Private Duty Nursing Services Update
Information posted March 20, 2008

This is an update to a banner message about procedure code C-T1000 that first appeared in the February 22, 2008, Remittance and Status (R&S) report. Effective for dates of service on or after March 1, 2008, providers may use procedure code C-T1000 to prior authorize private duty nursing (PDN) services. The prior authorization request must include procedure code C-T1000, a description of the procedure, and the hours requested. Modifiers and rates are not required when requesting prior authorization for PDN services.

The Texas Health Steps-Comprehensive Care Program (THSteps-CCP) Prior Authorization Request Form must be submitted by fax to the THSteps-CCP Prior Authorization Department at 1-512-514-4212 or in writing to the following address:

Texas Medicaid & Healthcare Partnership
Attn: Comprehensive Care Program
PO Box 200735
Austin, Texas 78720-0555

A copy of the THSteps-CCP Prior Authorization Request Form is available on this website and through the TMHP fax-back, Option 119, which is available on the Automated Inquiry System (AIS) at 1-800-925-9126.

Providers must submit a claim with procedure code C–T1000 using either the TE or TD modifier to indicate services provided by a Licensed Vocational Nurse (LVN) or a Registered Nurse (RN). The reimbursement rate for procedure code C–T1000 with modifier TD has increased from $8.25 to $11.28 per 15 minutes, when billed by a home health agency. Procedure code C–T1000 with modifier TE will continue to be reimbursed at $8.25 per 15 minutes.

Claims submitted to TMHP with procedure code C–T1000 without modifier TD or TE will be denied.

Refer to the following frequently asked questions and answers for information about the use of procedure code C–T1000 to authorize PDN for Home Care Agencies:

Prior Authorization:

Q. When I request prior authorization using the THSteps-CCP Prior Authorization Request Form, do I have to request the nursing hours in units?
A. No. You may ask for the hours by day, week, or month. TMHP will calculate the hours requested and convert the authorized hours to units.

Q. When I request prior authorization using the THSteps-CCP Prior Authorization Request Form, do I have to request the RN and LVN hours separately?
A. No. You may request the total amount of hours for the authorization period under one procedure code (C-T1000).
Q. When I request prior authorization using procedure code C–T1000 for PDN, do I have to use the TD or TE modifier on the prior authorization request?

A. No. Use procedure code C–T1000 and describe the nursing hours requested. For example, C–T1000 Private Duty Nursing 56 hours per week.

Q. When I request prior authorization using procedure code C–T1000 for private duty nursing, what do I put in the retail price column of the prior authorization form?

A. Leave it blank, no fee is required.

Q. If I have clients with a current authorization through March 1, 2008, how do I reauthorize the hours with procedure code C–T1000?

A. You may submit a correction request to the THSteps-CCP Prior Authorization Department on a THSteps-CCP Prior Authorization Request Form with the revised procedure code, affected dates of service, and the current prior authorization number (PAN). Be sure to include the reason for the corrected request on the cover sheet. TMHP suggests using the language: “Revision to procedure codes.”

Q. When I submit my correction, how will I know when the correction is approved and that I can bill for services rendered using procedure code C–T1000?

A. TMHP will respond to the correction within ten business days informing the provider that the codes have been amended. If you have not received a response to your submitted correction from TMHP within ten business days, call the THSteps-CCP prior authorization line. You will need a confirmation in order to bill.

Q. May an agency still request prior authorization and submit a claim using procedure codes T1002 and T1003?

A. Yes. If the agency receives prior authorization for PDN services using these codes, they must also use these codes when submitting a claim. The agency may not bill for more services than are prior authorized for each procedure code.

Billing Information:

Q. When I submit my claim to TMHP for PDN services that are prior authorized with procedure code C–T1000, what modifiers do I use?

A. Submit procedure code C–T1000 with either the TD or the TE modifier. TMHP will deny claims with procedure code C–T1000 that are submitted without modifier TD or TE. The hours may not exceed the total amount of hours authorized.

Q. What are the reimbursement rates for procedure code C–T1000 with either modifier TD or TE?

A. Effective for dates of service on or after March 1, 2008, the reimbursement rate for procedure code C–T1000 with modifier TD increased from $8.25 to $11.28 per 15 minutes, and the reimbursement rate for procedure code C–T1000 with modifier TE will remain at $8.25 per 15 minutes.
For more information, call the TMHP Contact Center at 1-800-925-9126.