

North Carolina Medicaid Special Bulletin

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Attention:

Private Duty Nursing Providers

Private Duty Nursing Program Billing Guide

Providers are responsible for informing their billing agency of information in this bulletin.

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TABLE OF CONTENTS

INTRODUCTION..... 1
 Billing Reminders for Private Duty Nursing..... 1

BILLING INSTRUCTIONS 2
 CMS-1500 Paper Claim Billing Instructions for Private Duty Nursing 2
 Example of CMS-1500 Claim Form for Private Duty Nursing 5
 Billing for Private Duty Nursing Using the NCECS-Web Claims Entry Tool..... 6
 Recipient Information 6
 Provider Information..... 7
 Miscellaneous Claim Information..... 7
 Insurance Detail Screen..... 8
 Service Detail Screen 9
 NCECS-Web Claims Entry Screen Examples 10
 CMS-1500 Add/Edit Details for Private Duty Nursing 13

TIPS FOR REDUCING CLAIM DENIALS 14
 Eligibility Related Denials 14
 Carolina ACCESS Related Denials..... 15
 General EOBs..... 16
 Program Specific Related Denials for Private Duty Nursing..... 17

INTRODUCTION

Effective with date of service August 1, 2004, the following changes will be made when requesting approval of and billing for Private Duty Nursing (PDN):

1. The unit of service to use for prior approval and billing will be 15 minutes instead of an hour. The Division of Medical Assistance (DMA) will automatically convert the unit of service to 15-minute units for prior approvals that are in effect as of August 1, 2004. Providers will not have to submit a new prior approval request to convert the units for those patients.
2. The 15-minute maximum allowable reimbursement is \$8.84. Providers are reminded to bill their usual and customary charge for the service.
3. Providers will use the CMS-1500 claim form instead of the UB-92 to file claims.
4. Providers will use HCPCS code T1000 "Private duty, independent nursing services – licensed, up to 15 minutes" instead of RC590 to bill for PDN.

Revenue code 590, one-hour unit, and the UB-92 claim form are used for dates of service through July 31, 2004. DMA must make these changes to comply with the implementation of the national code sets mandated by the Health Insurance Portability and Accountability Act (HIPAA). This article revises the instructions in the *N.C. Medicaid Community Care Manual*.

Providers attending the PDN seminar will learn about:

- how to file the new billing guidelines on the paper CMS-1500
- how to file the new billing guidelines using the NCECS-Web electronic claims entry tool
- tips for decreasing claim denials

Note: This seminar will only focus on new billing guidelines. Please refer to Section 9 of the *N.C. Medicaid Community Care Manual* for information describing N.C. Medicaid's policy coverage of the Private Duty Nursing program.

Billing Reminders for Private Duty Nursing

- Dates of service provided through **07/31/2004** will continue to be billed using the **UB-92** claim.
- Dates of service provided through **07/31/2004** will continue to be billed using the revenue code **590** for private duty nursing services.
- Dates of service provided through **07/31/2004** will continue to be billed with 1 unit = 1 hour for private duty nursing services.
- Dates of service provided through **07/31/2004** will continue to be billed using the revenue code **270** for medical supplies along with the HCPCS code for each type of supply provided – enter a HCPCS code only once for each date of service.
- Dates of service provided on and after **08/01/2004** will be billed on the **CMS-1500** claim.
- Dates of service provided on and after **08/01/2004** will be billed using code **T1000** for private duty nursing services.
- Dates of service provided on and after **08/01/2004** will be billed with the HCPCS code for each type of supply provided – enter a HCPCS code only once for each date of service (no revenue code).
- Dates of service provided on and after **08/01/2004** will be billed with 1 unit = 15 minutes for private duty nursing services.

BILLING INSTRUCTIONS

CMS-1500 Paper Claim Billing Instructions for Private Duty Nursing

Instructions for completing the standard CMS-1500 claim form are listed below.

