



**Update**

**March 2010**

**No. 2010-15**

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** HealthCheck "Other Services," Home Health Providers, Nurse Practitioners, Nurses in Independent Practice, HMOs and Other Managed Care Organizations

## Important Changes for Private Duty Nursing Providers

This *ForwardHealth Update* details the following important information for providers of private duty nursing (PDN) services to members who are enrolled in the BadgerCare Plus Standard Plan and Medicaid:

- Prior authorization (PA) policies and procedures effective for dates of service (DOS) on and after May 1, 2010, including who may submit PA and amendment requests, PA authorization periods, documentation requirements, and revised PA request forms and completion instructions.
- Activities and deadlines for maintaining continuity of care during the implementation of the new PA policies and procedures.
- Claim instructions and guidelines for billing units of service effective for DOS on and after May 1, 2010.

The information in this *Update* applies to PDN services for members dependent on a ventilator for life-support and PDN services for members who are not ventilator dependent, unless otherwise specified.

As a result of the BadgerCare Plus and Medicaid Rate Reform project, ForwardHealth is implementing changes for providers of private duty nursing (PDN) services to members who are enrolled in the BadgerCare Plus Standard Plan and Medicaid. The changes apply to the following:

- Prior authorization (PA) policies and procedures effective for dates of service (DOS) on and after May 1, 2010, including who may submit PA and

amendment requests, PA authorization periods, documentation requirements, and revised PA request forms and completion instructions.

- Activities and deadlines for maintaining continuity of care during the transition of authorization for PDN services.
- Claim instructions and guidelines for billing units of service effective for DOS on and after May 1, 2010.

The information in this *ForwardHealth Update* applies to PDN services for members dependent on a ventilator for life-support and services for members who are not ventilator dependent unless otherwise specified.

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## **Prior Authorization Changes**

Under the current PA process, each PDN provider working on a member's case is required to obtain PA for services provided to the member. Effective for DOS on and after May 1, 2010, only one PA for PDN services can be authorized for the member, regardless of the number of providers providing PDN services to the member. All providers on the PDN case, including nurses in independent practice (NIP), home health agencies (HHAs), and pediatric community care (PCC) centers, will now share one PA for the member.

Under the new process, PAs can be authorized up to 364 days and will be divided into 13-week segments. This is a significant change from the current process, and it is important that providers refer to their PA decision notice letter for exact expiration dates.

Once the PA is approved for the member, Medicaid-certified providers can be added to the case as needed any time during the authorized time period for quick access to nursing staff for members. The new PA process substantially reduces the amount of paperwork providers need to complete in order to provide PDN services. Although PDN services are authorized for up to 364 days, the hours of PDN services authorized for each segment can be used only in the 13-week segment for which they were authorized. In other words, hours of PDN authorized in one segment do not carry over to another segment.

## **Changes to Forms and Instructions for Requesting Authorization for Private Duty Nursing**

As a result of the BadgerCare Plus and Medicaid Rate Reform initiative, ForwardHealth has revised forms and form instructions for requesting PA for PDN services.

### ***Prior Authorization Request Form Completion Instructions Revised***

Requests for PDN services for DOS on and after May 1, 2010, are required to be submitted to ForwardHealth

using the Prior Authorization Request Form (PA/RF), F-11018 (10/08), completion instructions for PDN effective for DOS on and after May 1, 2010. The PA/RF itself is not changing.

Refer to Attachment 1 of this *Update* for PA/RF completion instructions for PDN for DOS on and after May 1, 2010.

### ***Prior Authorization/Home Care Attachment and Completion Instructions Renamed and Revised***

The Prior Authorization/Home Care Attachment (PA/HCA), F-11096 (10/08), and instructions have been renamed and revised to accommodate the changes to PA for PDN. The PA/HCA is renamed the Prior Authorization/Care Plan Attachment (PA/CPA), F-11096, (03/10).

The PDN provider who receives the physician's orders to begin providing services to the member is required to complete Elements 24 and 25 (Signature — Authorized Nurse Completing Form and Date Signed), on the PA/CPA. Before providing services to the member, *each* provider on the case must obtain a copy of the PA/CPA for his or her records and read, sign, and date the PA/CPA in Elements 31 and 32 (Countersignature and Date Signed). The dated signature documents that the nurse has reviewed the plan of care (POC) and will execute it as written.

Prior authorization requests submitted with the PA/CPA for DOS before May 1, 2010, will not be accepted and will be returned to the provider unprocessed. Prior authorization requests submitted with the PA/HCA for DOS on and after May 1, 2010, will be returned to the provider unprocessed.

Refer to Attachments 4 and 5 for the PA/CPA and completion instructions.

## **The Same Plan of Care for Private Duty Nursing**

The same PDN POC is to be used by all PDN providers sharing the member's case. The POC is developed in consultation with the physician, member, member's family and other providers. All PDN providers shall use the same PDN POC established for the member. For DOS on and after May 1, 2010, each POC must include no less information than is required on the PA/CPA instructions.

The information requested in each element of the PA/CPA is required information to be included in the POC, but the use of the PA/CPA is voluntary. The POC must contain all of the required information as instructed on the PA/CPA instructions. Each PDN provider sharing the case is required to obtain a copy of the POC for the effective certification period and maintain the POC in their records. Refer to requirements for medical record content, DHS 106.02(9)(b), Wis. Admin. Code, for more information on POC documentation.

## **Prior Authorization Liaison**

When more than one provider is to provide PDN services to a member, one of the providers sharing the case is required to serve as the PDN Prior Authorization Liaison (PAL). The PAL may be an NIP, an HHA, or a PCC and will be responsible for obtaining PA for PDN services to the member. The identified PAL is the only provider who can submit PA requests, PA amendments, and respond to PA return notices.

## **Qualifications**

For the provider to serve as the PDN PAL, the provider must provide PDN services (ventilator dependent or non-ventilator dependent) to the member *and* be one of the following:

- A Wisconsin licensed registered nurse (RN) who is Wisconsin Medicaid certified as an NIP;

- A Wisconsin-licensed RN employed by or under contract to an HHA certified by Wisconsin Medicaid to provide PDN;
- A Wisconsin-licensed RN employed by or under contract to a Wisconsin Medicaid-certified PCC provider.

## **Responsibilities**

The following are responsibilities of the PAL:

- Submitting completed PA and amendment request documents to ForwardHealth.
  - ✓ Prior Authorization Request Form (PA/RF) completed using the revised PA/RF completion instructions for PDN services effective for DOS on and after May 1, 2010.
  - ✓ Plan of care that was developed in cooperation with the physician, member, member's family, and with any other providers who will be providing PDN services to the member.
  - ✓ Private Duty Nursing Prior Authorization Acknowledgement, F-11096 (10/08).
  - ✓ Prior Authorization Amendment Request, F-11042 (10/08), if requesting to amend the PA.
  - ✓ Provider review letter in order to correct clerical errors or provide additional clinical information.
- Sharing documents.
  - ✓ Make available to other PDN providers on the case the PA decision notice letters to copy for their records.
  - ✓ Make available to other PDN providers on the case to copy for their records the PA decision notice letters resulting from amendment requests.
  - ✓ Make available to other PDN providers on the case the PA request and amendment request(s) for their review.

## **Using the ForwardHealth Portal to Facilitate Prior Authorization Liaison Activities**

The PAL may establish a secure ForwardHealth Provider Portal account to facilitate PA and amendment request submission. A Portal account provides the PAL with the following conveniences:

- The PA number will be immediately assigned when the PA request is submitted via the Portal.
- Reduced chance that the PA requests will be returned to correct clerical errors.
- Immediate access to PA request status.
- Immediate access to amendment request status.
- Capability to view claim status.
- Access to the new Private Duty Nursing — Prior Authorization Claims (PDN — PAC) report, as introduced in this *Update*.

Providers who do not have a secure Provider Portal account may go to the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) to request one. Providers may refer to the ForwardHealth Portal Account Users Guide on the References and Tools page of the Providers page of the Portal for instructions. For additional assistance with provider Portal accounts, providers may call the Portal Helpdesk at (866) 908-1363.

## **Changing the Prior Authorization Liaison**

The actions required of the other PDN providers on the case depend on the circumstances for changing the PAL when the identified PAL will no longer be the PAL.

### ***At the End of the Authorization Period***

A different PDN provider can assume the role of PDN PAL without enddating a current PA when the authorization period is completed and it is time to submit a new PA request. The PDN providers on the case along with the member or member's family will be required to identify the new PAL. It is important that arrangements for a new PAL are made in advance to allow the new PAL adequate time to submit the PA

request renewal for ongoing PDN services before the end of the current authorization period.

### ***The Prior Authorization Liaison Remains on the Case***

If the PDN PAL steps down as the PAL, but remains on the case, ForwardHealth will not adjudicate PA amendment requests solely for the purpose of changing the PAL. There is no requirement to identify another RN on the case as the PAL until there is a need to amend the current PA or until it is time to submit a new PA request for ongoing PDN services. If the PA needs to be amended (for example, as a result of a change in the member's medical condition) the PDN providers are required to follow the process described for requesting PA if the PAL leaves the case with notice.

### ***The Prior Authorization Liaison Leaves the Case with Notice***

If the PDN PAL leaves the case with notice, the following actions will be necessary to assure continuity of care:

- The PDN providers on the case, along with the member or member's family, will be required to identify a new PAL.
- The PAL leaving the case is required to submit a PA amendment request to enddate the current PA.
- The new PAL is required to submit a new PA request with required documentation prior to the expiration of the current PA being enddated. Providers must not submit the request for a new PA before the PAL leaving the case submits the amendment. ForwardHealth will assign different grant and expiration dates to the new authorized PA.

### ***The Prior Authorization Liaison Leaves the Case Without Notice***

If the PDN PAL leaves the case without ending the current PA, the following actions will be necessary to assure continuity of care:

- The PDN providers on the case along with the member or member's family will be required to identify a new PAL.
- The new PAL must end the current PA by submitting a paper Prior Authorization Amendment Request form by mail or fax. In addition to the member information in Section I, the amendment request must include the following detail:
  - ✓ The *new* PAL's provider information in Section II.
  - ✓ The member's printed name and signature included on the Prior Authorization Amendment Request in Section III, Element 11 (Description and Justification for Requested Change).
  - ✓ The reason for requesting an amendment to enddate the PA in Section III.
  - ✓ The requested enddate for the PA in Section III.
- The new PAL then is responsible for submitting a new PA request and the PA will be assigned a new grant date and expiration date. A PA for an ongoing case may be backdated up to 14 days from the first date of receipt only when the PAL leaves the case without ending the current PA.

### **Prior Authorization Requests for Dates of Service on and After May 1, 2010**

Prior authorization requests for DOS *on and after* May 1, 2010, require the following forms and instructions with the revision dates identified below and should be submitted by the PDN PAL:

- Prior Authorization Request Form (PA/RF), F-11018 (10/08), completed using PA/RF completion instructions for PDN services effective for DOS on and after May 1, 2010, as shown in Attachment 1.

