Private Duty Nursing

Private Duty Nursing

Providers must be enrolled as a Health First Colorado provider in order to:
- Treat a Health First Colorado member
- Submit claims for payment to Health First Colorado

The Private Duty Nursing (PDN) program provides skilled nursing services on an intermittent basis to Health First Colorado members in their place of residence. A plan of care as ordered by the attending physician is developed by the Home Health agency. The plan of care is reviewed periodically by the physician. All plan of care services are subject to post-payment review for medical necessity and regulation compliance.

Providers should refer to the Code of Colorado Regulations, Program Rules (10 C.C.R. 2505-10), for specific information when providing PDN services.

Billing Information

Refer to the General Provider Information manual for general billing information.

General Prior Authorization Requirements

All PDN Prior Authorization Requests (PARs) must be submitted via ColoradoPAR.com. The additional forms necessary for PDN PAR submission are available in the Provider Services Forms section or from the authorizing agency. PAR forms must be completed and sent to the authorizing agency before services can be billed. Instructions for completing the PAR form are included in this manual. Authorizing agency information is listed in Appendices C and D of the Appendices in the Provider Services Billing Manuals section.

Health First Colorado requires the completion of a PAR form for:

- All PDN services prior to starting services.

- Orders must specify how often treatment or visits will be and the length of visit.

- Time submitted that is outside of or different from the orders will be deducted and the units adjusted accordingly.

- Do not submit claims before a copy of the PAR is received or made available unless submission is necessary to meet timely filing requirements. Refer to the Department Program Rules - Code of Colorado Regulations for required attachments.

General Prior Authorization Request Instructions

Submit all appropriate documentation to support your PDN request including detailed demographics, diagnosis, physician's orders, treatment plans, nursing summaries, nurse aide assignment sheets, medications, etc. via ColoradoPAR.com.

Revision must also be submitted via ColoradoPAR.com and must be completed in a timely manner prior to the expiration of the PAR Revenue Coding.

The following table identifies the only valid revenue codes for billing Private Duty Nursing to Health First Colorado. Valid revenue codes are not always a Health First Colorado benefit. When valid non-benefit revenue codes are used, the claim must be completed according to the billing instructions for non-covered charges.

PDN providers billing on the UB-04 claim form for services provided to authorized members must use the appropriate condition code in form locators 18 through 28 (Condition Codes) and use the revenue codes listed below. Claims submitted with revenue codes that are not listed below are denied.

Private Duty Nursing Claim Example

The information in the following table provides instructions for completing form locators as they appear on the paper UB-04 claim form. Instructions for completing the UB-04 claim form are based on the current *National Uniform Billing Committee (NUBC) UB-04 Reference Manual*. Unless otherwise noted, all data form locators on the UB-04 have the same attributes (specifications) for Health First Colorado as those indicated in the *NUBCUB-04 Reference Manual*.

All code values listed in the *NUBC UB-04 Reference Manual* for each form locator may not be used for submitting paper claims to Health First Colorado. The appropriate code values listed in this manual must be used when billing Health First Colorado.

The UB-04 Institutional Certification document (located in the Provider Services Forms section) must be completed and attached to all claims submitted on the paper UB-04. Completed UB-04 paper Health First Colorado claims, including hardcopy Medicare claims, should be mailed to the correct fiscal agent address located in Appendix A in the Appendices of the Provider Services Billing Manuals section.

Do not submit "continuation" claims. Each claim form has a set number of billing lines available for completion. Do not crowd more lines on the form. Billing lines in excess of the designated number are not processed or acknowledged. Claims with more than one page may be submitted through the Provider Web Portal.

The Paper Claim Reference Table below lists the required, optional and/or conditional form locators for submitting the paper UB-04 claim form to Health First Colorado for PDN claims.

Form Locator and Label	Completion Format	Instructions
1. Billing Provider Name, Address, Telephone Number	Text	Required Enter the provider or agency name and complete mailing address of the provider who is billing for the services: 　　Street/Post Office box 　　City 　　State

Form Locator and Label	Completion Format	Instructions
		Zip Code
		Abbreviate the state in the address to the standard post office abbreviations. Enter the telephone number.
2. Pay-to Name, Address, City, State	Text	Required only if different from FL 1. Enter the provider or agency name and complete mailing address of the provider who will receive payment for the services: Street/Post Office box City State Zip Code Abbreviate the state in the address to the standard post office abbreviations.
3a. Patient Control Number	Up to 20 characters: Letters, numbers or hyphens	Optional Enter information that identifies the member or claim in the provider's billing system. Submitted information appears on the Provider Claim Report.
3b. Medical Record Number	17 digits	Optional Enter the number assigned to the member to assist in retrieval of medical records.