Block	Block Name	Explanation
1.	Type of Coverage	Place an (X) in the Medicaid block.
1a.	Insured's ID Number	Enter the recipient's ten-character identification number found on the MID card.
2.	Patient's Name	Enter the recipient's full name (last name, first name, middle initial) exactly as it appears on the MID card.
3.	Patient's Birth Date Sex	Enter the recipient's date of birth using eight digits (e.g., July 19, 1960 would be entered as 07191960). Note: A two-digit year is acceptable on paper claims. A four-digit year is required for electronic claims. Place an (X) in the appropriate block to indicate the recipient's sex (M = male; F = female).
4.	Insured's Name	Leave blank.
5.	Patient's Address Telephone	Enter the recipient's street address including city, state, and zip code. Entering the recipient's telephone number is optional.
6.	Patient Relationship to Insured	Leave blank.
7.	Insured's Address/Telephone	Leave blank.
8.	Patient Status	Leave blank.
9.	Other Insured's Name	Leave blank.
10.	Is Patient's Condition Related To a. Employment? b. Auto Accident? c. Other Accident?	If applicable, check the appropriate block.
11.	Insured's Policy Group of FECA Number	Leave blank.
12.	Patient's or Authorized Person's Signature	Leave blank.
13.	Insured's or Authorized Person's Signature	Leave blank.
14.	Date of Current Illness...	Leave blank.

CMS-1500 Paper Claim Billing Instructions for Private Duty Nursing, continued

Block	Block Name	Explanation
15.	If Patient Has Had Same or Similar Illness, Give First Date	Leave blank.
16.	Dates Patient Unable to Work in Current Occupation “From” and “To”	Leave blank.
17.	Name of Referring Physician	Leave blank.
17a.	ID Number of Referring Physician	Leave blank.
18.	Hospitalization Dates...	Leave blank.
19.	Reserved for Local Use	If the Medicaid recipient is a Carolina ACCESS enrollee on the date the service is rendered, enter the current PCP’s referral authorization number. If the Medicaid recipient is not a Carolina ACCESS enrollee on the date the service is rendered, leave blank.
20.	Outside Lab?	Leave blank.
21.	Diagnosis or Nature of Illness or Injury	Enter the ICD-9-CM code for the principal diagnosis that is responsible for the services rendered. “V” codes are not acceptable.
22.	Medicaid Resubmission Code...	Leave blank.
23.	Prior Authorization Number	Leave blank.
24A.	Date(s) of Service “From” and “To”	Use a separate detail line for each day that the service is provided. Enter the date of service in the From block. Enter the same date in the To block. Note: A two-digit year is acceptable on paper claims. A four-digit year is required for electronic claims.
24B.	Place of Service	Enter a 12 as the Place of Service code.
24C.	Type of Service	Enter a 01 as the Type of Service.
24D.	Procedures, Services, or Supplies	Nursing: T1000 – Beginning with date of service 08/01/2004 – use T1000 for dates of service rendered for private duty nursing services. Medical Supply Codes: Beginning with date of service 08/01/2004 – bill with the HCPCS code for each type of supply provided – enter a HCPCS code only once for each date of service (no revenue code)
24E.	Diagnosis Code	Leave blank.
24F.	Charges	Enter the total charge for the units for each date of service on the detail line. The charges are calculated by multiplying the provider agency’s unit rate by the number of units.