- The POC containing no less information than is required for the PA/CPA.
- **Private Duty Nursing Prior Authorization Acknowledgement, F-11041 (10/08).**

### **Provider-Specific Prior Authorization Submission Information**

For DOS on and after May 1, 2010, the identified PAL is the only provider who can submit PA requests and amendment requests for PDN.

### ***Nurses in Independent Practice***

Nurses in independent practice acting as the PDN PAL must indicate on the PA request the procedure code for the PDN services that the RN is to provide (S9123 or 99504 with modifier "TD".) When the PA request is adjudicated, ForwardHealth will add the corresponding procedure code ([S9124] or [99504] with modifier "TE") for PDN services that licensed practical nurses (LPNs) might provide. If the PA request is authorized, the applicable procedure codes for PDN services will be stated in the PA decision notice letter.

For PA requests submitted by an NIP via the Portal for PDN services that include PDN services provided by PCC providers, the procedure code T1026 and modifier 59 must be included in the "Additional Service Code Description" field. Refer to Attachment 6 showing a screen shot of the "Additional Service Code Description" field on Portal PA requests.

For paper PA requests submitted by an NIP by fax or mail for PDN services that include PDN services provided by PCC providers, the procedure code T1026 and modifier 59 must be included in Element 21 (Description of Service). Refer to Attachment 2 for a sample paper PA/RF for NIP requesting PA for PDN services.

### ***Home Health Agencies***

Prior authorization requests for PDN services submitted by a home health agency should not include any

procedure code for a service that is not PDN. Requests for PDN services combined with requests for other services will be returned to the provider.

Home health agencies acting as the PDN PAL must indicate on the PA request the procedure code for the PDN service that an RN is to provide (S9123 or 99504 with modifier TD). When the PA request is adjudicated, ForwardHealth will add the applicable corresponding procedure code for the PDN services an LPN might provide (S9124 or 99504 with modifier TE). If the PA request is authorized, the applicable procedure codes for PDN services will be stated in the PA decision notice letter.

For PA requests submitted by an HHA via the Portal for PDN services that include PCC services, the procedure code T1026 with modifier 59 must be included in the “Additional Service Code Description” field. Refer to Attachment 6 for a screen shot showing the “Additional Service Code Description” field on Portal PA requests.

For paper PA requests submitted by an HHA by fax or mail for PDN services that include PDN services provided by PCC providers, the procedure code T1026 and modifier 59 must be included in Element 21 (Description of Service). Refer to Attachment 3 for a sample paper PA/RF for home health agencies requesting PA for PDN services.

### ***Pediatric Community Care Providers***

A PCC provider acting as the PDN PAL must indicate on the PA request the procedure code T1026 and modifier 59 for the PDN service that the PCC will be providing. If PDN services will be provided to the member when the member is not attending the PCC program, then the PCC provider must also indicate on the PA request the procedure code and modifier (if the modifier is needed) for the PDN service that an RN might provide. If the PA request is authorized, the applicable procedure codes for corresponding PDN

services an RN and LPN might provide will be stated in the PA decision notice letter.

The procedure code 99504 with modifier TD is used for PDN services provided by RNs to members dependent on a ventilator for life-support. The procedure code S9123 is used for PDN services provided by RNs to members that are not ventilator dependent.

For PA requests submitted by a PCC via the Portal that include PDN services that an RN might provide, only the procedure code and modifier (if the modifier is needed) must be included in the “Additional Service Code Description” field. Refer to Attachment 6 for a screen shot showing the “Additional Service Code Description” field on Portal PA requests.

For paper PA requests submitted by a PCC by fax or mail that include PDN services that an RN might provide, only the procedure code and modifier (if the modifier is needed) must be included in Element 21 (Description of Service).

### **Submitting Prior Authorization Amendments When the Prior Authorization Liaison Has *Not* Changed**

When the PDN PAL has not changed, PA amendments must be submitted by the same PAL who submitted the original PA request. The PAL is responsible for making amendment request documents available to the other PDN providers on the case. All providers on the case are responsible for making and maintaining their own copies of the decision notice(s) generated from amendment requests.

### **Maintaining Private Duty Nursing Prior Authorization Documentation**

Effective for DOS on and after May 1, 2010, the PDN PAL is responsible for submitting PDN PA and amendment requests. The PAL is required to maintain a copy of the submitted PDN PA and amendment requests. All providers on the case are responsible for

ensuring there is a current authorized PA on file for the member before providing PDN services.

Each PDN provider on the case is required to obtain a copy of the PA decision notice letter(s) for their records

### **Requesting Private Duty Nursing Pro Re Nata Hours**

Providers can meet the occasional need for additional skilled nursing services by requesting PDN Pro Re Nata (PRN) hours for members who typically require fewer than 24 hours of skilled nursing services per day. When requesting PDN PRN hours to use during one or more 13-week segments of authorized PDN services, providers must include physician orders indicating the medical necessity for PDN PRN hours with the PA and amendment requests. The physician orders should specify the reason(s) PDN PRN hours are necessary, how PDN PRN hours will be used, and the time period(s) when PDN PRN hours likely will be required.

The hours approved for PDN PRN may be used within the 13-week segment(s) where authorized PDN PRN hours are indicated on the decision notice letter. If the member's condition changes and the approved PDN PRN hours are insufficient to meet the member's need for more hours of skilled nursing, the PAL should submit a request to amend the PA. Pro re nata hours will not be authorized for any 13-week segment that is authorized for flexible use of hours.

### **Flexible Use of Hours**

The policy for flexible use of weekly hours for PDN remains the same; flexibility of hours can be requested to be used in week-long blocks of time. Although PDN hours may be authorized for up to 52 weeks (similar to the previous maximum authorization period), the amounts authorized will be divided into 13-week segments. Providers will need to carefully manage use of flexible time to avoid exceeding the amount authorized hours in the 13-week segment.

## **Documenting the Care Coordinator**

### ***Prior Authorization Request***

For DOS on and after May 1, 2010, the care coordinator will not be required to be indicated on PA/RF. Other documentation requirements have not changed and providers should refer to the Online Handbook for requirements.

### ***Plan of Care***

The name of the care coordinator will continue to be required on the POC. When PDN providers share a case and at least one of the providers is an NIP, then an NIP who is an RN on the case must be identified as the care coordinator on the POC.

### **Supervision of Licensed Practical Nurse in Independent Practice**

The LPN in independent practice is required to identify a supervising RN in the LPN's copy of the member's medical record. The LPN must indicate in the medical record the name, license number, and signature of the RN supervisor and the effective date of the RN supervision. If there is a change in the supervising RN, the LPN is required to document the change and the effective date of the change.

When the RN supervisor discontinues supervising the LPN, the RN supervisor must notify the LPN in writing. A copy of the written notice must be kept with the RN's records and with the LPN's records. An RN supervising an LPN providing private duty nursing is required to supervise the LPN as often as necessary under the requirements of s. N6.03, Wis. Admin. Code; and communicate the results of the supervisory activities to the LPN, and document the activities, according to DHS 107.12(3)(b), Wis. Admin. Code. Refer to the Nurse in Independent Practice Online Handbook for more information about supervision requirements.

## **Prior Authorization Decision Notice Letter**

After implementation of the new PA process, PA grant and expiration dates for PDN services will be authorized in 13-week segments for up to 52 weeks. Authorization will be listed by 13-week segments in the *line items* of the PA decision notice letter. Under the new PA adjudication process, only the procedure code that the PAL is certified to provide will be indicated in the line items in the adjudication details of the decision notice letter; however, all authorized codes added to the PA by ForwardHealth will be stated in the *message section* of the decision letter. The additional codes will not be listed as separate *line items* in the decision notice letter.

For example, the *message section* of the decision letter for the situation described in the following will indicate that the PA is authorized for 99504 (TD), 99504 (TE), and T1026 (59):

- An NIP PDN PAL submits a PA request for nursing care in the home to a ventilator-dependent member that include PDN services provided by a PCC provider; and
- ForwardHealth indicates 99504 below the heading “Service” and TD below the heading “Modifier” on the adjudication line items with the total units authorized for each 13-week segment.

Refer to Attachment 7 for a sample PA decision notice letter with adjudication details showing authorized PA for PDN services submitted by a PAL.

Each PDN provider on the case is advised to carefully read decision notice letters before providing services.

## ***Daylight Savings on the Decision Notice Letter***

To accommodate daylight savings time for 24-hour cases, an hour will be subtracted in the spring for daylight savings time and an hour will be added in the fall for the return to standard daylight savings time. The changes to the number of authorized hours for the affected

segments will be reflected in the PA decision notice letter.

## **Returned Prior Authorization Requests or Amendments**

### ***Prior Authorization Returned Provider Review Letter***

The PAL will be the only PDN provider to receive the returned provider review letter if a PA request for PDN services is returned. The PAL will be required to make the corrections or supply the additional information, as requested. ForwardHealth must receive the PAL’s response within 30 calendar days of the date on the returned provider review letter, whether the letter was sent to the provider by mail or through the Portal. If the PAL’s response is received within 30 calendar days, ForwardHealth will still consider the original receipt date on the PA request when authorizing a grant date for the PA. If ForwardHealth does not receive the PAL’s response within 30 calendar days of the date the returned provider review letter was sent, the PA status becomes inactive and the PAL is required to submit a new PA request. This will result in a later grant date if the PA request is authorized.

The PAL can use the Portal to correct PA requests placed in “returned provider review” status even if the PA request was originally submitted on paper. Submitting the PA requests via the ForwardHealth Portal may reduce the number of PA requests returned for clerical errors.

Because one PA for PDN services will be in effect for the member, multiple PA requests submitted from different providers for the same member will be returned to the submitting providers showing the PA request as a duplicate request.



### ***Amendment Returned Provider Review Letter***

If the amendment to a PA request needs correction or additional information, a returned amendment provider review letter will be sent to the PAL only. The PAL will be required to make the corrections or supply the additional information, as requested. ForwardHealth must receive the PAL's response within 30 calendar days of the date the returned amendment provider review letter was sent. After 30 days the amendment request status becomes inactive and the PAL is required to submit a new amendment request.

The PAL may correct an amendment request that has been placed in "returned provider review" status in the Portal, even if the PA amendment request was originally submitted on paper.

*Note:* When changing or correcting the amendment request, the PAL is required to revise or update the documentation retained in his/her records. The PAL is to make available to other providers sharing the case the revised and updated documentation for their review.

### **Transitioning to New Prior Authorization Process**

Providers are reminded to use the forms and completion instructions that are required for the DOS PA is requested to begin. Requests for PA submitted on the wrong forms or completed using the wrong completion instructions will be returned to the provider.