Form Locator and Label	Completion Format	Instructions

4. Type of Bill	3 digits	Required
		Private Duty Nursing
		Effective 3/1/2017 use 32X for Home Health/Private Duty Nursing services. 33X is no longer valid.
		(These instructions supersede all prior publications')
		
		Use 321-324 or 341-344 for Medicare crossover claims.
		Enter the three-digit number indicating the specific type of bill. The three-digit code requires one digit each in the following sequences (Type of facility, Bill classification, and Frequency):
		
		Digit 1 Type of Facility
		  1 Hospital
		  2 Skilled Nursing
		  3 Home Health Services
		  4 Religious Non-Medical Health Care Institution
		  6 Intermediate Care
		  7 Clinic (Rural Health/FQHC/Dialysis Center)
		  8 Special Facility (Hospice, RTCs)
		
		Digit 2 Bill Classification (Except clinics & special facilities):
		  1 Inpatient (Including Medicare Part A)
		  2 Inpatient (Medicare Part B only)
		  3 Outpatient
		  4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment)
		  5 Intermediate Care Level I
		  6 Intermediate Care Level II
		  7 Sub-Acute Inpatient (revenue code 19X required with this bill type)
		  8 Swing Beds
		  9 Other
		
		Digit 2 Bill Classification (Clinics Only):
		  1 Rural Health/FQHC
		  2 Hospital Based or Independent Renal Dialysis Center
		  3 Freestanding

Form Locator and Label	Completion Format	Instructions
4. Type of Bill (continued)	3 digits	<u>Digit 3</u> <u>Frequency:</u> 0 Non-Payment/Zero Claim 1 Admit through discharge claim 2 Interim - First claim 3 Interim - Continuous claim 4 Interim - Last claim 7 Replacement of prior claim 8 Void of prior claim
5. Federal Tax Number	None	Submitted information is not entered into the claim processing system.
6. Statement Covers Period – From/Through	From: 6 digits MMDDYY Through: 6 digits MMDDYY	Required **Private Duty Nursing** "From" date is the actual start date of services. "From" date cannot be prior to the start date reported on the initial prior authorization, if applicable, or is the first date of an interim bill. "Through" date is the actual discharge date, or final date of an interim bill. "From" and "Through" dates cannot exceed a calendar month (e.g., bill 01/15/10 thru 01/31/10 and 02/01/10 thru 02/15/10, not 01/15/10 thru 02/15/10). Dates must match the prior authorization if applicable. If member is admitted and discharged the same date, that date must appear in both fields. Detail dates of service must be within the "Statement Covers Period" dates.
8a. Patient Identifier		Submitted information is not entered into the claim processing system.
8b. Patient Name	Up to 25 characters: Letters & spaces	Required Enter the member's last name, first name and middle initial.
9a. Patient Address – Street	Characters Letters & numbers	Required Enter the member's street/post office box as determined at the time of admission.
9b. Patient Address – City	Text	Required Enter the member's city as determined at the time of admission.

Form Locator and Label	Completion Format	Instructions
9c. **Patient Address – State**	Text	Required Enter the member's state as determined at the time of admission.
9d. **Patient Address – Zip**	Digits	Required Enter the member's zip code as determined at the time of admission.
9e. **Patient Address – Country Code**	Text	Optional
10. **Birthdate**	8 digits (MMDDCCYY)	Required Enter the member's birthdate using two digits for the month, two digits for the date, and four digits for the year (MMDDCCYY format). Example: 01012009 for January 1, 2009.
11. **Patient Sex**	1 letter	Required Enter an M (male) or F (female) to indicate the member's sex.
12. **Admission Date**	6 digits	Required **Private Duty Nursing** Enter the date care originally started from any funding source (e.g., Medicare, Health First Colorado, Third Party Resource, etc.).
13. **Admission Hour**		Not Required
14. **Admission Type**		Not Required
15. **Source of Admission**		Required
16. **Discharge Hour**		Not Required
17. **Patient Discharge Status**	2 digits	Required **Private Duty Nursing** Enter member status as ongoing member (code 30) or as of discharge date. Agencies are limited to the following codes: 01 Discharged to Home 3 Discharged/Transferred to SNF 4 Discharged/Transferred to ICF