CMS-1500 Paper Claim Billing Instructions for Private Duty Nursing, continued

Block	Block Name	Explanation
24G.	Days or Units	Nursing: Enter the number of 15-minute units billed on the detail line. Do not enter an amount in excess of the prior approved amount. Medical Supply: Enter the quantity provided for each HCPCS code listed in block 24D
24H.	EPSDT Family Plan	Leave blank.
24I.	EMG	Leave blank.
24J.	COB	Leave blank.
24K.	Reserved for Local Use	Leave blank.
25.	Federal Tax ID Number	Leave blank.
26.	Patient's Account No.	A provider has the option of entering either the recipient control number or medical record number in this block. This number will be keyed by EDS and reported back to the provider in the medical record field of the RA. This block will accommodate up to 20 characters (alpha or numeric) but only the first nine characters of this number will appear on the RA.
27.	Accept Assignment	Leave blank.
28.	Total Charge	Enter the total charges listed in 24F.
29.	Amount Paid	Enter the total amount received from third party sources.
30.	Balance Due	Optional. Enter the difference between item 28 and 29.
31.	Signature of Physician or Supplier Including Degrees or Credentials	The physician, supplier or an authorized representative must either <ol style="list-style-type: none"> 1. sign and date all claims, or 2. use a signature stamp and date stamp (only script style stamps and black ink stamp pads are acceptable), or 3. if a Provider Certification for Signature on File form has been completed and submitted to EDS, leave the signature block blank and enter the date only. Printed initials and printed signatures are not acceptable and will result in a denied claim.
32.	Name and Address of Facility...	Optional.
33.	Physician's or Supplier's Billing Name, Address, Zip Code & Phone #.	Enter the billing provider's name, street address including zip code, and phone number. PIN #: Leave blank. GRP #: Enter the seven-character agency provider number used for Medicaid billing purposes.

Example of CMS-1500 Claim Form for Private Duty Nursing

DO NOT USE FOR CLAIM PROCESSING

PLEASE
DO NOT
STAPLE
IN THIS
AREA



PDN Claim Example

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) **123456789K**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Recipient, Joe**

3. PATIENT'S BIRTH DATE MM DD YY **08 12 1990** SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) **123 Any Street**

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY **Any City** STATE **NC**

8. PATIENT STATUS Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE **8909999**

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	A DATE(S) OF SERVICE		B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E DIAGNOSIS CODE	F \$ CHARGES	G DAYS OR UNITS	H EPSTDY Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
	From MM DD YY	To MM DD YY										
1	08 01 04	08 01 04	12	01	T1000		300 00	32				
2	08 02 04	08 02 04	12	01	T1000		300 00	32				
3	08 02 04	08 02 04	12	01	A4629		34 50	7				
4	08 02 04	08 02 04	12	01	A6216		22 25	200				
5	08 02 04	08 02 04	12	01	A4338		7 55	1				
6	08 03 04	08 03 04	12	01	T1000		300 00	32				

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO

28. TOTAL CHARGE \$ **964 30**

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
Signature on File

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
**PDN Agency
123 Any Street
Any City, NC 12345
PIN# GRP# 7100xxx**

SIGNED DATE **8/4/04**

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Billing for Private Duty Nursing Using the NCECS-Web Claims Entry Tool

With the implementation of standard electronic transactions mandated by HIPAA, N.C. Medicaid launched a web-based claim entry tool called NCECS-Web. The new NCECS-Web claim entry tool requires certain elements for all providers who submit electronic claims. The following guide has been created to assist PDN providers using the NCECS-Web claims entry tool. The guide follows the CMS-1500 claim format.

Specific values are listed, if applicable.

<https://webclaims.ncmedicaid.com/ncecs>

Recipient Information		
Field Title	Required	Definition
Recipient First Name	Yes	Enter the recipient’s first name exactly as it appears on the Medicaid ID card. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.
Recipient Last Name	Yes	Enter the recipient’s last name exactly as it appears on the Medicaid ID card. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.
Medicaid ID	Yes	Enter the recipient’s ten-character Medicaid ID number as it appears on the Medicaid ID card. There are nine numbers followed by one letter in a Medicaid ID number. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.
Date Field	No	Leave blank.
Patient’s Weight (lbs)	No	Leave blank.
Patient Account Number	Yes	Enter the recipient’s unique alphanumeric number assigned by the provider to facilitate retrieval of individual financial records and posting of the payment. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.
Prior Authorization Number	No	Leave blank.
Post OP From Date	No	Leave blank.
Post OP Through Date	No	Leave blank.
Medical Record Number	Optional	Enter the recipient’s medical record number as assigned by the provider. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.

