

Social Services ProviderOne Billing Supplement for Providers of Private Duty Nursing for Adults

Effective for claims billed on and after October 1, 2016

All claims must be submitted electronically to the agency, except under limited circumstances.

For more information about this policy change, see [Paperless Billing at HCA](#).

For providers approved to bill paper claims, see the agency's [Paper Claim Billing Resource](#).

The purpose of this billing supplement is to assist social services providers to properly bill the Health Care Authority (agency) for services provided to eligible clients 18 years of age and older.

What procedure codes may I bill the agency?

HCPCS Procedure Code	Appropriate Modifier(s)		Description of Services
T1000	TD		RN, per 15 min.
T1000	TD	TV	RN, per 15 min., holiday*
T1000	TE		LPN, per 15 min.
T1000	TE	TV	LPN, per 15 min., holiday*

Key to Modifiers: TD = RN
TE = LPN
TV = Holiday

- The agency pays for private duty nursing services per unit. 1 unit = 15 minutes.
- The agency does not pay for the second client premium or overtime for clients age 18 and older.
- Your social services authorization letter will not include modifiers. When billing the agency, use the appropriate modifier(s).

* **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.

How do I bill for services?

- Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency's [Billers and Providers](#) web page, under [Webinars](#).
- For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) web page.

Note: To prevent billing denials, check the client's eligibility for other coverage **before** scheduling services and at the **time of the service**. See the agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility and how to request a limitation extension or exception to rule. Providers must exhaust other coverage before submitting a request for payment to the agency under a social services authorization.

Who do I contact if I have questions?

Visit the Washington Apple Health [Contact Us](#) page for further information about program coverage, how to bill, or who to contact with questions.