



MISSOURI
DIVISION OF MEDICAL SERVICES

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Private Duty Nursing Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) national standards, the Division of Medical Services (DMS) has analyzed how Private Duty Nursing providers must bill for services in order to be in compliance with the implementation of national transaction and code sets. HIPAA mandates the use of standard HCPCS code sets; however, it does not require states to add coverage for services that it does not currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web page at www.medicaid.state.mo.us. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010A1 Companion Guide. For information on Trading Partner Agreements, select Section 1 - Getting Started; select Trading Partner Registration. All

questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

PROCEDURE CODES

Private Duty Nursing providers *must* use the appropriate covered codes listed on Attachment A for dates of service on or after October 1, 2003. Providers should note that procedure codes with a unit definition of one hour are being replaced with procedure codes with a unit definition of 15 minutes.

TYPE OF SERVICE

Effective October 16, 2003, the type of service is no longer a valid code set under HIPAA standards. Type of service *should not* be included on any type of claim submission on or after October 16, 2003, regardless of the date of service being billed.

PRIOR AUTHORIZATIONS

The following will apply to the AIDS Waiver Private Duty Nursing and Waiver Attendant Care services authorized by the Department of Health and Senior Services, Section for Communicable Disease Prevention/Prevention and Care Programs:

- An updated Missouri Medicaid Authorization Determination incorporating a change in the number of authorized units and/or procedure code will not be necessary to be in compliance with the HIPAA standards. The information in the Division of Medical Services' (DMS) prior authorization system will be updated to reflect the new number of authorized units (multiplied by four (4) to equal the total of 15 minute units authorized) and/or procedure codes for dates of service October 1, 2003, and after to insure the correct adjudication of claims submitted by providers.
- When services are added and/or changes made in the prior authorized services, an updated Missouri Medicaid Authorization Determination reflecting the new procedure codes and/or the amended number of units will be forwarded to the provider.

The following will apply to the Private Duty Nursing services authorized by the Department of Health and Senior Services, Bureau of Special Health Care Needs:

- As these services are authorized in increments of more than one (1) month, an amended Missouri Medicaid Authorization Determination incorporating a change in the procedure code and the number of units for services authorized for dates of service October 1, 2003, and after will be forwarded to the provider.

Provider Communications

(800) 392-0938

or

(573) 751-2896

Attachment A

DESCRIPTION	DELETED CODE	REPLACEMENT CODE	MAXIMUM ALLOWABLE AMOUNT
Private duty nursing, RN/LPN, HCY, 15-minute unit	Y9009	T1000	\$6.31
Private duty nursing, RN/LPN, AIDS Waiver, 15-minute unit	Y9310	T1000 U4	\$6.31
Private duty nursing, RN/LPN, Physical Disabilities Waiver, 15-minute unit	Y9605	T1000 U5	\$6.31
Waiver attendant care, per diem, AIDS Waiver	Y9316	S5126 U4	\$103.84

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