Provider Information		
Field Title	Required	Definition
Provider Last Name or Organization Name	Yes	Name of provider agency filing claim for payment. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.
Provider First Name	No	Leave blank.
Medicaid Provider Number	Yes	Billing Provider Number as assigned by Medicaid. NCECS-Web users may utilize the List Management feature to populate this field, or free key the information.
National Provider ID	No	Reserved for future use
Referring Physician Provider No. (Carolina Access)	When applicable	Referring physician Provider Number is the seven-digit Carolina ACCESS number assigned to the referring physician.
CLIA Number	No	Leave blank

Miscellaneous Claim Information		
Field Title	Required	Definition
EPSDT: Follow-up/No	No	Leave blank.
Release of Information, Yes/No	Yes	Does the provider have a signed release from the patient/recipient allowing the release of information for claims processing? Select "Yes."
EPSDT referral given to patient? Yes/No	No	Leave blank.
EPSDT Referral Type	No	Leave blank.
Paperwork on file at provider site for Medicare override?	No	Leave blank.
Original ICN	Required only when the Claims Submission Reason Code is a 7 or 9	Original Internal Control (claim) Number as assigned to claims by Medicaid.
Place of Service Facility Type Code	Yes	For PDN claims, select 12-Home

Miscellaneous Claim Information, continued		
Field Title	Required	Definition
Claim Submission Reason Code	Yes, defaults to 1-Original. Drop down box allows user to change to 8-void or 7-replacement	A code that indicates the reason claim has been submitted. It is used to differentiate whether a claim is an original, voided or replacement claim.
Rendering/Attending Provider First Name	No	Not required on PDN claims.
Rendering/Attending Provider Last Name	No	Not required on PDN claims.
Rendering/Attending Medicaid Provider Number	No	Not required on PDN claims.
Principal Diagnosis	Yes	Enter the ICD-9-CM code for the principle diagnosis that is responsible for the services rendered. "V" codes are not acceptable.
Additional		Fields for up to 11 additional diagnoses.

Insurance Detail Screen (This screen is required when there are other health plans/payers, in addition to Medicaid, involved in payment for services.)		
Field Title	Required	Definition
Other Insurance Responsibility Sequence	Yes	Indicates hierarchy of financial responsibility.
Recipient Relationship to the Insured	Yes	Indicates relationship between the Medicaid recipient for whom the claim is being filed and person insured by other health plan/payer. Relationship may be self if the person is the same.
Other Insurance Claim Filing Indicator	Yes	Select indicator to describe the policy issued by other health plan/payer from drop down selection.
Other Insurance Paid Amount	Yes	Enter the total amount received from other health plan/payer. Do not enter Medicaid copayment amount; it will be automatically deducted during claims processing.
Other Insurance Allowed Amount	No	Enter the allowed amount as reported by other health plan/payer.
Other Insured Last Name	Yes	Enter the last name of insured on other insurance health plan/payer. May match Medicaid recipient for whom claim is filed.
Other Insured First Name	Yes	Enter the first name of insured on other insurance health plan/payer. May match Medicaid recipient for whom claim is filed.
Other Insured Member ID	Yes	Enter the individual identification number for patient, as issued by other health plan/payer.
Other Insurer Name	Yes	Enter the name of the company that administers the other health plan/payer.
Other Insurer Identification Number	When applicable	Enter the identification number from other insurance health plan/payer. Used to indicate group policy numbers.
Other Insurer Claim Paid Date	Yes	Enter the date of payment from other health plan/payer.

Service Detail Screen		
Field Title	Required	Definition
From Date of Service	Yes	Use a separate detail line for each day that the service is provided. Enter the date of service in the From block. Enter the same date in the To block.
Through Date of Service	Yes	
Place of Service	Yes	Indicates location where service was rendered. Drop down box offers all valid place of service codes under HIPAA. PDN providers enter 12 to show the services were provided in the patient's residence.
HCPCS	Yes	Nursing: T1000 – Beginning with date of service 08/01/2004 – use T1000 for dates of service rendered for PDN services. Medical Supply Codes: Beginning with date of service 08/01/2004 – bill with the HCPCS code for each type of supply provided – enter a HCPCS code only once for each date of service (no revenue code)
Mod 1 through Mod 4	No	Leave blank.
Charge	Yes	Enter the total charge for the units for each date of service on the detail line. (The charges are calculated by multiplying the provider agency's unit rate by the number of units.)
Units	Yes	Nursing: Enter the number of 15-minute units billed on the detail line. Do not enter an amount in excess of the prior approved amount. Medical Supply: Enter the quantity provided for each HCPCS code listed in block 24D
E/F	No	Leave blank.
DME Days	No	Leave blank.
Claim Note	No	Leave blank.
Line Item Control Number	Optional	Used by provider to enter internal tracking number for service.

