

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

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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., <b>holiday*</b>
T1000	TE		LPN, per 15 min.
T1000	TE	TV	LPN, per 15 min., <b>holiday*</b>

**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?

The agency's online Webinars are available to providers with instructions on how to bill shared services<sup>1</sup> on professional claims and crossover claims electronically:

- [DDE<sup>2</sup> Professional claim](#)
- [DDE Professional with Primary Insurance](#)
- [DDE Medicare Crossover Claim](#)

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<sup>1</sup> Shared services are medical services shared between Washington Apple Health and the Department of Social and Health Services.

<sup>2</sup> DDE stands for direct data entry.

Also, see Appendix I of the agency's [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 claim form (version 02/12).

**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 agency's [website](#) for further information about program coverage, how to bill, or who to contact with questions.