### ***Private Duty Nursing Prior Authorizations to Expire April 30, 2010***

To transition to the new PA process, ForwardHealth will assign an expiration date of April 30, 2010, to PDN line items on current PAs authorized beyond April 30, 2010. This *Update* is notice to the PDN provider that the expiration date of April 30, 2010, will be applied to the PA including DOS before and after May 1, 2010. The expiration date applies to line items with the following procedure codes:

- 99504 (Home visit for mechanical ventilation care) with RN modifier "TD".
- 99504 (Home visit for mechanical ventilation care) with LPN modifier "TE".
- S9123 (Nursing care, in the home; by registered nurse, per hour).
- S9124 (Nursing care, in the home; by licensed practical nurse, per hour).
- T1026 (Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour) with modifier "59".

*Note to Home Health Agencies:* If other services were authorized with the PDN service, only the PDN service authorization will expire on April 30, 2010. The expiration date for the other procedure codes remains unchanged.

### ***Pending Private Duty Nursing Prior Authorization Requests***

To transition to the new PA process, ForwardHealth will assign an expiration date of April 30, 2010, to PDN line items when pending PA requests are authorized. Providers will receive notification of the expiration dates in a PA decision notice letter.

### ***Current Private Duty Nursing Prior Authorizations Ending Before May 1, 2010***

ForwardHealth will extend authorization periods to April 30, 2010, on PAs that will expire between March 15, 2010, and April 29, 2010. Providers will receive notification of extensions in a PA decision notice letter.

### ***New Requests for Prior Authorization for Dates of Service Before May 1, 2010***

For DOS *before* May 1, 2010, the following forms and instructions with the revision dates identified below are required:

- Prior Authorization Request Form completed using the PA/RF completion instructions for PDN services effective for DOS before April 30, 2010.

- The POC containing no less information than is required for the PA/HCA (dated 10/08).
- Private Duty Nursing Prior Authorization Acknowledgement.

### ***Requesting Prior Authorization for Dates of Service on and After May 1, 2010***

ForwardHealth will immediately begin accepting PA requests for DOS on and after May 1, 2010. Providers are reminded to use forms and instructions that are in effect for the DOS requested. To assure continuity of care for ongoing cases, a PA request using the required forms and instructions effective for DOS on and after May 1, 2010, must be received by ForwardHealth before May 1, 2010. ForwardHealth will return PA requests that are submitted on the wrong form or using the wrong form completion instructions.

For DOS *on and after* May 1, 2010, PDN PA requests must be accompanied by the following forms and completed according to the instructions with the revision dates identified below. The following PA request and accompanying documentation should be submitted by the PAL:

- Prior Authorization Request Form completed using the PA/RF completion instructions for PDN services effective for DOS on and after May 1, 2010.
- The POC containing no less information than is required for the PA/CPA.
- Private Duty Nursing Prior Authorization Acknowledgement.

### ***Lengths of Authorization Periods Staggered***

Providers should check the expiration dates for authorized PDN services. To transition to the new PA process, new PDN PA requests submitted for DOS on and after May 1, 2010, may be authorized for less than 364 days in order to streamline renewals and balance future workloads for PA adjudication. It is important that providers refer to their PA decision notice letter for exact expiration dates.

Refer to Attachment 8 for the private duty nursing PA transition schedule.

### **Changes to Claims Completion Instructions for Private Duty Nursing Services**

Completion instructions for the UB-04 claim form have been revised for PDN services. Claims submitted to ForwardHealth for PDN services for DOS on and after May 1, 2010, must be submitted according to the UB-04 claim form completion instructions effective for DOS on and after May 1, 2010. The UB-04 claim form is not changing and the required documents for submitting claims will not change.

Refer to Attachment 9 for revised UB-04 claim form completion instructions for PDN services. Refer to Attachments 10 and 11 for sample UB-04 paper claim forms for PDN services.

### **Billing for Shifts Spanning Two Prior Authorized 13-Week Segments**

Private duty nursing services that were provided on consecutive days spanning two different prior authorized 13-week segments cannot be billed on the same claim detail. Only DOS contained in the prior authorized 13-week segment may be included on the claim detail.

### **Changes to Guidelines for Billing Units of Service**

Providers billing for PDN services are required to use the guidelines that were in effect on the DOS.

For claims for services provided *before* May 1, 2010, providers are required to follow the rounding guidelines as detailed in Attachment 12.

For services provided *on and after* May 1, 2010, providers are required to use the conversion chart as detailed in Attachment 13.

Providers should refer to the Online Handbook for more information on billing requirements.

**Billing Units for Dates of Service on and after May 1, 2010**

For DOS on and after May 1, 2010, providers are required to bill their PDN services in six-minute increments and recorded as one tenth (0.1) of a unit. One unit equals one hour. Reimbursement is not available for less than six minutes of service. For example, a provider who works for seven hours and 55 minutes would bill 7.9 units. Refer to the conversion chart in Attachment 13.

Reimbursement for PDN services is limited to 1,440 minutes (i.e., 240 six-minute increments) per member, per calendar day. Reimbursement limits are adjusted to accommodate changes in the length of the calendar day resulting from the beginning and ending of daylight-saving time. Reimbursement for each nurse is limited to 12 hours per calendar day and 60 hours per calendar week. Claims for PDN that exceed the number of hours authorized for the 13-week segment of the authorization period will not be reimbursed.

**Billing Units for Shifts Spanning Midnight**

When billing PDN for shifts that span midnight, the provider is required to split the billing over two DOS. Providers billing for PDN hours during shifts spanning midnight must apply the PDN billing conversion guidelines to each DOS as shown in the following examples.

*Example 1*

Day	Start of Shift Modifier	Time	Minutes	Billable Units
1	UH	10:00 p.m. to Midnight	120	2
2	UJ	Midnight to 10:00 a.m.	600	10

*Example 2*

Day	Start of Shift Modifier	Time	Minutes	Billable Units
1	UH	10:15 p.m. to Midnight	105	1.7
2	UJ	Midnight to 10:15 a.m.	615	10.2

Refer to Attachment 10 for a sample paper claim for shifts spanning midnight.

**Billing for More Than One Shift Worked in a Day**

A provider providing PDN services to the same member for more than one shift in a day should combine the number of minutes for the shifts on the DOS *before* converting to billable units. Combining the minutes from the shifts worked in the day before converting to billable units may be to the provider’s advantage, as shown in the following example.

Shift	Start of Shift Modifier	Time	Minutes	Billable Units
1	UJ	Midnight to 6:15 a.m.	375	6.2
2	UH	6:15 p.m. to Midnight	345	5.7
Billable units if shift minutes are converted separately				11.9
Sum of minutes worked in the day			720	
Billable units if the day’s minutes are summed before converting to units				12

In some instances, combining the minutes from the shifts worked in the day before converting to billable units

may not result in a difference, as shown in the following example.

Shift	Start of Shift Modifier	Time	Minutes	Billable Units
1	UJ	Midnight to 7:00 a.m.	420	7
2	UH	7:00 p.m. to Midnight	300	5
Billable units if shift minutes are converted separately				12
Sum of minutes worked in the day			720	
Billable units if the day's minutes are summed before converting to units				12

### Claim Denials Due to Exceeding Authorized Amounts

Providers are cautioned to bill units of service carefully. Incorrect billing could result in the denial of claims billed within the authorization period if more time is billed for PDN services than the amount of time that is authorized for PDN. When the source of the billing error is determined, providers should submit claim adjustments.

Refer to adjustments information in the Claims section of the Online Handbook.

### Creating Private Duty Nursing Claims Reports

The Private Duty Nursing – Prior Authorization Claims (PDN – PAC) is a new report that will be available to PDN providers after May 1, 2010. Providers with ForwardHealth Portal accounts will be able to create the report for DOS on and after May 1, 2010. Access to the PDN – PAC report will be located on the Claims page of the secure provider Portal account. Private duty

nursing providers with ForwardHealth Portal accounts may create the PDN – PAC report at their convenience.

The report will be linked to a specific PDN PA number. The PDN – PAC report will display the following claim information:

- Name of the provider billing PDN service.
- Procedure code and modifiers billed.
- Date of service.
- Units billed.
- Units allowed.

Each PDN – PAC report will be linked to a specific PDN PA number. In order to create the report, providers will have to include the following information in the search criteria:

- Private duty nursing PA number.
- Member's name.
- Member's ForwardHealth member identification number.
- Member's date of birth.
- Date(s) of service for PDN.

### Suggestions for Successful Case Sharing

Each provider serving the member is encouraged to consider the following actions to avoid exceeding the daily and 13-week authorization limits:

- Track the provision of authorized hours of service by the day.
- Track the provision of authorized hours of service by the 13-week segment amounts.
- When possible, consider using the same billing service.
- Submit claims weekly.
- Record the hours electronically or on paper and share the record with the other providers on the case.

### Communicating Changes to Members Receiving Private Duty Nursing Services

ForwardHealth is communicating PDN changes to members enrolled in the BadgerCare Plus Standard Plan

and Medicaid who are receiving PDN services as of the date of this publication. The mailing is titled, “Important Information About Your Private Duty Nursing Services,” and a copy is included in Attachment 14.

The notification informs members about the following:

- Brief introduction of the new PDN PAL role.
- Care coordinator requirements will not be changing.
- Monthly report mailed to the member showing reimbursement for the member’s PDN services.
- The Web address for obtaining the updated member PDN guide.
- The Web address for obtaining the provider *Update* titled, “Important Changes for Private Duty Nursing Providers.”

The PDN guide for members has been revised. Providers may begin distributing the updated member guide. Refer to Attachment 15 for a copy of the updated PDN Guide for Wisconsin Medicaid and BadgerCare Plus Members and Their Families, P-1122 (03/10).

## **Provider Resources**

### ***Provider Training***

A Webcast training session about the important changes for PDN providers detailed in this *Update* will be linked under “Hot Topics” on the home page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) and available for on-demand viewing on March 15, 2010. To prepare to view the recorded session, go to [webcast.wi.gov/](http://webcast.wi.gov/). This page provides information regarding general requirements for viewing a recorded session. Providers are encouraged to have a copy of this *Update* available when viewing the Webcast.

### ***Provider Questions***

ForwardHealth has established a temporary e-mail address ([PDNPA@dhs.wi.gov](mailto:PDNPA@dhs.wi.gov)) for certified PDN providers to submit their questions pertaining to PDN changes. Providers should limit their questions to the changes presented in this *Update*. Inquiries containing

protected health information and case-specific details should not be sent to this e-mail address.

ForwardHealth will reply to the e-mail to confirm that the question was received, but there will be no direct replies to provider questions. The answers will be posted to Frequently Asked Questions on the ForwardHealth Portal home page at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) under “Hot Topics” for reference. The e-mail account will be closed after the transition period.