NCECS-Web Claims Entry Screen Examples

1. Complete the Recipient Last Name, Recipient First Name, Medicaid ID and Patient Account Number fields. Other fields in this section are completed when applicable.

2. Complete Provider Organization Name and Medicaid Provider Number fields. Other fields in this section, including the Referring Physician (Carolina ACCESS Number) field are completed when applicable.

NCECS-Web Claims Entry Screen Examples, continued

The screenshot shows the 'Miscellaneous Claim Information' section of the NCECS-Web Claims Entry Screen. On the left is a navigation menu for North Carolina Electronic Claims Submission, including options like 'Claims Entry', 'Dental', 'CMS-1500', 'UB-02', 'List Management', 'Reports', 'Claim Submission', and 'Reference Materials'. The main form area contains several fields and checkboxes:

- EPSDT:** Radio buttons for 'Follow-up' and 'No' (selected).
- Release of Information:** Radio buttons for 'Yes' (selected) and 'No'.
- EPSDT referral given to Patient?:** Radio buttons for 'Yes' and 'No' (selected).
- EPSDT Referral Type:** A dropdown menu.
- Paperwork on file at Provider Site for Medicare Override?:** Radio buttons for 'Yes' and 'No' (selected).
- Related Causes:** Checkboxes for 'Auto Accident', 'Employment Accident', and 'Other Accidental Injury'. To the right are fields for 'State of Auto Accident' and 'Date of Accident'.
- Original ICN:** A text input field.
- Place of Service Facility Type Code:** A dropdown menu with '12-Home' selected.
- Claim Submission Reason Code:** A dropdown menu with '1-Original' selected.
- Rendering/Attending Information:** Text input fields for 'RIA Provider First Name', 'RIA Provider Last Name', and 'RIA Medicaid Provider Number'.

Two yellow callout boxes provide instructions: one points to the 'Release of Information' radio buttons, stating '3. Select "Yes" for Release of Information', and another points to the 'Place of Service Facility Type Code' dropdown, stating '4. Select "12" for Place of Service Facility Type Code.'

NCECS-Web Claims Entry Screen Examples, continued

The screenshot shows the NCECS-Web Claims Entry interface. On the left is a navigation menu for North Carolina Electronic Claims Submission, including links for Main Menu, Claims Entry, Dental, CMS-1500, IIR-92, List Management, Reports, Claims Submission, and Reference Materials. The main content area is titled 'Information' and contains several sections:

- Information:** Fields for R/A Provider First Name, R/A Provider Last Name, and R/A Medicaid Provider Number.
- CMS-1500 Insurance Detail:** A button labeled 'Add/Edit Other Insurance' with a callout: '5. Use only when a payment has been made from a Third Party source.' Below this is a radio button for 'No Other Insurance'.
- Diagnosis Codes:** A 'Principal' field with 'ICD9' and a dropdown arrow, with a callout: '6. Enter the ICD-9-CM code with no decimal points.' Below this is an 'Additional' table with 11 numbered rows, each containing a dropdown menu.
- CMS-1500 Detail:** A button labeled 'Add/Edit Details' with a callout: '7. Click here to enter the details of the service provided. See the next page for more instruction.' Below this is a radio button for 'No CMS-1500 Detail'.
- Claims Note:** A text area for entering notes.

