

Procedure Codes

When completing the Health Insurance Claim Form (sample in Figure I-2) or PayerPath electronic claim form (sample in Figure I-3), all consumer-directed PCA services **must** include U3 as the procedure code modifier.

†Table I-3. Procedure Codes: Personal Care Agency Services

Code	Modifier	Description	Maximum Allowable
T1019	U3*	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)	\$5.57 (1 unit = 15 minutes)

† This table replaces Table I-3 of the Consumer-Directed Personal Care Agency billing manual and Table I-4 of the Personal Care Agency billing manual.

***U3 modifier is required for Consumer-Directed Personal Care Agency Services ONLY.**

Prior Authorization is required for both Consumer-Directed and Agency-Based Personal Care Agency Services.

Updated 5/10



September 18, 2009

ATTENTION: CARE COORDINATION AGENCIES

IDENTIFY THE RENDERING CARE COORDINATOR ON CLAIMS

Effective October 16, 2009, Alaska Medicaid will enforce the existing billing requirement that rendering provider information be submitted on Care Coordination Agency claims by editing each claim for rendering provider information. This will result in denial of Care Coordination Agency claims which omit or otherwise incorrectly report rendering provider information.

Care Coordination Agency claims submitted on the CMS-1500 paper claim form must contain:

- the National Provider Identifier (NPI) of the individual rendering Care Coordinator in the unshaded portion of field 24J
- the NPI of the billing Care Coordination Agency in field 33A

For additional information on paper claim submission guidelines, please refer to the *National Provider Identifier (NPI) Instructions – Guidelines for Professional (CMS-1500) Claim Submission* flyer located on the ACS Website at http://www.medicidalaska.com/Downloads/Providers/NPI_claim_instructions_paper_20090413.pdf.

Claims submitted electronically in the 837P format must contain:

- the NPI of the billing Care Coordination Agency in Loop 2010AA
- the NPI of the individual rendering Care Coordinator in Loop 2310D

For additional information on electronic claim submission guidelines, please refer to the *National Provider Identifier (NPI) Instructions – Guidelines for Professional (837P) Claim Submission* flyer located on the ACS Website at http://www.medicidalaska.com/Downloads/Providers/NPI_claim_instructions_electronic_20090413.pdf.

Individual Care Coordinators must be enrolled with Alaska Medicaid. In addition, Care Coordination Agencies must report to the ACS Provider Enrollment Unit the individual Care Coordinators providing services through their agency. This association of individual Care Coordinators with Care Coordination Agencies must be reflected in Alaska Medicaid enrollment records for any dates of service submitted for payment. It is the responsibility of the agency to keep their provider enrollment records current. This includes furnishing timely notification that a Care Coordinator no longer provides services through the Agency. The forms for reporting this information, the *Change of Medicaid Provider Information* and the *Standard Provider Enrollment Form*, can be obtained on the enrollment page of the ACS Website at <http://www.medicidalaska.com/providers/Enrollment.shtml>.

Rendering Provider Edits Impacting Care Coordination Agency Claims:

Edit	Description	Trigger event	Resolution
199	Servicing Provider Inactive or Not Eligible on Date of Service	The Care Coordinator's enrollment record does not reflect current DSDS provider certification for the date of service submitted on the claim OR the enrollment record has been closed for other reasons.	Contact the ACS Provider Enrollment Unit at (907) 646-4273 to identify the reason the enrollment record is not active. Instructions will be provided for any needed documentation updates. Resubmit the claim after the provider enrollment record has been updated.



Edit	Description	Trigger event	Resolution
211	Rendering Provider Number Missing	If the provider number/NPI of the individual Care Coordinator who rendered the service is not indicated on the claim, the claim will deny.	Indicate the rendering Care Coordinator's provider number/NPI on the claim and resubmit.
212	Servicing Provider Not on File	If the rendering Care Coordinator based on the provider number/NPI submitted on the claim is not currently enrolled, the claim will deny.	Complete the <i>Standard Provider Enrollment Form</i> and submit it to the ACS Provider Enrollment Unit. The enrollment application can be obtained from the ACS Website indicated above.
213	Servicing Provider is not a Member of the Billing Provider Group	If the rendering Care Coordinator is not indicated as a member of the billing provider's group on the provider enrollment file, the claim will deny.	Submit a <i>Change of Medicaid Provider Information</i> form indicating the group cross-reference. The form can be obtained from the ACS Website indicated above.
214	Rendering Only Provider Cannot Bill	If the Care Coordinator is indicated as the billing provider, the claim will deny. Care Coordinators are service renderers employed by an Agency, and cannot be indicated as the billing provider on claim submissions.	Resubmit the claim with the Care Coordinator as the rendering provider and the Care Coordination Agency as the billing provider.

For additional information or assistance, please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).