### ***Provider Services***

Providers who are not the PDN PAL may contact Provider Services at (800) 947-9627 for information regarding the status of PDN PAs and claims that relate to their cases. For Provider Services to share information regarding the PDN PA and claims, providers are required to supply the following information:

- The name and provider number of the certified PDN provider requesting the information.
- The member’s name, date of birth, and member ID.
- The PA number and the name of the PAL.

*Note:* Provider Services will not print and mail PDN – PAC reports to providers. The PDN – PAC report must be obtained from a secure provider Portal account.

### ***Information Regarding Managed Care Organizations***

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

# ATTACHMENT 1

## Prior Authorization Request Form (PA/RF) Completion Instructions for Private Duty Nursing

Effective for dates of service on and after May 1, 2010.

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining enrollment of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. The use of the Prior Authorization Request Form (PA/RF), F-11018, is mandatory to receive PA for certain procedures/services. Failure to supply the information requested by the form instructions may result in denial of PA or payment for the service.

Providers should retain copies of all documents submitted to ForwardHealth. Providers may submit PA requests, along with the plan of care (POC) containing no less information than is required for the Prior Authorization/Care Plan Attachment (PA/CPA), F-11096, and the Private Duty Nursing Prior Authorization Acknowledgement, F-11041, via the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/), by fax to ForwardHealth at (608) 221-8616, or by mail to the following address:

ForwardHealth  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

### SECTION I — PROVIDER INFORMATION

#### Element 1 — HealthCheck “Other Services” and Wisconsin Chronic Disease Program (WCDP)

Enter an “X” in the box next to HealthCheck “Other Services” if the services requested on the PA/RF are for HealthCheck “Other Services.”

#### Element 2 — Process Type

Enter process type “120” — Private Duty Nursing (PDN). The process type is used to identify a category of service requested. Prior authorization requests will be returned if a process type is not indicated.

#### Element 3 — Telephone Number — Billing Provider

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the PDN PA Liaison (PAL).

#### Element 4 — Name and Address — Billing Provider

Enter the name and complete address (street, city, state, and ZIP+4 code) of the PDN PAL. Providers are required to include both the ZIP code and four-digit extension for timely and accurate billing. The name listed in this element must correspond with the PDN PAL’s provider number listed in Element 5a.

#### Element 5a — Billing Provider Number

Enter the National Provider Identifier (NPI) of the PDN PAL. The NPI in this element must correspond with the provider name listed in Element 4.

#### Element 5b — Billing Provider Taxonomy

Enter the national 10-digit alphanumeric taxonomy code that corresponds to the PDN PAL’s NPI in Element 5a.

## SECTION II — MEMBER INFORMATION

### Element 6 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth identification card or Wisconsin's Enrollment Verification System (EVS) to obtain the correct number.

### Element 7 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format (e.g., September 8, 1966, would be 09/08/1966).

### Element 8 — Address — Member

Enter the complete address of the member's place of residence, including the street, city, state, and ZIP code.

### Element 9 — Name — Member

Enter the member's last name, followed by his or her first name and middle initial. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

### Element 10 — Gender — Member

Enter an "X" in the appropriate box to specify male or female.

## SECTION III — DIAGNOSIS / TREATMENT INFORMATION

### Element 11 — Diagnosis — Primary Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the service/procedure requested.

### Element 12 — Start Date — SOI (not required)

### Element 13 — First Date of Treatment — SOI (not required)

### Element 14 — Diagnosis — Secondary Code and Description

Enter the appropriate secondary ICD-9-CM diagnosis code and description relevant to the service requested, if applicable.

### Element 15 — Requested PA Start Date

Enter the requested start date for service(s) in MM/DD/CCYY format, if a specific start date is requested.

### Element 16 — Rendering Provider Number (not required)

### Element 17 — Rendering Provider Taxonomy (not required)

### Element 18 — Service Code

Enter the appropriate *Current Procedural Terminology* (CPT) code or Healthcare Common Procedure Coding System (HCPCS) code for the service the PDN PAL will be providing.

When the PDN PAL is a nurse in independent practice (NIP) or a home health agency (HHA) only, the procedure code for PDN services that are provided by the registered nurse (RN) should be placed in this element.

When the PDN PAL is a pediatric community care (PCC) provider, only the procedure code for the PDN services that are provided by the PCC provider should be placed in this element.

*Note:* If the provider needs additional spaces for Elements 18-23 the provider may complete additional PA/RF(s). The PA/RFs should be identified, for example, as "page 1 of 2" and "page 2 of 2."

### Element 19 — Modifiers

Enter the appropriate modifier for the procedure code listed, as applicable.

### Element 20 — POS

Enter the appropriate place of service (POS) code designating where the requested service will be performed. Includes, but is not limited to, the following:

POS	Description
03	School
12	Home
99	Other Place of Service



**Element 21 — Description of Service**

For PDN services, the description of service must contain the following information:

- Enter a written description corresponding to the appropriate CPT or HCPCS code for the PDN services requested.
- Enter the number of hours per day, number of days per week, and the number of weeks being requested (The total number of hours requested should not exceed the number of hours ordered by the physician on the POC.)

Other information may be needed in the description of service for the following situations:

- When the PDN PAL is an NIP or an HHA and the member also attends a PCC program, the PDN PAL must enter the procedure code T1026 and modifier 59 for the PDN services that are provided by the PCC provider..
- When the PDN PAL is a PCC provider and the member also requests PDN services for times when he or she is not attending the PCC program, then the PCC PDN PAL must enter the procedure code and modifier (if needed) for PDN services that are provided by an RN into this element (99504-TD for PDN for ventilator dependent members or S9123 for non-ventilator dependent members).

**Element 22 — QR**

Enter the appropriate quantity (e.g., number of services) requested for the procedure code listed. Multiply the number of hours per day, number of days per week, and the number of weeks requested.

**Element 23 — Charge**

Enter the usual and customary charge for the service requested.

*Note:* The charges indicated on the request form should reflect the PDN PAL's usual and customary charge for the procedure requested. Providers are reimbursed for authorized services according to the provider *Terms of Reimbursement* issued by the Department of Health Services.

**Element 24 — Total Charges**

Enter the anticipated total charges for this request. If the provider completed a multiple-page PA/RF, indicate the total charges for the entire PA request on Element 22 of the last page of the PA/RF. On the preceding pages, Element 22 should refer to the last page (for example, "SEE PAGE TWO").

**Element 25 — Signature — Requesting Provider**

The original signature of the PDN PAL requesting/performing this service must appear in this element.

**Element 26 — Date Signed**

Enter the month, day, and year the PA/RF was signed (in MM/DD/CCYY format).

## **ATTACHMENT 2**

# **Sample Prior Authorization Request Form (PA/RF) for a Nurse in Independent Practice Requesting Private Duty Nursing for a Ventilator-Dependent Member**

(A copy of the "Sample Prior Authorization Request Form [PA/RF] for a Nurse in Independent Practice Requesting Private Duty Nursing for a Ventilator-Dependent Member" is located on the following page.)



**ATTACHMENT 3**  
**Sample Prior Authorization Request Form (PA/RF)**  
**for a Home Health Agency Requesting Private**  
**Duty Nursing for a Member Attending a Pediatric**  
**Community Care Center**

(A copy of the “Sample Prior Authorization Request Form [PA/RF] for a Home Health Agency Requesting Private Duty Nursing for a Member Attending a Pediatric Community Care Center” is located on the following page.)



# **ATTACHMENT 4**

## **Prior Authorization/Care Plan Attachment (PA/CPA) Completion Instructions**

(A copy of the “Prior Authorization/Care Plan Attachment [PA/CPA] Completion Instructions” is located on the following pages.)

## FORWARDHEALTH PRIOR AUTHORIZATION / CARE PLAN ATTACHMENT (PA/CPA) COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The Prior Authorization/Care Plan Attachment (PA/CPA), F-11096, is the plan of care (POC) that is required to be completed for ForwardHealth members receiving private duty nursing (PDN), home health, and pediatric community care (PCC) services. The information requested in each element of the PA/CPA is required information to be included in the POC; however, the use of the form is voluntary. Attach additional pages if more space is needed. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a determination about the request.

Retain the original, signed POC. Attach a copy of the POC to the Prior Authorization Request Form (PA/RF), F-11018, and submit it to ForwardHealth along with any attached additional information. Providers may submit PA requests via the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/), by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

Providers should maintain copies of all paper documents submitted to ForwardHealth. The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

### SECTION I — MEMBER INFORMATION

#### Element 1a — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

#### Element 1b — Telephone Number — Member

Enter the telephone number, including the area code, of the member. If the member's telephone number is not available, enter "N/A."

#### Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters.

#### Element 3 — Start of Care Date

Enter the date that covered services began for the member in MM/DD/CCYY format. The start of care date is the date of the member's first billable home care visit. This date remains the same until the member is discharged.

#### Element 4 — Certification Period

Enter the beginning and ending dates of the certification period respectively in the "From" and "To" portions of this element in MM/DD/CCYY format. The certification period identifies the period of time the attending physician orders services to be provided.

The "To" date can be *up to*, but not more than, 62 days later than the "From" date. (Medicare-certified agencies should use the timeframe of up to, but not more than, 60 days later.) For certification periods that cover consecutive 31-day months, providers should be careful not to exceed 62 days.

Services provided on the “To” date are included in the certification period. On subsequent periods of recertification, the certification period should begin with the day directly following the date listed as the “To” date in the immediately preceding certification period.

Example:

Initial Certification Period	
“From” date	05/01/2010
“To” date	07/01/2010

Subsequent Recertification Period	
“From” date	07/02/2010
“To” date	09/01/2010

## SECTION II — PERTINENT DIAGNOSES AND PROBLEMS TO BE TREATED

### Element 5 — Principal Diagnosis

Enter the principal diagnosis information. Include the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code, diagnosis code description, and the date of onset in MM/DD/CCYY format. If the member’s condition is chronic or long-term in nature, use the date of exacerbation.

### Element 6 — Surgical Procedure and Other Pertinent Diagnoses

Enter the surgical procedure information, if any, that is relevant to the care rendered or the services requested. Include the appropriate ICD-9-CM diagnosis code, diagnosis code description, and the date of the surgical procedure in MM/DD/CCYY format. The month and year of the date of the surgical procedure must be included. Use “00” if the exact day of the month is unknown.

Enter all other diagnoses pertinent to the care rendered for the member. Include the appropriate narrative or ICD-9-CM diagnosis code, code description, and the date of onset in MM/DD/CCYY format. Include all conditions that coexisted at the beginning of the certification period or that subsequently developed. Exclude conditions that relate to an earlier episode. Other pertinent diagnoses in this element may be changed to reflect changes in the member’s condition.

If a relevant surgical procedure was not performed and there are no other pertinent diagnoses, enter “N/A” (do not leave the element blank).