Form Locator and Label	Completion Format	Instructions
		5 Discharged/Transferred to Another Type of Institution 6 Discharged/Transferred to organized Home Health Care Program (HCBS) 7 Left Against Medical Advice 20 Expired (Deceased - Not for Hospice use) 30 Still member (ongoing) 40 Expired at home
17. Patient Discharge Status	2 digits	41 Expired in hospital, SNF, ICF, or free-standing hospice 42 Expired - place unknown 50 Hospice - Home 51 Hospice - Medical Facility
18-28. Condition Codes	2 Digits	Conditional Use condition code A1 to bill PDN hours greater than 16 for children
29. Accident State		Optional
31-34. Occurrence Code/Date	2 digits and 6 digits	Required Use occurrence code 27 and enter the Plan of Care start date. Enter the date using MMDDYY format.
35-36. Occurrence Span Code From/ Through	None	Leave Blank
38. Responsible Party Name/ Address	None	Leave blank
39-41. Value Code and Amount	2 characters and 9 digits	Conditional Enter appropriate codes and related dollar amounts to identify monetary data or number of days using whole numbers, necessary for the processing of this claim. Never enter negative amounts. Fields and codes must be in ascending order. If a value code is entered, a dollar amount or numeric value related to the code <u>must</u> always be entered.

Form Locator and Label	Completion Format	Instructions
		01 Most common semiprivate rate (Accommodation Rate)
		06 Medicare blood deductible
		14 No fault including auto/other
		15 Worker's Compensation
		31 Member Liability Amount
		32 Multiple Member Ambulance Transport
		37 Pints of Blood Furnished
		38 Blood Deductible Pints
		40 New Coverage Not Implemented by HMO
39-41. Value Code and Amount (continued)	2 characters and 9 digits	Conditional 45 Accident Hour Enter the hour when the accident occurred that necessitated medical treatment. Use the same coding used in FL 18 (Admission Hour). 49 Hematocrit Reading - EPO Related 49 Hematocrit Reading - EPO Related 58 Arterial Blood Gas (PO2/PA2) 68 EPO-Drug 80 Covered Days 81 Non-Covered Days Enter the amount paid by indicated payer: A3 Estimated Responsibility Payer A B3 Estimated Responsibility Payer B C3 Estimated Responsibility Payer C For Rancho Coma Score bill with appropriate diagnosis for head injury.
42. Revenue Code	4 digits	Required Enter the revenue code that identifies the specific accommodation or ancillary service provided. List revenue codes in ascending order. A <u>revenue code</u> must appear only <u>once</u> per date of <u>service</u>. If more than one of the same service is provided on the same day, combine the <u>units</u> and charges on one line accordingly. Enter the appropriate Revenue code. <u>Private Duty Nursing services cannot be provided to Nursing Facility residents.</u>

Form Locator and Label	Completion Format	Instructions
43. Revenue Code Description	Text	Required Enter the revenue code description or abbreviated description.
44. HCPCS/Rates/ HIPPS Rate Codes	5 digits	Required for the following: ▪ Private Duty Nursing RN visit: Use only HCPCS code T1000 with modifier TD for revenue code 552. ▪ Private Duty Nursing LPN visit: Use only HCPCS code T1000 with modifier TE for revenue code 559. ▪ Private Duty Nursing private duty nursing RN group visit: Use only HCPCS code T1000 with modifiers HQ and TD for revenue code 580. ▪ Private Duty Nursing private duty nursing LPN group visit: Use only HCPCS code T1000 with modifiers HQ and TE for revenue code 581. When billing HCPCS codes, the appropriate revenue
45. Service Date	6 digits	Required Enter the date of service using MMDDYY format for each detail line completed.
46. Service Units	3 digits	Required Enter a unit value on each line completed. Use whole numbers only. Do not enter fractions or decimals and do not show a decimal point followed by a 0 to designate whole numbers (e.g., Do not enter 1.0 to signify one unit)
47. Total Charges	9 digits	Required Enter the total charge for each line item. Calculate the total charge as the number of units multiplied by the unit charge. Do not subtract Medicare or third-party payments from line charge entries. Do not enter negative amounts. A grand total in line 23 is required for all charges.
48. Non-Covered Charges	Up to 9 digits	Conditional Enter incurred charges that are not payable by the Health First Colorado. Non-covered charges must be entered in both FL 47 (Total Charges) and FL 48 (Non-Covered Charges.) Each column requires a grand total.

