA 98504-5310

When does DSHS approve requests for private duty nursing services? [Refer to WAC 388-511-3000(5)]

DSHS approves requests for private duty nursing services for eligible clients on a case-by-case basis when:

- The information submitted by the provider is complete;
- The care will be provided in the client's home;
- The cost of private duty nursing does not exceed the cost to the department for institutional care;
- An adult family member or guardian has been trained and is capable of providing the skilled nursing care;
- A registered or licensed practical nurse will provide the care under the direction of a physician; and
- Based on the referral submitted by the provider, DSHS determines:
  - ✓ The services are medically necessary for the client because of a complex medical need that requires continuous skilled nursing care which can be provided safely in the client's home;
  - ✓ The client requires more nursing care than is available through the home health services program; and
  - ✓ The home care plan is safe for the client.

Coverage

What is covered? [Refer to WAC 388-551-3000(6)]

Upon approval, the MIHCP manager will notify the client's DDD case manager of the final determination. The MIHCP manager will authorize private duty nursing services **up to a maximum of 16 hours per day** (see **exception** listed below), restricted to the least costly, equally effective amount of care.

Exception: The MIHCP manager may authorize additional hours for a maximum of 30 days, if any of the following apply:

- The family or guardian is being trained in care and procedures;
- There is an acute episode that would otherwise require hospitalization and the treating physician determines that noninstitutional care is still safe for the client;
- The family or guardian caregiver is ill or temporarily unable to provide care;
- There is a family emergency; or
- The department determines it is medically necessary.

The client's DDD case manager will notify the client's caregivers. Once the specific nursing agency is selected and prior to the initiation of care, that agency must contact the MIHCP manager to obtain the authorization number and the number of nursing care hours allowed for each MIHCP client.

Before starting the care, call:
MIHCP Manager
360.725.3451

It is the nursing agency's responsibility to contact the MIHCP nursing coordinator to obtain an authorization number and verify the total number of hours authorized at the beginning of each approved time span. Additional nursing hours beyond the allotted monthly hours must be prior authorized.

The MIHCP manager will adjust the number of authorized hours when the client's condition or situation changes. Any hours of nursing care services in excess of those authorized by the MIHCP manager must be paid for by the client, family or guardian.

The nursing notes and plan of care must be kept in the client's file and made available for review by the MIHCP Manager upon request.

The plan of care must be updated every 62 days to include:

- Physician assessment;
- Current orders;
- Current signature;
- Current nursing assessment;
- Current nursing care plan;
- Nursing notes for past week; and
- Medical necessity for current nursing hours.

Private Duty Nursing Coverage Table

HCPCS Procedure Code	Appropriate Modifier(s)			Description of Services
T1000	TD			RN, per 15 min.
T1000	TD	TU		RN, per 15 min, **overtime**
T1000	TD	TV		RN, per 15 min., **holiday***
T1000	TD	TK		RN – second client; same home, per 15 min.
T1000	TD	TK	TV	RN – second client; same home, per 15 min., **holiday***
T1000	TE			LPN, per 15 min.
T1000	TE	TU		LPN, per 15 min, **overtime**
T1000	TE	TV		LPN, per 15 min., **holiday***
T1000	TE	TK		LPN – second client; same home, per 15 min.
T1000	TE	TK	TV	LPN – second client; same home, per 15 min., **holiday***

Key to Modifiers:

TD = RN
TE = LPN
TV = Holiday
TK = Second client
TU = Overtime

Note: Procedure code T1000 **requires prior authorization.** HRSA pays for Private Duty Nursing services per unit. 1 unit = 15 minutes.

Bill Your Usual and Customary Fee.

*** Paid holidays are limited to**: New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, and Christmas Day.

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Billing

What are the general billing requirements?

Providers must follow the general billing requirement in DSHS's General Information Booklet (http://maa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims;
- What fee to bill DSHS for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCPM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Scheduling of Hours

RN service hours may be performed in combination with LPN service hours. The combination must not exceed the total hours that have been prior approved for each calendar month of care.

Multiple Clients in the Same Home

The MICHP Manager may authorize additional payment when the private duty nurse cares for more than one client in the same home. Be sure to use a separate CMS-1500 claim form for each client receiving private duty nursing services.

Services Covering More Than One Month

If you receive prior authorization from the MIHCP Manager to provide more than one month of services, bill each month on a separate line.

Fee Schedule

You may view HRSA's **Private Duty Nursing Fee Schedule** on-line at

http://maa.dshs.wa.gov/RBRVS/Index.html

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Completing the CMS-1500 Claim Form

Note: HRSA encourages providers to make use of electronic billing options.
For information about electronic billing, refer to the *Important Contacts* section.

Refer to HRSA's current *General Information Booklet* for instructions on completing the CMS-1500 claim form. You may download this booklet from HRSA's website at: http://maa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/General%20Information.html

The following CMS-1500 claim form instructions relate to **Private Duty Nursing Billing Instructions**. Click the link above to view general CMS-1500 Claim Form instructions.

For questions regarding claims information, call HRSA toll-free:
800.562.3022

CMS-1500 Claim Form Field Descriptions

Field No.	Name	Field Required	Entry
24B.	**Place of Service**	Yes	Enter the following code **Code Number** **To Be Used For** 12 Home

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