NCECS-Web Claims Entry Screen Examples, continued
 CMS-1500 Add/Edit Details for Private Duty Nursing

CMS 1500 Add/Edit Details

Please complete the following form to create/edit CMS 1500 detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CMS 1500 Claim ID:

Recipient Information

Last Name:

CMS 1500 Detail

			From Date of Service	Through Date Of Service	Place of Service	HCPCS/CPT	Mo
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 1 08012004	08012004	12	T1080	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 2 08022004	08022004	12	T1080	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 3 08022004	08022004	12	A4629	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 4 08022004	08022004	12	A6216	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 5 08022004	08022004	12	A4338	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 6 08032004	08032004	12	T1080	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 7 08042004	08042004	12	T1080	
<input type="button" value="Edit"/>	<input type="button" value="Copy"/>	<input type="button" value="Del"/>	A 8 08052004	08052004	12	T1080	

8. Input the From and To Date of Service, Place of Service, and Procedure Code – then scroll to the right to complete the other fields listed below on the next screen print.

CMS-1500 Add/Edit Details for Private Duty Nursing, continued

CMS 1500 Add/Edit Details

9. Input the total charge for the day and the total units.
 (private duty nursing services: 1 unit = 15 minutes)
 (medical supplies: enter quantity provided on that day)

After completing each detail, either hit "enter" or scroll back to the left and click on "Add" to record the detail line.

Mod2	Mod3	Mod4	Charge	Units	EF	DME Days	Line Item Ctrl Num
			300.00	32			
			300.00	32			
			34.50	7			
			22.25	200			
			7.55	1			
			300.00	32			
			300.00	32			
			300.00	32			

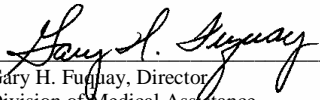
TIPS FOR REDUCING CLAIM DENIALS

Eligibility Related Denials		
EOB	Message	Explanation
11	Recipient not eligible on service date.	Compare the recipient's MID card to the information entered on the claim. Compare the RA to the information entered on the claim. Verify that the recipient's eligibility information has been updated in the state eligibility file by calling the AVR system.
120	Recipient MID number missing. Enter MID and submit as a new claim.	Verify the recipient's MID number and enter it in the correct block or form locator. Resubmit to EDS as a new claim.
143	MID number not on state eligibility file.	Follow the explanation for EOB 11 above. Make corrections, if necessary, and resubmit to EDS as a new claim. If the MID card is not available, obtain the recipient's correct MID number through the AVR system by using the social security number and date of birth. If the recipient's social security number is unknown, call the DMA Claims Analysis unit to obtain the correct MID number.
191	MID number does not match patient name.	Verify the recipient's name and MID number with the MID card. If all information is correct, the denial may have occurred because the recipient's name has been changed on Medicaid records since the MID card was issued. Call EDS to verify the patient's name. Correct and resubmit to EDS as a new claim.

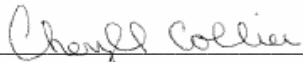
Carolina ACCESS Related Denials		
EOB	Message	Explanation
270	Billing provider is not the recipient's Carolina ACCESS PCP. Contact the PCP for authorization; enter authorization number in block 19 of the CMS-1500 or form locator 83B on the UB-92.	<p>The Medicaid recipient is enrolled with Carolina ACCESS for the dates of service rendered, but the Carolina ACCESS PCP's authorization number is missing from block 19 of the CMS-1500 or form locator 83B on the UB-92.</p> <p>Contact the Carolina ACCESS PCP's office to obtain the correct authorization number. Either recheck the most up-to-date MID card for the services rendered to get the Carolina ACCESS PCP's phone number or call the AVR system at 1-800-723-4337, select transaction #6 and select the prompt for recipient enrollment information to get the Carolina ACCESS PCP's phone number.</p> <p>Enter the correct Carolina ACCESS PCP authorization number in block 19 of the CMS-1500 or form locator 83B on the UB-92 and resubmit the claim. If filing electronically using NCECS-Web, enter the number in the field designated for the Carolina ACCESS number.</p>
286	Incorrect authorization number in block 19 of the CMS-1500 or form locator 83B on the UB-92. Verify number and refile claim.	<p>The Medicaid recipient is enrolled with Carolina ACCESS for the dates of service rendered, but the Carolina ACCESS PCP's authorization number entered in block 19 of the CMS-1500 or form locator 83B on the UB-92 is invalid.</p> <p>Contact the Carolina ACCESS PCP's office to obtain the correct authorization number. Either recheck the most up-to-date MID card for the services rendered to get the Carolina ACCESS PCP's phone number or call the AVR system at 1-800-723-4337, select transaction #6 and select the prompt for recipient enrollment information to get the Carolina ACCESS PCP's phone number.</p> <p>Enter the correct Carolina ACCESS PCP authorization number in block 19 of the CMS-1500 or form locator 83B on the UB-92 and resubmit the claim. If filing electronically using NCECS-Web, enter the number in the field designated for the Carolina ACCESS number.</p>

