

Attention: Crosswalk Developed for Alaska State Unique Codes

To meet standardized format deadlines in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Department of Health and Social Services (DHSS) is ending all state unique codes. The Centers for Medicare and Medicaid Services (CMS) will allow Medicaid agencies to use state unique/local codes for dates of service on or before December 31, 2003.

Some of the state unique/local codes have already ended and the information regarding these codes was sent out with your weekly remittance advice messages. However, codes that have currently been crosswalked are attached to this letter. This crosswalk contains all of the information needed to complete your claim form.

Important: The new codes are effective beginning with January 1, 2004 dates of service. Please review the attached crosswalk to identify the new codes.

If you have any questions, please contact First Health Services Corporation at (907) 561-5650 or 1-800-770-5650 (toll-free in Alaska) and choose option #82 (Provider Inquiry).

Frequently Asked Questions for Personal Care Agencies

First Health Services, in conjunction with the Department of Health and Social Services has developed these frequently asked questions to assist you in filing your claims with Alaska Medical Assistance. More specifically, these frequently asked questions should be used while transitioning from the current local/state unique codes to ones that are HIPAA compliant. Additionally, there is a chart/crosswalk attached to assist in identifying procedure code changes when billing Medicaid for PCA services.

Question: What is the effective date of the new national codes?

Answer: The new national codes should be used to bill for dates of service on or after 1/1/04.

Question: Did you change your current state unique code to the correct replacement code according to the attached chart?

Answer: Follow the crosswalk from the current state unique code you are billing to the approved code column and indicate that code when filing the claim.

Question: Is a modifier required to identify the correct service rendered?

Answer: If you are a Consumer Directed Personal Care Agency, then a modifier U3 is **required** on all claims.

Question: Have you billed the correct number of units to identify the quantity of services actually rendered?

Answer: Double check the code and description columns of the new codes to see if the time increments have changed.

Example 1: If you provided one hour of personal care services and the date of service is prior to 12/31/03, then you would bill 1 unit of 0761P. However, if you provided one hour of personal care services and the date of service is after 12/31/03, then you would **bill 4 units of T1019**. Under these same examples, if you are a Consumer Directed Personal Care Agency, you are required to add a modifier U3 to your claim.

Question: When should I bill the T1019 (Personal care services, **per 15 minutes...**) code versus the T1020 (Personal care services, **per diem...**) code?

Answer: If the services rendered during one day **exceed 9.5 hours**, bill procedure code T1020 (Personal care services, **per diem...**). However, if the services rendered during one day **are less than 9.5 hours**, bill procedure code T1019 (Personal care services, **per 15 minutes...**). In either instance, if you are a consumer directed personal care agency, the modifier U3 is required on your claim.

Consumer Directed and Agency Based Personal Care Assistant Services Crosswalk

Current Code through 12/31/03 dates of service	Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
Consumer Directed Personal Care Agency Services				
0761P with modifier JQ	Personal Care Services Provided by a Personal Care Agency, per Hour (less than 8 hours/day), Consumer Directed	\$21.00 per hour	T1019 with modifier U3 for consumer directed	Personal care services, per 15 minutes , not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
0762P with modifier JQ	Personal Care Services Provided by a Personal Care Agency, per Day (over 8 hours/day), Consumer Directed	\$200.00	T1020, with modifier U3 for consumer directed	Personal care services, per diem , not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

Current Code through 12/31/03 dates of service	Description	Max Allowable	Approved New Code for dates of service on or after 1/1/04	Description
Personal Care Agency Services				
0761P without a modifier	Personal Care Services Provided by a Personal Care Agency, per hour (less than 8 hours/day)	\$21.00 per hour	T1019	Personal care services, per 15 minutes , not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
0762P without a modifier	Personal Care Services Provided by a Personal Care Agency, per Day over 8 hours/day	\$200.00	T1020	Personal care services, per diem , not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)