



## Network Notification

**Notice Date:** July 31, 2019  
**To:** Ohio MyCare Providers  
**From:** CareSource®  
**Subject:** Assisted Living, Home Health and Hospice Billing Best Practices

### Summary

CareSource reviews common billing errors which lead to denials or delayed payments. Billing for Assisted Living, Home Health and Hospice have been identified as frequently being billed incorrectly. This network notification provides guidance on how to properly bill for the aforementioned services.

### Impact

All **time for one personal care visit, should be entered on one line** with total cost and units.

- Example A: a personal care aide works four (4) hours for one personal care services visit. The claim should be submitted as shown below:

**Submission Form**

| Date     | Code                    | Units | Charge |
|----------|-------------------------|-------|--------|
| 8/5/2018 | T1019 - Personal Care A | 16    | 54.04  |

**Eligible Submissions**

|          |       |    |       |
|----------|-------|----|-------|
| 8/5/2018 | T1019 | 16 | 54.04 |
|----------|-------|----|-------|

Providers should submit **claims for the same service code and modifier with the appropriate date of service under one claim**. Note: If one visit billed on multiple lines, the first line will pay and any additional lines will deny as duplicate. Total hours for service provided on one line.

- Example B: Includes multiple dates of service for same service code/modifier on one claim

**Submission Form**

| Date     | Code                    | Units | Charge |
|----------|-------------------------|-------|--------|
| 8/5/2018 | T1019 - Personal Care A | 16    | 54.04  |

**Eligible Submissions**

|          |       |    |       |
|----------|-------|----|-------|
| 8/1/2018 | T1019 | 16 | 54.04 |
| 8/2/2018 | T1019 | 8  | 30.44 |
| 8/3/2018 | T1019 | 20 | 65.84 |
| 8/4/2018 | T1019 | 16 | 54.04 |
| 8/5/2018 | T1019 | 16 | 54.04 |

- Example C: **Do Not** use the same service code/modifier for multiple lines, on one claim for the same date of service.

**Submission Form**

| Date     | Code                    | Units | Charge |
|----------|-------------------------|-------|--------|
| 8/5/2018 | T1019 - Personal Care A | 16    | 54.04  |

**Eligible Submissions**

|          |       |    |       |  |  |
|----------|-------|----|-------|--|--|
| 8/1/2018 | T1019 | 16 | 54.04 |  |  |
| 8/1/2018 | T1019 | 8  | 30.44 |  |  |
| 8/3/2018 | T1019 | 20 | 65.84 |  |  |
| 8/4/2018 | T1019 | 16 | 54.04 |  |  |
| 8/5/2018 | T1019 | 16 | 54.04 |  |  |



Example of impacted procedure codes:

- Assisted living: T2031U1, T2013U2, T2013U3
- Home Health: T1019, T1000, T1003, S5125
- Hospice: T2046

### Importance

Following the billing guidance in the examples above will ensure claims are processed and paid without delay.

### Questions?

For questions about this topic, please contact CareSource Provider Services at **1-800-488-0134**.

Reference: [MyCare Reimbursement Policies](#)