General EOBs		
EOB	Message	Explanation
21	Duplicate of claim.	This EOB alerts the provider that another claim for the same recipient, same date of service, same service, same number of units has already been paid on a previous checkwrite. The claim number and checkwrite date of the previously paid claim will appear directly on the Remittance Advice (RA).
22	Duplicate of claim.	This EOB alerts the provider that another claim for the same recipient, same date of service, same service, same number of units has already been submitted, usually on the same checkwrite or the next scheduled checkwrite. The claim number and checkwrite date do not appear on the RA since the claim is duplicating against the paid claim on the same RA or next scheduled checkwrite.
18	Claim denied. No history to justify time limit override. Claims with proper documentation should be resubmitted to EDS Provider Services Unit	If the claim was initially received and processed within the 365-day time limit, that claim can be refiled on paper or electronically as a new day claim. The new day claim must have an exact match of recipient MID number, provider number, from date of service, and total billed. Claims that do not have an exact match to the original claim in the system will be denied for EOB 18.
8918	Insufficient documentation to warrant time limit override. Resubmit claim with proof of timely filing - a previous RA, time limit override letter, or other insurance payment or denial letter within the previous six months.	EOB 8918 can also be affected by the explanation above for EOB 18, but it is generally more flexible than EOB 18. The claim denying with EOB 8918 will generally find another claim that has been submitted within timely filing that is almost a match, but it is different enough to warrant the provider to have to prove timely filing. For more information about EOB 18 and EOB 8918, refer to Section 8 of the <i>General Medicaid Billing/Carolina ACCESS Policies and Procedures Guide</i> on DMA's website www.dhhs.state.nc.us/dma/medbillcaguide.htm .

Program Specific Related Denials for Private Duty Nursing		
EOB	Message	Explanation
537	Procedure or Procedure modifier combination is not covered for this date of service	PDN providers use the same medical supply fee schedule as Home Health providers. This denial usually means the medical supply code billed was end-dated and replaced by another code. Refer to the Home Health fee schedule on DMA's website at https://www.dhhs.state.nc.us/dma/fee.htm for the most up-to-date billing codes.
545	PDN services are non-covered when recipient is receiving inpatient services	This EOB is assigned if the PDN provider is billing for dates of service that overlap with an inpatient claim.
775	PDN services allowed once per day. If submitting adjustment, attached time documentation	This EOB is similar to EOBs 21 and 22 with the following exceptions: <ul style="list-style-type: none"> • There is more than one detail on the same claim with the same date of service. One of the details will deny with EOB 775. • The detail on the current claim is denying with EOB 775 because it is duplicating against a previously paid claim for the same recipient, same date of service, same service, but for a different number of units. This often happens when a provider is paid for a set number of units, then realizes that they should have been for more units and tries to resubmit for the greater number of units. To correct this error, the provider must file an adjustment. If submitting for more units than what is prior approved, refer to Section 9 of the <i>N.C. Medicaid Community Care Manual</i> regarding changing hours.
5111	Provider number on claim does not match provider number on prior authorization record	The prior approval record for the recipient has been given approval to a provider number that is different from the provider number on the claim.
5118	Claim date(s) of service are outside authorized dates on prior authorization record. Resubmit prior approved dates of service only	The prior approval record for the recipient has been given approval for dates of service outside what was submitted on the claim.
5308	Prior authorized units exceeded	The units on the claim exceed the units on the prior approval record for that recipient.



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