## SECTION III — BRIEF MEDICAL AND SOCIAL INFORMATION

### Element 7 — Durable Medical Equipment

Identify the item(s) of durable medical equipment (DME) ordered by the attending physician and currently used by the member. Enter “N/A” if no known DME has been ordered.

### Element 8a — Functional Limitations

Enter an “X” next to all items that describe the member’s current limitations as assessed by the attending physician and the nurse or therapist. If “Other” is checked, provide further explanation in Element 8b.

### Element 8b

If “Other” is checked in Element 8a, specify the other functional limitations.

### Element 9a — Activities Permitted

Enter an “X” next to all activities that the attending physician permits and/or that are documented in the attending physician’s orders. If “Other” is checked, provide further explanation in Element 9b.

### Element 9b

If “Other” is checked in Element 9a, specify the other activities the member is permitted.

### Element 10 — Medications

Enter the attending physician’s orders for all of the member’s medications, including the dosage, frequency, and route of administration for each. If any of the member’s medications cause severe side effects or reactions that necessitate the presence of a nurse, therapist, home health aide, or personal care worker, indicate the details of these circumstances in this element.

### Element 11 — Allergies

List any medications or other substances to which the member is allergic (e.g., adhesive tape, iodine, specific types of food). If the member has no known allergies, indicate “no known allergies.”

### Element 12 — Nutritional Requirements

Enter the attending physician’s instructions for the member’s diet. Include specific dietary requirements, restrictions, fluid needs, tube feedings, and total enteral nutrition.



**Element 13 — Mental Status**

Enter an "X" next to the term(s) that most accurately describes the member's mental status. If "Other" is checked, provide further explanation.

**Element 14 — Prognosis**

Enter an "X" next to the one term that specifies the most appropriate prognosis of the member.

**SECTION IV — ORDERS**

**Element 15 — Orders for Services and Treatments**

Indicate the following as appropriate for each individual service:

- Number of member visits (e.g., home health skilled nursing, home health aide, or medication management), frequency of visits, and duration of visits ordered by the attending physician (e.g., 1 visit, 3 times/week, for 9 weeks).
- Number of hours required for member (e.g., PDN or PCC), frequency of visits, and duration of visits ordered by the attending physician (e.g., 8 hours/day, 7 days/week, for 52 weeks).
- Duties and treatments to be performed.
- Methods for delivering care and treatments.
- Procedures to follow in the event of accidental extubation, as applicable.
- Ventilator settings and parameters, as applicable.

Services include, but are not limited to, the following:

- Home health skilled nursing.
- Home health aide.
- Private duty nursing.
- Pediatric community care.

Orders must include all disciplines providing services for the member and all treatments the member receives regardless of whether or not the services are reimbursable by Wisconsin Medicaid or BadgerCare Plus. Orders should be as detailed and specific as those ordered and written by the attending physician.

Pro re nata (PRN), or "as needed," home care visits or hours may be ordered only when indicating how these visits or hours will be used in a manner that is specific to the member's potential needs. Both the nature of the services provided and the number of PRN visits or hours to be permitted for each type of service *must* be specified. Open-ended, unqualified PRN visits or hours do not constitute an attending physician's orders because both the nature and frequency of the visits or hours *must* be specified.

**Element 16 — Goals / Rehabilitation Potential / Discharge Plans**

Enter the attending physician's description of the following:

- Achievable and measurable goals for the member.
- The member's ability to attain the set goals, including an estimate of the length of time required to attain the goals.
- Plans for the member's care after discharge.

**SECTION V — SUPPLEMENTARY MEDICAL INFORMATION**

**Element 17 — Date Physician Last Saw Member**

Enter the date the attending physician last saw the member in MM/DD/CCYY format. If this date cannot be determined during the home visit, enter "Unknown."

**Element 18 — Dates of Last Inpatient Stay Within 12 Months**

Enter the admission and discharge dates of the member's last inpatient stay within the previous 12 months, if known. Enter "N/A" if this element does not apply to the member.

**Element 19 — Type of Facility for Last Inpatient Stay**

Enter one of the following single-letter responses to identify the type of facility of the member's last inpatient stay, if applicable:

- A (Acute hospital).
- I (Intermediate care facility).
- O (Other).
- R (Rehabilitation hospital).
- S (Skilled nursing facility).
- U (Unknown).

This element must be completed if a surgical procedure was entered in Element 6. Enter "N/A" if this element does not apply to the member.

**Element 20 — Current Information**

For initial certification periods, enter the clinical findings of the initial assessment visit for each involved discipline. Describe the clinical facts about the member that require PDN, personal care (PC), home health, and PCC services and include specific dates in MM/DD/CCYY format.

For subsequent certification periods, enter significant clinical findings about the member's symptoms, new orders, new treatments, and any changes in the member's condition during the past 60 days for each involved discipline. Document both progress and lack of progress for each discipline. Include specific dates in MM/DD/CCYY format.

Include any pertinent information about any of the member's inpatient stays and the purpose of contact with the physician, if applicable.

**Element 21 — Home or Social Environment**

Enter information that will justify the need for PDN, PC, and home health services and enhance the ForwardHealth consultant's understanding of the member's home situation (e.g., member lives with mentally disabled son who is unable to provide care or assistance to member). Include the availability of caretakers (e.g., parent's work schedule). The description may document problems that are, or will be, an impediment to the effectiveness of the member's treatment or rate of recovery.

**Element 22 — Medical and/or Nonmedical Reasons Member Regularly Leaves Home**

Enter the reasons that the member usually leaves home. Indicate both medical and nonmedical reasons, including frequency of occurrence of the trips (e.g., doctor appointment twice a month, barbershop once a month, school every weekday for three hours).

**Element 23 — Names of Other Providers with Whom This Case Is Shared**

This element is required for all providers who case share with other providers providing PDN, PC, and home health services. Enter the names of other providers with whom this case is shared.

**SECTION VI — SIGNATURES**

Provider-created formats must contain the following statement that is included on the PA/CPA:

*"Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal laws."*

**Elements 24 and 25 — Signature and Date Signed — Authorized Registered Nurse Completing Form**

The registered nurse (RN) completing the POC is required to sign and date the POC. Providers not using the PA/CPA for the POC must add the following statement to their provider-created POC. The statement must be accompanied by the authorized RN's dated signature:

*"As the nurse completing this plan of care (POC), I confirm the following: All information entered on this form is complete and accurate, and I am familiar with all of the information entered on this form."*

The dated signature certifies that the nurse has received orders from the attending physician to begin providing services to the member. These elements must be completed on or before the certification period "From" date indicated in Element 4.

**Element 26 — Date of Verbal Orders for Initial Certification Period**

Enter the date the nurse signing in Element 24 receives verbal orders from the attending physician to start care for the initial certification period. If the nurse did not receive verbal orders, leave this element blank.

**Element 27 — Date Physician-Signed Form Received**

Enter the date the provider received the signed and dated POC from the attending physician.

**Element 28 — Name and Address — Attending Physician**

Enter the attending physician's name and complete address. The street, city, state, and ZIP+4 code must be included. The attending physician is the physician who ordered the medically necessary services.

**Elements 29 and 30 — Signature and Date Signed — Attending Physician**

The attending physician is required to sign and date the POC for medically necessary services within 20 working days following the initial start of care. For subsequent periods of recertification, the attending physician is required to sign and date the POC for medically necessary services prior to the provision of services.

Provider-created formats must contain the following statement accompanying the attending physician's dated signature:

*"The member is under my care, and I have ordered the services on this POC."*

Verbal orders may be obtained from the attending physician for the initial certification period; however, the attending physician is required to sign and date the POC within 20 working days of the start of care date.

The attending physician may not give verbal orders for subsequent certification periods. The attending physician is required to sign and date the POC prior to the provision of services to the member.

The nurse or agency staff shall not date the POC for the attending physician. If the attending physician has left Element 30 blank, the nurse or agency staff should return the POC to the physician to date and initial.

**Elements 31 and 32 — Countersignature and Date Signed**

When two or more providers share a PDN case, it is necessary to designate only one RN who receives orders from the attending physician to complete Element 24. All providers sharing the case are required to obtain a copy of the POC for the effective certification period and *countersign* and *date* Elements 31 and 32 to document that the provider has reviewed the POC and will execute it as written. Dated countersignatures required for Elements 31 and 32 must be completed before providing PDN services.

The countersignature required for Elements 31 and 32 must be completed prior to providing PDN services under this POC.

Provider-created formats must contain the following statement accompanying the authorized nurse's dated countersignature:

*"As the provider countersigning this POC, I confirm the following: All information entered on this form is complete and accurate, and I am familiar with all of the information entered on this form."*

**ATTACHMENT 5**  
**Prior Authorization/Care Plan Attachment**  
**(PA/CPA)**  
**(for photocopying)**

(A copy of the “The Prior Authorization/Care Plan Attachment [PA/CPA]”  
is located on the following pages.)

**FORWARDHEALTH  
PRIOR AUTHORIZATION / CARE PLAN ATTACHMENT (PA/CPA)**

**Instructions:** Print or type clearly. Refer to the Required Information for Prior Authorization/Care Plan Attachment (PA/CPA), Completion Instructions, F-11096A (03/10), for information about completing this form.

**SECTION I — MEMBER INFORMATION**

1a. Name — Member	1b. Telephone Number — Member
2. Member Identification Number	
3. Start of Care Date	4. Certification Period From _____ To _____

**SECTION II — PERTINENT DIAGNOSES AND PROBLEMS TO BE TREATED**

5. Principal Diagnosis ( <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> [ICD-9-CM] Code, Description, Date of Diagnosis)	6. Surgical Procedure and Other Pertinent Diagnoses (ICD-9-CM Code, Description, Date of Procedure or Diagnoses)
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**SECTION III — BRIEF MEDICAL AND SOCIAL INFORMATION**

7. Durable Medical Equipment	
8a. Functional Limitations 1 <input type="checkbox"/> Amputation      5 <input type="checkbox"/> Paralysis      9 <input type="checkbox"/> Legally Blind 2 <input type="checkbox"/> Bowel / Bladder (Incontinence)      6 <input type="checkbox"/> Endurance      10 <input type="checkbox"/> Dyspnea with Minimal Exertion 3 <input type="checkbox"/> Contracture      7 <input type="checkbox"/> Ambulation      11 <input type="checkbox"/> Other (Specify in Element 8b) 4 <input type="checkbox"/> Hearing      8 <input type="checkbox"/> Speech	8b. If "Other" checked in Element 8a, specify other functional limitations.
9a. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest      6 <input type="checkbox"/> Partial Weight Bearing      10 <input type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bedrest BRP      7 <input type="checkbox"/> Independent at Home      11 <input type="checkbox"/> Walker 3 <input type="checkbox"/> Up As Tolerated      8 <input type="checkbox"/> Crutches      12 <input type="checkbox"/> No Restrictions 4 <input type="checkbox"/> Transfer Bed / Chair      9 <input type="checkbox"/> Cane      13 <input type="checkbox"/> Other (Specify in Element 9b) 5 <input type="checkbox"/> Exercises Prescribed	9b. If "Other" checked in Element 9a, specify other activities permitted.
10. Medications (Dose / Frequency / Route)	
11. Allergies	



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**SECTION III — BRIEF MEDICAL AND SOCIAL INFORMATION (Continued)**

---

12. Nutritional Requirements

---

13. Mental Status    1  Oriented            3  Forgetful            5  Disoriented            7  Agitated  
                                 2  Comatose            4  Depressed            6  Lethargic            8  Other \_\_\_\_\_

---

14. Prognosis        1  Poor                    2  Guarded            3  Fair                    4  Good                    5  Excellent

---

**SECTION IV — ORDERS**

---

15. Orders for Services and Treatments (Number / Frequency / Duration)



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**SECTION V — SUPPLEMENTARY MEDICAL INFORMATION (Continued)**

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23. Names of Other Providers with Whom This Case Is Shared

---

**SECTION VI — SIGNATURES**

---

**Nurse Certification**

As the nurse completing this plan of care (POC), I confirm the following: All information entered on this form is complete and accurate, and I am familiar with all of the information entered on this form.

