

TMHP Personal Care Services (PCS) Billing Frequently Asked Questions (FAQ)

Question	Answer
What claim submission methods are available?	<ul style="list-style-type: none"> • Electronic Data Interchange (EDI)—837I and 837P (using a third-party software or a billing vendor) • TexMedConnect—Web-based application available on the TMHP website at www.tmhp.com • TDHconnect—Until May 23, 2008 • Paper claims
Do providers need a Texas Provider Identifier (TPI)?	All claims must be submitted with a valid acute-care TPI regardless of the billing method. Long Term Care (LTC) TPIs are not valid for claims submitted to TMHP for PCS services for clients who are 20 years of age and younger.
Do providers have to attest their National Provider Identifiers (NPIs) before they submit claims?	Yes, providers must attest their NPIs. Attestation instructions are available on the TMHP website at www.tmhp.com and in the January 2007 <i>NPI Special Bulletin</i> , No. 202.
What are the filing deadlines for claims?	All claims must be filed within the 95-day filing deadline or the 120-day appeal deadline.
What type of claim form does a home health agency use?	TexMedConnect—outpatient, type of bill 331, claim type 023 EDI— 837I for outpatient services Paper—UB-04 CMS-1450
What type of claim form does a Personal Assistance Services (PAS) provider use?	TexMedConnect—Professional Services EDI—837P Paper—CMS 1500 the claim forms should be no different for HCSSAs. Home health and PAS agencies are both institutional providers and are not professional provider types.
What type of claim form does a Consumer Directed Services Agency (CDSA) use?	TexMedConnect—Professional Services EDI—837P Paper—CMS-1500
What type of claim form does a Services Responsibility Option (SRO) provider use?	TexMedConnect—Professional Services EDI—837P Paper—CMS-1500
Do providers have to bill for each date of service or can they bill a range of dates?	Claims must itemize charges by date of service to avoid a reduction of units per day. Services cannot exceed 24 hours or 96 units per day, per provider.
What procedure code and modifier do providers use to bill PCS services?	Providers must use procedure code T1019 and the appropriate modifier. <ul style="list-style-type: none"> • All PCS providers except Consumer Directed Services Agencies (CDSAs)—U6 modifier in 15-minute increments • CDSAs—U7 modifier attendant fee for every 15 minutes and U8 modifier for monthly administration fee per client per month on services.

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What forms should providers use to document PCS rendered (including time sheets for PCS attendants)?	Providers may continue using the same forms they used for Primary Home Care (PHC) (including time sheets if your agency chooses to do so). Providers may also choose to develop their own forms. Regardless of which forms are used, they must comply with the minimum standards for the Individual Service Plan (ISP) and documentation requirements under whatever category of licensure the service is being provided. For example, if the PCS is being provided under the PAS category of licensure, then the documentation and ISP standards are defined in Title 1 <i>Texas Administrative Code</i> (TAC) § 97.404. If an agency provides PCS under the LHH category of licensure, then the care plan and documentation requirements are defined in TAC § 97.401.
Do providers submit claims with a diagnosis code?	Yes, providers must submit claims for PCS services with an <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) diagnosis code that identifies a client's condition. Diagnosis codes can be found in the ICD-9-CM code books.
Do providers have to submit claims with a prior authorization number (PAN)?	Yes, a valid PAN must be submitted with the claim. The PAN is located on the prior authorization form received from TMHP.
What happens if a provider submits a claim that is denied because of an authorization?	Providers should contact the TMHP Contact Center at 1-800-925-9126 to validate the authorization approval.
Which place of service should providers submit on their claims?	Providers should submit place of service 2 (home). Texas Medicaid will not reimburse PCS that duplicate services that are the legal responsibility of school districts. PCS may be provided in a school setting if PCS is not part of a student's Individualized Education Plan (IEP). Providers can work with the school district to find out what is included in a student's IEP and then coordinate the student's care. If providers are not able to coordinate care or other barriers to care are encountered in working with the school district, the provider should contact the Department of State Health Services (DSHS) case manager.
If a client has commercial insurance that does not pay for PCS, can a provider enter a verbal denial for payment?	Yes, providers can enter a verbal denial from commercial/primary insurance in TexMedConnect, in TDHconnect, on paper claims, and in 837I or 837P files (using third-party software or a billing vendor). Providers must enter all of the commercial information requested. All other billing options require a written denial from the other insurance carrier. Refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> , Section 5.11.1.3 for verbal denial requirements.

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If a client has primary insurance other than Medicaid, how do providers handle the coordination of benefits?	All claims must be filed and coordinated with the primary carrier.
What are the reimbursement rates for PCS?	Reimbursement rates for PCS can be found in the September 2007 <i>Legislative and Rate Changes Special Bulletin</i> , No. 209, on page 159.
How do providers bill the unit or quantity for PCS?	One unit is 15 minutes. For example, one hour is four units.
How do providers enroll in Electronic Funds Transfer (EFT)?	Refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> , pages B-37 and B-38 for information on enrolling in EFT.

Resources available when billing for PCS services:

- On the TMHP Website at www.tmhp.com:
 - July 2007 *PCS Special Bulletin*, No. 207,
 - September 2007 *Legislative and Rate Changes Special Bulletin*, No. 209
 - TexMedConnect User's Guide/Frequently Asked Questions
 - Website Security Training Manual
 - Banner Messages
 - TMHP Provider Relations Representatives—Regional Support Link
- TMHP Contact Center: 1-800-925-9126.