Billing Guide for Ohio - State Plan Private Duty Nursing

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Introduction

This guide is designed to assist waiver providers in understanding the billing process for the services they provide under Ohio's Medicaid waiver programs. It explains the billing codes, helpful tips, modifiers to use, and how to receive reimbursement.

Definitions

2.1. Private Duty Nursing Services (OAC 5160-12-02)

(A) "Private duty nursing (PDN)" is a continuous nursing service that requires the skills of and is performed by either a registered nurse (RN) or a licensed practical nurse (LPN) at the direction of a registered nurse. A service is not considered a PDN service merely because it was performed by a licensed nurse.
(B) Nursing tasks and activities that should only be performed by an RN include, but are not limited to, the following:

1) Intravenous (IV) insertion, removal or discontinuation;
2) IV medication administration;
3) Programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous and IV (except routine doses of insulin through a programmed pump);
4) Insertion or initiation of infusion therapies;
5) Central line dressing changes; and
6) Blood product administration.

2.2. Person-Centered Service Plan (PCSP)

- Person-Centered Service Plan (PCSP): This document details the individual goals, objectives, and interventions chosen by the Waiver Service Coordinator, the member, and their interdisciplinary team.
- The PCSP specifies the approved services and supports that are medically necessary for the member, guiding providers on their responsibilities, schedules, billing codes, and the payment amounts they are authorized to receive.
- Providers must be authorized to deliver the services listed in the PCSP before they begin providing any services.

Provider Network Management (PNM) Module

- The Provider Network Management (PNM) module is a component of the Ohio Medicaid Enterprise System (OMES), which replaced the Medicaid Information Technology System (MITS) provider enrollment subsystem and provider portal.
- CareSource is required to use provider data from the Provider Network Management (PNM) module as it is the official system of record.
- To ensure the provider data sent from the PNM module to CareSource is accurate, it is imperative that providers update all address and affiliation information in the PNM module so that claims payments, provider directories, and network adequacy measurements are not negatively impacted.
- Click on the following links for step-by-step instructions on how to complete these actions:
    - Updating or Adding Owner Information
    - Updating or Adding Practice Locations
    - Updating or Adding a Specialty in PNM

3.1. PNM Support:

- Phone: ODM Integrated Helpdesk (IHD) 800-686-1516
- Email: IHD@medicaid.ohio.gov
- Website: PNM & Centralized Credentialing | Ohio Medicaid Managed Care

Billing Codes and Modifiers

4.1. Private Duty Nursing Services

Billing codes for Private Duty Nursing services:

Billing Code	Modifier	Service Description
T1000		Private Duty Nursing Services
T1000	**TE**	Private Duty Nursing Services by an LPN
T1000	**TD**	Private Duty Nursing Services by an RN
T1000	**HQ**	Use the HQ modifier when billing T1000 if the service was given in a group setting. You will be reimbursed 75% of the Medicaid maximum rate
T1000	**U2**	Use the U2 modifier when billing T1000 for a second visit on the same day.
T1000	**U3**	Use the U3 modifier when billing T1000 for three or more visits on the same day.

***A visit is defined as start and stop times in care, with a lapse in time before returning to begin care with the same member**

Base Rate & Unit Rate

Rates	Description
Base Rate	- The base rate should be applied and billed for the first 35–60 minutes of the visit - 35 minutes is the minimum amount of time required to bill the base rate and the provider must be active & present the full 35 minutes
Unit Rate	- Use when: • Visit is ≤ 34 minutes, or • Billed for each 15-minute increment following the first hour *Maximum limits apply

*** *T1000 Private Duty Nursing services should not be billed in date spans. Each date of service (DOS) must be billed on a separate line so that the system can correctly calculate and pay the base rate and the unit rate.**

5.1. Reimbursement Guidelines

- CareSource follows the Ohio Department of Medicaid fee schedule and reimbursement guidelines per the Ohio Administrative Code (OAC) Rules: Review Fee Schedule Here 5160-46-06
- Claims can be submitted online using the CareSource Provider Portal: https://providerportal.caresource.com/
- Timely Filing Requirement: Providers must submit claims within 365 calendar days from the date of service
- Please ensure you are using the appropriate billing codes, modifiers, and rates

State Plan Private Duty Nursing Overview

State Plan Private Duty Nursing (PDN)	Includes	Eligible Providers	Codes
Eligibility Requirements - Medical need - Physician's orders - Face-to-face encounter	• Continuous skilled nursing care for greater than 4 hours for each episode of care. • The authorization may not exceed 12 hours per visit. • There may be multiple visits or shifts within a single service episode. • Cannot be used for habilitative care. • There may be multiple visits/shifts within a single service episode. Example: 16 continuous hours equals one episode with two provider shifts.	• Medicare-certified home health agencies - Provider type 60 • Other accredited home health agencies - Provider type 16 • Non-agency (independent) RN/LPN - Provider type 38	-T1000 -T1000 TE - LPN visit -T1000 TD - RN visit

Electronic Visit Verification (EVV)

EVV is part of a federal law that requires direct care workers (DCW) who provide certain personal care and home healthcare services to electronically report the following to make sure individuals are receiving the services they need (**OAC chapter-5160-32**):

- ✓ The type of service performed
- ✓ The individual receiving the service
- ✓ The date of the service
- ✓ The location of service delivery
- ✓ The DCW providing the service
- ✓ The time the service begins and ends

- ❖ **Independent Providers** must use the state-provided Sandata system to document visit capture
- ❖ **Agency Providers** can choose to use the state-provided Sandata system or an Ohio certified alternate EVV system.
- ❖ **Claims may deny if required EVV data is incomplete or a mismatch occurs**

7.1. EVV Support:

- Phone: 855-805-3505
- Email: ODMCustomerCareEmail@Sandata.com
- Website: Electronic Visit Verification | Medicaid

Authorization Process for State Plan PDN

- Medicaid State Plan services do not follow the same authorization process as waiver services.
- The Person-Centered Service Plan (PCSP) does not confirm authorization of State Plan services.
- Medicaid State Plan services are only listed on the Person-Centered Service Plan (PCSP) for provider visibility and transparency
- Authorization requires a physician order, a face-to-face encounter, and a Certificate of Medical Necessity (CMN).
- Please request authorization from CareSource with supporting documentation (listed above).
- Authorization is not a guarantee of payment – member eligibility must be verified on the service date

General Billing Guidelines

9.1. Link to General Billing Guidelines