24. **SIGNATURE** — Authorized Registered Nurse Completing Form

25. Date Signed by Authorized Registered Nurse Completing Form

26. Date of Verbal Orders for Initial Certification Period

27. Date Physician-Signed Form Received

---

**Physician Certification**

The member is under my care, and I have ordered the services on this POC.

28. Name and Address — Attending Physician (Street, City, State, ZIP+4 Code)

29. **SIGNATURE** — Attending Physician

30. Date Signed — Attending Physician

---

**Case Sharing Provider**

As a provider countersigning this POC, I confirm the following: All information entered on this form is complete and accurate, and I am familiar with all of the information entered on this form.

31. **COUNTERSIGNATURE**

32. Date Countersigned

---

Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal laws.

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# ATTACHMENT 6

## Screen Shot of “Additional Service Code Description” Field on FowardHealth Portal Prior Authorization Requests

Below is a screen shot showing the “Additional Service Code Description” field for Portal Prior Authorization (PA) requests. Refer to Element 21 of the paper Prior Authorization Request Form (PA/RF) Completion Instructions for instructions about completing the “Additional Service Code Description” field.

**Service Information**

Required fields are indicated with an asterisk (\*).

Primary Diagnosis Code\*  [ Search ] Primary Diag Description   
Secondary Diagnosis Code  [ Search ] Secondary Diag Description   
Requested Start Date 03/03/2010 Requesting Provider Signature\*

**Line Items**

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge
01				0	\$0.00
Total:					\$0.00

Select row to update/delete -or- enter new line item information and select Add

Line Item

Rendering Provider ID  [ Search ] (If blank, will default to Billing Provider)  
Rendering Provider Taxonomy   
Service Code Type\*  (After choosing, move off field, and wait for Service Code field to appear)  
Service Code\*  [ Search ]  
Service Code Description   
Additional Service Code Description

Modifiers      
Place of Service\*   
Quantity Requested\*   
Charge\*

**“Additional Service Code Description” field.**

Add  Cancel

F-11019e (10/08)  
HFS 106.03(4), Wis. Admin. Code

Previous  Next  Clear  Verify

# ATTACHMENT 7

## Sample Prior Authorization Decision Notice Letter for Private Duty Nursing Services

Below is a sample prior authorization (PA) decision notice letter adjudication line items showing authorized PA for private duty nursing services submitted by a PA Liaison (PAL) .

Member Name: JANE MEMBER  
 Member Identification Number: 1234567890  
 Primary Diagnosis: 123.12  
 Secondary Diagnosis: 456.34

Billing Practice Location Provider  
 Provider Name: ABC PROVIDER  
 Provider Address: 123 MAIN STREET  
 MADISON, WI 54321-1234  
 Provider Identification Number: 1112223334  
 Provider Taxonomy: 123A12345B  
 Provider ZIP Code: 54321-1234

PA Number: 101210001  
 PA Status: APPROVED

MSG: 0123 – PA AUTHORIZED FOR PRIVATE DUTY NURSING SERVICES TO A VENTILATOR DEPENDENT MEMBER (99504 [TD] AND 99504 [TE]).


MSG: 4567 – PA AUTHORIZED FOR SERVICES AT A PEDIATRIC COMMUNITY CARE CENTER (T1026 [59]).  
 JOHN CONSULTANT, RN 05/01/2010

Line #	Line Status	Rendering Provider	Taxonomy	Service	Modifier	POS	Unit Auth	Dollar Auth	Grant Date	Expire Date	Group ID
01	APPROVED	4445556667	321A54321B	99504	TD	12	1456.000	0.00	05/01/10	07/30/10	
		HOME VISIT MECH VENTILATOR									
02	APPROVED	4445556667	321A54321B	99504	TD	12	1456.000	0.00	07/31/10	10/29/10	
		HOME VISIT MECH VENTILATOR									
03	APPROVED	4445556667	321A54321B	99504	TD	12	1456.000	0.00	10/30/10	01/28/11	
		HOME VISIT MECH VENTILATOR									
04	APPROVED	4445556667	321A54321B	99504	TD	12	1456.000	0.00	01/29/11	04/29/11	
		HOME VISIT MECH VENTILATOR									

# ATTACHMENT 8

## Private Duty Nursing Prior Authorization Transition Schedule

Providers are reminded to use forms and instructions that are in effect for the dates of service (DOS) requested. Requests for authorization on the wrong form or completed using the wrong form instructions for the DOS requested will be returned to the provider.

<b>Activities and Forms Required for Prior Authorization for Dates of Service <i>Before</i> May 1, 2010</b>		
	New private duty nursing (PDN) case (authorization for PDN does not exist — it is not an on-going PDN case.)	On-going PDN case (for providers continuing on the PDN case and for new providers added to the PDN case.)
<b>Prior Authorization</b>	Each PDN provider is required to submit: <ul style="list-style-type: none"> <li>● Prior Authorization Request Form (PA/RF), F-11018 (10/08), completed according to the completion instructions in effect for DOS before May 1, 2010.</li> <li>● Plan of care containing all of the required information as instructed on the Prior Authorization/Health Care Attachment (PA/HCA) Completion Instructions, F-11096A (10/08)</li> <li>● Private Duty Nursing Prior Authorization Acknowledgement, F-11041 (10/08).</li> </ul>	Each PDN provider is required to submit: <ul style="list-style-type: none"> <li>● Prior Authorization Request Form completed according to the completion instructions in effect for DOS before May 1, 2010.</li> <li>● Plan of care containing all of the required information as instructed on the PA/HCA Completion Instructions.</li> <li>● Private Duty Nursing Prior Authorization Acknowledgement Form.</li> </ul>
<b>Amendments</b>	Each PDN provider submits: <ul style="list-style-type: none"> <li>● Prior Authorization Amendment Request, F-11042 (10/08).</li> <li>● Supporting documentation.</li> </ul>	Each PDN provider submits: <ul style="list-style-type: none"> <li>● Prior Authorization Amendment Request, F-11042 (10/08).</li> <li>● Supporting documentation.</li> </ul>
<b>Submission Deadlines</b>	Refer to the provider-specific Online Handbook for backdating policy.	April 30, 2010, for new providers added to the PDN case. ForwardHealth will automatically extend the expiration date to April 30, 2010, for PDN PAs expiring between March 15, 2010, and April 29, 2010.
<b>Returns</b>	The PDN provider is to respond within 30 calendar days of the date on the returned provider review letter.	The PDN provider is to respond within 30 calendar days of the date on the returned provider review letter.

The Transition Schedule continues on the next page with the activities and forms required for prior authorization for DOS on and after May 1, 2010.

<b>Activities and Forms Required for Prior Authorization For Dates of Service <i>on and After</i> April 30, 2010</b>	
<b>Prior Authorization</b>	<p>The PDN PAL submits the following:</p> <ul style="list-style-type: none"> <li>• Prior Authorization Request Form completed according to the PDN PA/RF completion instructions in effect for DOS on and after April 30, 2010.</li> <li>• Plan of care containing all of the required information as instructed on the Prior Authorization/Care Plan Attachment (PA/CPA) Completion Instructions, F-11096A (03/10).</li> <li>• Private Duty Nursing Prior Authorization Acknowledgement.</li> </ul>
<b>Amendments</b>	<p>The PDN PAL submits the following:</p> <ul style="list-style-type: none"> <li>• Prior Authorization Amendment Request, F-11042 (10/08).</li> <li>• Supporting documentation.</li> </ul> <p><i>Note:</i> This information applies to amendment requests not pertaining to changing the PDN PAL. When changing the PDN PAL, refer to the Online Handbook for additional information.</p>
<b>Submission Deadlines*</b>	April 30, 2010, for on-going PDN cases. (For on-going PDN cases that are to continue on and after April 30, 2010, PA requests may be submitted immediately.)
<b>Returns</b>	The PDN PAL is to respond within 30 calendar days of the date on the returned provider review letter.
* For new cases established between April 17, 2010, and April 30, 2010, contact Provider Services at (800) 947-9627.	

# ATTACHMENT 9

## UB-04 Claim Form Completion Instructions for Private Duty Nursing and Private Duty Nursing for Ventilator-Dependent Members

Effective for dates of service on and after May 1, 2010.

Use the following claim form completion instructions, *not* the form locator descriptions printed on the claim form, to avoid claim denial or inaccurate claim payment. Complete all form locators unless otherwise indicated. Do not include attachments unless instructed to do so.

These instructions are for the completion of the UB-04 claim form for BadgerCare Plus. For complete billing instructions, refer to the National UB-04 Uniform Billing Manual prepared by the National Uniform Billing Committee (NUBC). The National UB-04 Uniform Billing Manual contains important coding information not available in these instructions. Providers may purchase the National UB-04 Uniform Billing Manual by calling (312) 422-3390 or by accessing the NUBC Web site at [www.nubc.org/](http://www.nubc.org/).

BadgerCare Plus members receive a ForwardHealth identification card when initially enrolled in BadgerCare Plus. Always verify a member's enrollment before providing nonemergency services to determine if there are any limitations on covered services and to obtain the correct spelling of the member's name. Refer to the Online Handbook in the Provider area of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for more information about verifying enrollment.

*Note:* Each provider is solely responsible for the truthfulness, accuracy, timeliness, and completeness of claims relating to reimbursement for services submitted to ForwardHealth.

Submit completed paper claims to the following address:

ForwardHealth  
Claims and Adjustments  
6406 Bridge Rd  
Madison WI 53784-0002

### **Form Locator 1 — Provider Name, Address, and Telephone Number**

Enter the name of the provider submitting the claim and the practice location address. The minimum requirement is the provider's name, city, state, and ZIP+4 code. The name in Form Locator 1 should correspond with the National Provider Identifier (NPI) in Form Locator 56.