Form Locator and Label	Completion Format	Instructions
50. Payer Name	1 letter and text	Required Enter the payment source code followed by name of each payer organization from which the provider might expect payment. At least one line must indicate Health First Colorado. Source Payment Codes B Workmen's Compensation C Medicare D Health First Colorado E Other Federal Program F Insurance Company G Blue Cross, including Federal Employee Program H Other - Inpatient (Part B Only) I Other Line A Primary Payer Line B Secondary Payer Line C Tertiary Payer
51. Health Plan ID	10 digits	Required Enter the provider's Health Plan ID for each payer name. Enter the Health First Colorado provider number assigned to the **billing provider**. Payment is made to the enrolled provider or agency that is assigned this number.
52. Release of Information	N/A	Submitted information is not entered into the claim processing system.
53. Assignment of Benefits	N/A	Submitted information is not entered into the claim processing system.
54. Prior Payments	Up to 9 digits	Conditional Complete when there are Medicare or third-party payments. Enter third party and/or Medicare payments.
55. Estimated Amount Due	Up to 9 digits	Conditional Complete when there are Medicare or third-party payments. Enter the net amount due from Health First Colorado after provider has received other third party, Medicare or member liability amounts.

Form Locator and Label	Completion Format	Instructions
55. **Estimated Amount Due** (continued)	Up to 9 digits	**Medicare Crossovers** Enter the sum of the Medicare coinsurance plus Medicare deductible less third-party payments and member liability amounts.
56. **National Provider Identifier (NPI)**	10 digits	Required Enter the billing provider's 10-digit National Provider Identifier (NPI).
57. **Other Provider ID**		Optional Submitted information is not entered into the claim processing system.
58. **Insured's Name**	Up to 30 characters	Required Enter the member's name on the Health First Colorado line. **Other Insurance/Medicare** Complete additional lines when there is third party coverage. Enter the policyholder's last name, first name, and middle initial.
60. **Insured's Unique ID**	Up to 20 characters	Required Enter the insured's unique identification number assigned by the payer organization. Include letter prefixes or suffixes.
61. **Insurance Group Name**	14 letters	Conditional Complete when there is third party coverage. Enter the name of the group or plan providing the insurance to the insured.
62. **Insurance Group Number**	17 digits	Conditional Complete when there is third party coverage. Enter the identification number, control number, or code assigned by the carrier or fund administrator identifying the group under which the individual is covered.
63. **Treatment Authorization Code**	Up to 18 characters	Conditional Complete when the service requires a PAR. Enter the PAR/authorization number in this field, if a PAR is required and has been approved for services.
64. **Document Control Number**		Enter Previous ICN in field 64a

Form Locator and Label	Completion Format	Instructions
65. Employer Name	Text	Conditional Complete when there is third party coverage. Enter the name of the employer that provides health care coverage for the individual identified in FL 58 (Insured Name).
66. Diagnosis Version Qualifier		Submitted information is not entered into the claim processing system. Enter applicable ICD indicator to identify which version of ICD codes is being reported. 0 ICD-10-CM (DOS 10/1/15 and after) 9 ICD-10-CM (DOS 9/30/15 and before)
67. Principal Diagnosis Code	Up to 6 digits	Required Enter the exact diagnosis code describing the principal diagnosis that exists at the time of admission or develops subsequently and affects the length of stay. Do not add extra zeros to the diagnosis code.
67A- 67Q. Other Diagnosis	6 digits	Optional Enter the exact diagnosis code corresponding to additional conditions that co-exist at the time of admission or develop subsequently and which effect the treatment received or the length of stay. Do not add extra zeros to the diagnosis code. Enter applicable ICD indicator to identify which version of ICD codes is being reported.
69. Admitting Diagnosis Code	6 digits	Not Required Enter the diagnosis code as stated by the physician at the time of admission.
70. Patient Reason Diagnosis		Submitted information is not entered into the claim processing system.
71. PPS Code		Submitted information is not entered into the claim processing system.
72. External Cause of Injury Code (E-code)	6 digits	Optional Enter the diagnosis code for the external cause of an injury, poisoning, or adverse effect. This code must begin with an "E".
74. Principal Procedure Code/ Date	N/A	Not Required

