

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Medicaid Policy and Health System Innovation

<b>Project Number:</b>	1334-PDN	<b>Comments Due:</b>	8/29/2013	<b>Proposed Effective Date:</b>	10/1/2013
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**Policy Subject:** Change in Healthcare Common Procedure Coding System (HCPCS) Codes for Private Duty Nursing (PDN), from Hourly to 15-Minute Increments

**Affected Programs:** Medicaid

**Distribution:** PDN

**Policy Summary:** Effective October 1, 2013, the Michigan Department of Community Health (MDCH) will require PDN services provided to Medicaid beneficiaries less than 21 years of age to be billed in 15-minute incremental units (1 unit = 15 minutes) utilizing HCPCS code T1000. This code will require a modifier to delineate care rendered by a Registered Nurse (RN) (modifier TD) or Licensed Practical Nurse (LPN) (modifier TE) and services for more than one beneficiary (modifier TT). Services by a PDN agency will require use of revenue code 0582. Codes S9123 and S9124 will no longer be utilized after September 30, 2013.

**Purpose:** This new policy permits PDN providers the flexibility to bill outside of whole hours when more or less than one-hour of care is rendered.

# Proposed Policy Draft

## Michigan Department of Community Health Medical Services Administration

**Distribution:** Private Duty Nursing (PDN)

**Issued:** September 1, 2013 (Proposed)

**Subject:** Change in Healthcare Common Procedure Coding System (HCPCS) Codes for PDN, from Hourly to 15-Minute Increments

**Effective:** October 1, 2013 (Proposed)

**Programs Affected:** Medicaid

The purpose of this bulletin is to notify PDN providers that effective October 1, 2013, the Michigan Department of Community Health (MDCH) will require PDN services provided to Medicaid beneficiaries less than 21 years of age, to be billed in 15-minute incremental units (1 unit = 15 minutes) utilizing HCPCS code T1000. This code will require a modifier to delineate care rendered by a registered nurse (RN) (modifier TD) or licensed practical nurse (LPN) (modifier TE) and services for more than one beneficiary (modifier TT). Services by a PDN agency will require use of revenue code 0582. Codes S9123 and S9124 will no longer be utilized after September 30, 2013.

Although some material may be similar, this policy does not apply to beneficiaries 21 years of age or older receiving PDN as a waiver service under the MI Choice Waiver or Habilitation Supports Waiver.

### Billing & Reimbursement

The chart below illustrates the codes and modifiers required for PDN claims submission on and after October 1, 2013. All claims will require use of HCPCS code T1000 and either modifier TD for an RN or TE for an LPN. Modifier TT is to be recorded when caring for more than one beneficiary. If the PDN works for an agency, revenue code 0582 must be recorded.

Description	HCPCS code for PDN services on and after October 1, 2013	Modifier to delineate provider type for use with HCPCS code T1000 on and after October 1, 2013	Modifier for more than one beneficiary on and after October 1, 2013	Revenue Code for Agency PDN on and after October 1, 2013
RN Private duty / independent nursing service(s) - licensed, up to 15 minutes, one beneficiary	T1000	TD	Not Applicable	Not Applicable
LPN Private duty / independent nursing service(s) - licensed, up to 15 minutes, one beneficiary	T1000	TE	Not Applicable	Not Applicable
RN Private duty / independent nursing service(s) - licensed, up to 15 minutes, more than one beneficiary	T1000	TD	TT	Not Applicable

Description	HCPCS code for PDN services on and after October 1, 2013	Modifier to delineate provider type for use with HCPCS code T1000 on and after October 1, 2013	Modifier for more than one beneficiary on and after October 1, 2013	Revenue Code for Agency PDN on and after October 1, 2013
LPN Private duty / independent nursing service(s) - licensed, up to 15 minutes, more than one beneficiary	T1000	TE	TT	Not Applicable
RN Private duty / independent nursing service(s) - licensed, up to 15 minutes, Agency	T1000	TD	Not Applicable	0582
LPN Private duty / independent nursing service(s) - licensed, up to 15 minutes, Agency	T1000	TE	Not Applicable	0582
RN Private duty / independent nursing service(s) - licensed, up to 15 minutes, more than one beneficiary, Agency	T1000	TD	TT	0582
LPN Private duty / independent nursing service(s) - licensed, up to 15 minutes, more than one beneficiary, Agency	T1000	TE	TT	0582

**Reporting Time in Units**

Time submitted on PDN claims will be reported in units with each unit equivalent to 15 minutes. For example:

- 15 minutes = 1 Unit
- 30 Minutes = 2 Units
- 45 Minutes = 3 Units
- 1 Hour = 4 Units
- 1 Hour and 15 Minutes = 5 Units, etc.

Since 15-minute increments of care are authorized, only those units of care that entail a full 15 minutes of care may be billed.

**Service Log**

In order to maintain consistency with claims submission, the service log in each beneficiary's record should also reflect the number of units provided in 15-minute increments. For example: 4 hours = 16 units.

**Prior Authorization**

Prior authorization for PDN will be granted in 15-minute increments; 1 unit = 15 minutes. Agency providers that currently request authorization of overall hours with HCPCS code S9123 will be required to use HCPCS code T1000 with modifier TD, and will continue to bill for RN and/or LPN services as per usual protocol utilizing the new code/modifier combinations.

### **Existing Authorizations**

For existing PDN authorizations with calendar dates extending to October 1, 2013 and beyond, providers must contact the entity that provided the authorization and give the beneficiary's name, identification number, and prior authorization number, and specify that they are requesting conversion to the T1000 code with the appropriate modifier(s). Providers should also report the remaining authorized hours that require conversion to units.

For authorizations provided by the Program Review Division (PRD) for Medicaid fee for service beneficiaries, contact the PRD via fax at (517) 335-0075.

For authorizations granted by a Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP), providers should contact the authorizing agent.

### **Holiday Rates**

Holiday pricing is automatically calculated in CHAMPS and PDN providers will not need to report anything new on their claims to indicate a holiday. Please refer to the Medicaid Provider Manual for recognized holidays.