### **Form Locator 2 — Pay-to Name, Address, and ID (not required)**

### **Form Locator 3a — Pat. Cntl # (optional)**

Providers may enter up to 20 characters of the patient's internal office account number. This number will appear on BadgerCare Plus remittance information.

### **Form Locator 3b — Med. Rec. # (optional)**

Enter the number assigned to the patient's medical/health record by the provider. This number will appear on BadgerCare Plus remittance information.

**Form Locator 4 — Type of Bill**

Exclude the leading zero and enter the three-digit type of bill code. The first digit identifies the type of facility. The second digit classifies the type of care. The third digit indicates the billing frequency. Providers should enter one of the following for the type of bill:

- 331 = Inpatient admit through discharge claim.
- 332 = Interim — first claim.
- 333 = Interim — continuing claim.
- 334 = Interim — final claim.

**Form Locator 5 — Fed. Tax No.**

Data are required in this form locator for Optical Character Recognition (OCR) processing. Any information populated by a provider's computer software is acceptable data for this form locator. If computer software does not automatically complete this form locator, enter information such as the provider's federal tax identification number.

**Form Locator 6 — Statement Covers Period (From - Through) (not required)****Form Locator 7 — Unlabeled Field (not required)****Form Locator 8 a-b — Patient Name**

Enter the member's last name and first name, separated by a space or comma, in Form Locator 8b. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

**Form Locator 9 a-e — Patient Address**

Data are required in this form locator for OCR processing. Any information populated by a provider's computer software is acceptable data for this form locator (e.g., "On file"). If computer software does not automatically complete this form locator, enter information such as the member's complete address in Form Locator 9a.

**Form Locator 10 — Birthdate**

Enter the member's birth date in MMDDCCYY format (e.g., September 25, 1975, would be 09251975).

**Form Locator 11 — Sex**

Specify that the member is male with an "M" or female with an "F." If the member's sex is unknown, enter "U."

**Form Locator 12 — Admission Date (not required)****Form Locator 13 — Admission Hr (not required)****Form Locator 14 — Admission Type (not required)****Form Locator 15 — Admission Src (not required)****Form Locator 16 — DHR (not required)****Form Locator 17 — Stat (not required)****Form Locators 18-28 — Condition Codes (required, if applicable)**

Enter the code(s) identifying a condition related to this claim, if appropriate. Refer to the UB-04 Billing Manual for more information.

**Form Locator 29 — ACDT State (not required)**

**Form Locator 30 — Unlabeled Field (not required)**

**Form Locators 31-34 — Occurrence Code and Date (required, if applicable)**

If appropriate, enter the code and associated date defining a significant event relating to this claim that may affect payer processing. All dates must be printed in the MMDDYY format. Refer to the UB-04 Billing Manual for more information.

**Form Locator 35-36 — Occurrence Span Code (From - Through) (not required)**

**Form Locator 37 — Unlabeled Field (not required)**

**Form Locator 38 — Responsible Party Name and Address (not required)**

**Form Locators 39-41 a-d — Value Code and Amount (not required)**

**Form Locator 42 — Rev. Cd.**

Enter the appropriate four-digit revenue code as defined by the NUBC that identifies a specific accommodation or ancillary service. Refer to publications or the UB-04 Billing Manual for information and codes.

**Form Locator 43 — Description (not required)**

Do *not* enter any dates in this form locator.

**Form Locator 44 — HCPCS/Rate/HIPPS Code**

Enter the appropriate five-digit procedure code, followed by the modifiers. Modifiers may include start-of-shift modifiers and professional status modifiers. No more than four modifiers per detail line may be entered. Separate the modifier(s) with commas. Refer to the Online Handbook for appropriate modifiers.

**Form Locator 45 — Serv. Date**

Enter the single "from" date of service (DOS) in MMDDYY format in this form locator.

**Form Locator 46 — Serv. Units**

Enter the number units of service for each line item. Refer to the Conversion Chart listed in the Online Handbook.

**Form Locator 47 — Total Charges (by Accommodation/Ancillary Code Category)**

Enter the usual and customary charges for each line item.

**Form Locator 48 — Non-covered Charges (not required)**

**Form Locator 49 — Unlabeled Field**

Enter the "to" DOS in DD format. A range of consecutive dates may be indicated only if the revenue code, the procedure code (and modifiers, if applicable), the service units, and the charge were identical for each date within the range.

*Note:* Range date billing cannot be used when DOS are from two different prior authorization line items (e.g., crossing 13-week segments).

## **Detail Line 23**

### **PAGE \_\_\_ OF \_\_\_**

Enter the current page number in the first blank and the total number of pages in the second blank. This information must be included for both single- and multiple-page claims.

### **CREATION DATE (not required)**

### **TOTALS**

Enter the sum of all charges for the claim in this field. If submitting a multiple-page claim, enter the total charge for the claim (i.e., the sum of all details from all pages of the claim) *only on the last page of the claim*.

### **Form Locator 50 A-C — Payer Name**

Enter all health insurance payers here. Enter “T19” for Medicaid and the name of the commercial health insurance, if applicable. If submitting a multiple-page claim, enter health insurance payers only on the first page of the claim.

### **Form Locator 51 A-C — Health Plan ID (not required)**

### **Form Locator 52 A-C — Rel. Info (not required)**

### **Form Locator 53 A-C — Asg. Ben. (not required)**

### **Form Locator 54 A-C — Prior Payments (required, if applicable)**

Enter the actual amount paid by commercial health insurance. (If the dollar amount indicated in Form Locator 54 is greater than zero, “OI-P” (other insurance) must be indicated in Form Locator 80.) If the commercial health insurance denied the claim, enter “000.” Do *not* enter Medicare-paid amounts in this field.

If submitting a multiple-page claim, enter the amount paid by commercial health insurance only on the *first page* of the claim.

### **Form Locator 55 A-C — Est. Amount Due (not required)**

### **Form Locator 56 — NPI (National Provider Identifier)**

Enter the billing provider’s NPI. The NPI in Form Locator 56 should correspond with the name in Form Locator 1.

### **Form Locator 57 — Other Provider ID (not required)**

### **Form Locator 58 A-C — Insured’s Name**

Data are required in this form locator for OCR processing. Any information populated by a provider’s computer software is acceptable data for this form locator (e.g., “Same”). If computer software does not automatically complete this form locator, enter information such as the member’s last name, first name, and middle initial.

### **Form Locator 59 A-C — P. Rel (not required)**

### **Form Locator 60 A-C — Insured’s Unique ID**

Enter the member’s identification number. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.



**Form Locator 61 A-C — Group Name (not required)**

**Form Locator 62 A-C — Insurance Group No. (not required)**

**Form Locator 63 A-C — Treatment Authorization Codes (not required)**

**Form Locator 64 A-C — Document Control Number (not required)**

**Form Locator 65 A-C — Employer Name (not required)**

**Form Locator 66 — Dx (not required)**

**Form Locator 67 — Prin. Diag. Cd.**

Enter the valid, most specific *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code (up to five digits) describing the principal diagnosis (e.g., the condition established after study to be chiefly responsible for causing the admission or other health care episode). Do not enter manifestation codes as the principal diagnosis; code the underlying disease first. The principal diagnosis may not include “E” (etiology) codes.

**Form Locators 67 A-Q — Other Diag. Codes**

Enter valid, most specific ICD-9-CM diagnosis codes (up to five digits) corresponding to additional conditions that coexist at the time of admission, or develop subsequently, and that have an effect on the treatment received or the length of stay. Diagnoses that relate to an earlier episode and have no bearing on this episode are to be excluded. Providers should prioritize diagnosis codes as relevant to this claim.

**Form Locator 68 — Unlabeled Field (not required)**

**Form Locator 69 — Admit Dx (not required)**

**Form Locator 70 — Patient Reason Dx (not required)**

**Form Locator 71 — PPS Code (not required)**

**Form Locator 72 — ECI (not required)**

**Form Locator 73 — Unlabeled Field (not required)**

**Form Locator 74 — Principal Procedure Code and Date (not required)**

**Form Locator 74a-e — Other Procedure Code and Date (not required)**

**Form Locator 75 — Unlabeled Field (not required)**

**Form Locator 76 — Attending**

Enter the attending physician’s NPI. In addition, include the last and first name of the attending physician.

**Form Locator 77 — Operating (not required)**

**Form Locators 78 and 79 — Other (not required)**

## Form Locator 80 — Remarks (enter information when applicable)

### **Commercial Health Insurance Billing Information**

Commercial health insurance coverage must be billed prior to billing ForwardHealth, unless the service does not require commercial health insurance billing as determined by ForwardHealth.

When the member has dental (“DEN”), Medicare Cost (“MCC”), Medicare + Choice (“MPC”) insurance only, or has no commercial health insurance, do not indicate an other insurance (OI) explanation code in Form Locator 80.

When the member has Wausau Health Protection Plan (“HPP”), BlueCross & BlueShield (“BLU”), Wisconsin Physicians Service (“WPS”), Medicare Supplement (“SUP”), TriCare (“CHA”), vision only (“VIS”), a health maintenance organization (“HMO”), or some other (“OTH”) commercial health insurance, *and* the service requires commercial health insurance billing, then one of the following three other insurance (OI) explanation codes *must* be indicated in Form Locator 80. The description is not required, nor is the policyholder, plan name, group number, etc.

Code	Description
<b>OI-P</b>	PAID in part or in full by commercial health insurance or commercial HMO. In Form Locator 54 of this claim form, indicate the amount paid by commercial health insurance to the provider or to the insured.
<b>OI-D</b>	DENIED by commercial health insurance or commercial HMO following submission of a correct and complete claim, or payment was applied towards the coinsurance and deductible. Do not use this code unless the claim was actually billed to the commercial health insurer.
<b>OI-Y</b>	YES, the member has commercial health insurance or commercial HMO coverage, but it was not billed for reasons including, but not limited to the following: <ul style="list-style-type: none"><li>• The member denied coverage or will not cooperate.</li><li>• The provider knows the service in question is not covered by the carrier.</li><li>• The member’s commercial health insurance failed to respond to initial and follow-up claims.</li><li>• Benefits are not assignable or cannot get assignment.</li><li>• Benefits are exhausted.</li></ul>

*Note:* The provider may not use OI-D or OI-Y if the member is covered by a commercial HMO and the HMO denied payment because an otherwise covered service was not rendered by a designated provider. Services covered by a commercial HMO are not reimbursable by ForwardHealth except for the copayment and deductible amounts. Providers who receive a capitation payment from the commercial HMO may not submit claims to ForwardHealth for services that are included in the capitation payment.

### **Medicare Information**

Use Form Locator 80 for Medicare information. Submit claims to Medicare before billing ForwardHealth.