Form Locator and Label	Completion Format	Instructions
74A. Other Procedure Code/Date	N/A	Not Required
76. Attending NPI – Required	10 digits	Health First Colorado ID Required NPI - Enter the 10-digit NPI number assigned to the physician having primary responsibility for the member's medical care and treatment. This number is obtained from the physician and <u>cannot</u> be a clinic or group number. (If the attending physician is not enrolled in Health First Colorado or if the member leaves the ER before being seen by a physician, the hospital may enter their individual numbers.) Hospitals may enter the member's regular physician's 10-digit NPI in the Attending Physician ID form locator if the locum tenens physician is not enrolled in Health First Colorado. QUAL – Enter "1D" for Medicaid
77. Operating- NPI		Optional Submitted information is not entered into the claim processing system.
78-79. Other ID NPI – Conditional	NPI - 10 digits t	Conditional – Complete when attending physician is not the PCP or to identify additional physicians. Ordering, Prescribing, or Referring NPI - when applicable NPI - Enter up to two 10-digit NPI numbers, when applicable. This form locator identifies physicians other than the attending physician. If the attending physician is not the PCP or if a clinic is a PCP agent, enter the PCP NPI number as the referring physician. The name of the Health First Colorado member's PCP appears on the eligibility verification. Review either for eligibility and PCP. Health First Colorado does not require that the PCP number appear more than once on each claim submitted. The attending physician's last and first name are optional.
80. Remarks	Text	Enter specific additional information necessary to process the claim or fulfill reporting requirements.

Form Locator and Label	Completion Format	Instructions
81. Code-Code-QUAL/CODE/VALUE (a-d)		Submitted information is not entered into the claim processing system.

Institutional Provider Certification

This is to certify that the foregoing information is true, accurate and complete.

This is to certify that I understand that payment of this claim will be from Federal and State funds and that any falsification, or concealment of material fact, may be prosecuted under Federal and State Laws.

Signature: _____   *Date:* _____

This document is an addendum to the UB-04 claim form and is required per 42 C.F.R. 445.18 (a)(1-2) to be attached to paper claims submitted on the UB-04.

Private Duty Nursing Claim Example

Note: Medicare crossover claims are valid only with Medicare claims for visits rather than episodes.
LUPA payments not episode case mix payment.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
552	Registered Nurse	T1000 TD	10/01/2016	1	60.00	
552	Registered Nurse	T1000 TD	10/11/2016	3	180.00	
552	Registered Nurse	T1000 TD	10/21/2016	1	60.00	

Home Health Agency
100 Saginaw Street
Anytown, CO 80201
303-333-3333

4 TYPE OF BILL: 321

5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM 10/01/2016 THROUGH 10/21/2016

8 PATIENT NAME: Client, Ima D.
9 PATIENT ADDRESS: 123 Main Street Anytown CO 88888

10 BIRTHDATE: 02/13/1948
11 SEX: F
12 DATE: 10/01/2016
17 STAT: 1
18: 30

31 OCCURRENCE CODE: 27 DATE: 10/01/2016
OCCURRENCE SPAN FROM: 10/01/2016 THROUGH: 10/21/2016

PAGE 1 OF 1   CREATION DATE   TOTALS → 300.00

50 PAYER NAME: D - Medicaid
51 HEALTH PLAN ID: 1234567890
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE: 300.00

58 INSURED'S NAME: Client, Ima D.
60 INSURED'S UNIQUE ID: A123456

66 DX: E119

76 ATTENDING NPI: 1234567890
LAST: Provider FIRST: Ima

Timely Filing

For more information on timely filing policy, including the resubmission rules for denied claims, please see the General Provider Information manual.

Private Duty Nursing Revisions Log

Revision Date	Additions/Changes	Pages	Made by
12/01/2016	Manual revised for interChange implementation. Form annual revisions prior to 12/01/2016 Please refer to	All	HPE (now DXC)
12/27/2016	Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_2.xlsx	8, 13	HPE (now DXC)
1/10/2017	Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_3.xlsx	Multiple	HPE (now DXC)
1/19/2017	Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_4.xlsx	Multiple	HPE (now DXC)
1/26/2017	Updates based on Department 1/20/2017 approval email	Accepted tracked changes throughout	HPE (now DXC)
3/08/2017	Added Type of Bill 32x to row 4 of the Private Duty Nursing Claim example table	6	RC
3/13/2017	Updated the Type of Bill section in the Paper Claims Table to reflect the NUBC manual	6	RC
3/14/2017	Updated the type of bill in the paper claim example	18	RC
5/26/2017	Updates based on Fiscal Agent name change from HPE to DXC	1	DXC
6/15/2018	Updated timely filing information and removed references to LBOD; removed general billing information already available in the General Provider Information manual	1-2, 4, 19	DXC

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above are the page numbers on which the updates/changes occur.