Do not indicate a Medicare disclaimer code when one or more of the following statements is true:

- Medicare never covers the procedure in any circumstance.
- ForwardHealth indicates the member does not have any Medicare coverage for the service provided. For example, the service is covered by Medicare Part A, but the member does not have Medicare Part A.
- ForwardHealth indicates the provider is not Medicare certified.

*Note:* Home health agencies, medical equipment vendors, pharmacies, and physician services providers must be Medicare certified to perform Medicare-covered services for dual eligibles.

- Medicare has allowed the charges. In this case, attach Medicare remittance information, but do not indicate on the claim form the amount Medicare paid.

If none of the above is true, a Medicare disclaimer code is necessary. The following Medicare disclaimer codes may be used when appropriate.

Code	Description
<p><b>M-7</b></p>	<p><b>Medicare disallowed or denied payment.</b> This code applies when Medicare denies the claim for reasons related to policy (not billing errors), or the member's lifetime benefit, spell of illness, or yearly allotment of available benefits is exhausted. Use M-7 in the following instances.</p> <p><i>For Medicare Part A, use M-7 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>• The provider is identified in ForwardHealth files as certified for Medicare Part A.</li> <li>• The member is eligible for Medicare Part A.</li> <li>• The service is covered by Medicare Part A but is denied by Medicare Part A due to frequency limitations, diagnosis restrictions, or the service is not payable due to benefits being exhausted.</li> </ul> <p><i>For Medicare Part B, use M-7 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>• The provider is identified in ForwardHealth files as certified for Medicare Part B.</li> <li>• The member is eligible for Medicare Part B.</li> <li>• The service is covered by Medicare Part B but is denied by Medicare Part B due to frequency limitations, diagnosis restrictions, or the service is not payable due to benefits being exhausted.</li> </ul>
<p><b>M-8</b></p>	<p><b>Noncovered Medicare service.</b> This code may be used when Medicare was not billed because the service is not covered in this circumstance. Use M-8 in the following instances.</p> <p><i>For Medicare Part A, use M-8 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>• The provider is identified in ForwardHealth files as certified for Medicare Part A.</li> <li>• The member is eligible for Medicare Part A.</li> <li>• The service is usually covered by Medicare Part A but not in this circumstance (e.g., member's diagnosis).</li> </ul> <p><i>For Medicare Part B, use M-8 in the following instances (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>• The provider is identified in ForwardHealth files as certified for Medicare Part B.</li> <li>• The member is eligible for Medicare Part B.</li> <li>• The service is usually covered by Medicare Part B but not in this circumstance (e.g., member's diagnosis).</li> </ul>

**Form Locator 81 CC — a-d**

If the billing provider's NPI is indicated in Form Locator 56, enter the qualifier "B3" in the first field to the right of the form locator, followed by the 10-digit provider taxonomy code in the second field.

# ATTACHMENT 10

## Sample Claim on the UB-04 Form for Private Duty Nursing Services Including Shifts Spanning Midnight

1 IM. BILLING PROVIDER 1 W. WILSON ANYTOWN, WI 55555-5555 (444) 444-4444										2										3a PAT. CNTL. # b. MED. REC. # 03 7654321					JED 1234					4 TYPE OF BILL 332																													
8 PATIENT NAME MEMBER, IM A.										9 PATIENT ADDRESS ON FILE										5 FED. TAX NO. 01-23445678					6 STATEMENT COVERS PERIOD FROM THROUGH					7																													
10 BIRTHDATE 07151955										11 SEX F										12 DATE					ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR					17 STAT					18					19					20					21					CONDITION CODES 22 23 24 25 26 27 28 29 ACOT STATE 30				
31 OCCURRENCE CODE										32 OCCURRENCE DATE										33 OCCURRENCE CODE					34 OCCURRENCE DATE					35 OCCURRENCE SPAN FROM THROUGH					36 OCCURRENCE SPAN FROM THROUGH					37																			
38										39 CODE					VALUE CODES AMOUNT					40 CODE					VALUE CODES AMOUNT					41 CODE					VALUE CODES AMOUNT																								
42 REV. CD										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE					45 SERV. DATE					46 SERV. UNITS					47 TOTAL CHARGES					48 NON-COVERED CHARGES					49														
0550																				S9123 UH					050210					1.7					XXX XX																								
0550																				S9123 UJ					050310					10.2					XXX XX																								
PAGE										OF										CREATION DATE					TOTALS					XXX XX																													
50 PAYER NAME XYZ INSURANCE T19 MEDICAID										51 HEALTH PLAN ID										52 REL. INFO					53 ADG. BLN					54 PRIOR PAYMENTS					55 EST. AMOUNT DUE					56 NPI 0111111110					57 OTHER PRV ID														
58 INSURED'S NAME SAME										59 P.REL										60 INSURED'S UNIQUE ID 1234567890					61 GROUP NAME					62 INSURANCE GROUP NO.																													
63 TREATMENT AUTHORIZATION CODES 7707										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																							
66 DX										67										68																																							
69 ADMIT DX										70 PATIENT REASON DX										71 PPS CODE					72 EGI					73																													
74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 ATTENDING NPI 022222220					QUAL					77 ATTENDING PHYSICIAN I.M.																													
78 OTHER NPI										79 OTHER NPI										QUAL					FIRST																																		
80 REMARKS M-7 OI-D										81C1 B3 123456789X										82 OTHER NPI					QUAL					FIRST																													



# ATTACHMENT 12

## Rounding Guidelines for Claims for Services Provided *Before* May 1, 2010

The rounding guidelines for PDN services provided before May 1, 2010, are as follows:

- If the visit ends in an increment between one and 30 minutes in length, round the time to 30 minutes and bill the service as a quantity of .5.
- If the visit ends in an increment over 30 minutes in length, round up or down to the nearest 30-minute increment, using the common rules of rounding listed in the following chart.

Time (In Minutes)	Unit(s) Billed
1-30	0.5
31-44	0.5
45-60	1.0
61-74	1.0
75-90	1.5
91-104	1.5
105-120	2.0
121-134	2.0
Etc.	

**ATTACHMENT 13**  
**Conversion Chart for Billing Services Provided**  
***on and after May 1, 2010***

(The conversion chart for billing services provided on and after May 1, 2010, is located on the following page.)

On and after May 1, 2010, providers are required to bill private duty nursing (PDN) services in six-minute increments according to the conversion chart below. Each six-minute increment of PDN is to be recorded as a 1/10<sup>th</sup> (0.1) unit per six minutes. Reimbursement is not available for any increment of less than six minutes of PDN.

Time Worked in Minutes	=	Billable Units (Hours)	Time Worked in Minutes	=	Billable Units (Hours)	Time Worked in Minutes	=	Billable Units (Hours)	Time Worked in Minutes	=	Billable Units (Hours)
≥ 0 & < 6	=	0	≥ 186 & < 192	=	3.1	≥ 366 & < 372	=	6.1	≥ 546 & < 552	=	9.1
≥ 6 & < 12	=	0.1	≥ 192 & < 198	=	3.2	≥ 372 & < 378	=	6.2	≥ 552 & < 558	=	9.2
≥ 12 & < 18	=	0.2	≥ 198 & < 204	=	3.3	≥ 378 & < 384	=	6.3	≥ 558 & < 564	=	9.3
≥ 18 & < 24	=	0.3	≥ 204 & < 210	=	3.4	≥ 384 & < 390	=	6.4	≥ 564 & < 570	=	9.4
≥ 24 & < 30	=	0.4	≥ 210 & < 216	=	3.5	≥ 390 & < 396	=	6.5	≥ 570 & < 576	=	9.5
≥ 30 & < 36	=	0.5	≥ 216 & < 222	=	3.6	≥ 396 & < 402	=	6.6	≥ 576 & < 582	=	9.6
≥ 36 & < 42	=	0.6	≥ 222 & < 228	=	3.7	≥ 402 & < 408	=	6.7	≥ 582 & < 588	=	9.7
≥ 42 & < 48	=	0.7	≥ 228 & < 234	=	3.8	≥ 408 & < 414	=	6.8	≥ 588 & < 594	=	9.8
≥ 48 & < 54	=	0.8	≥ 234 & < 240	=	3.9	≥ 414 & < 420	=	6.9	≥ 594 & < 600	=	9.9
≥ 54 & < 60	=	0.9	≥ 240 & < 246	=	4	≥ 420 & < 426	=	7	≥ 600 & < 606	=	10
≥ 60 & < 66	=	1	≥ 246 & < 252	=	4.1	≥ 426 & < 432	=	7.1	≥ 606 & < 612	=	10.1
≥ 66 & < 72	=	1.1	≥ 252 & < 258	=	4.2	≥ 432 & < 438	=	7.2	≥ 612 & < 618	=	10.2
≥ 72 & < 78	=	1.2	≥ 258 & < 264	=	4.3	≥ 438 & < 444	=	7.3	≥ 618 & < 624	=	10.3
≥ 78 & < 84	=	1.3	≥ 264 & < 270	=	4.4	≥ 444 & < 450	=	7.4	≥ 624 & < 630	=	10.4
≥ 84 & < 90	=	1.4	≥ 270 & < 276	=	4.5	≥ 450 & < 456	=	7.5	≥ 630 & < 636	=	10.5
≥ 90 & < 96	=	1.5	≥ 276 & < 282	=	4.6	≥ 456 & < 462	=	7.6	≥ 636 & < 642	=	10.6
≥ 96 & < 102	=	1.6	≥ 282 & < 288	=	4.7	≥ 462 & < 468	=	7.7	≥ 642 & < 648	=	10.7
≥ 102 & < 108	=	1.7	≥ 288 & < 294	=	4.8	≥ 468 & < 474	=	7.8	≥ 648 & < 654	=	10.8
≥ 108 & < 114	=	1.8	≥ 294 & < 300	=	4.9	≥ 474 & < 480	=	7.9	≥ 654 & < 660	=	10.9
≥ 114 & < 120	=	1.9	≥ 300 & < 306	=	5	≥ 480 & < 486	=	8	≥ 660 & < 666	=	11
≥ 120 & < 126	=	2	≥ 306 & < 312	=	5.1	≥ 486 & < 492	=	8.1	≥ 666 & < 672	=	11.1
≥ 126 & < 132	=	2.1	≥ 312 & < 318	=	5.2	≥ 492 & < 498	=	8.2	≥ 672 & < 678	=	11.2
≥ 132 & < 138	=	2.2	≥ 318 & < 324	=	5.3	≥ 498 & < 504	=	8.3	≥ 678 & < 684	=	11.3
≥ 138 & < 144	=	2.3	≥ 324 & < 330	=	5.4	≥ 504 & < 510	=	8.4	≥ 684 & < 690	=	11.4
≥ 144 & < 150	=	2.4	≥ 330 & < 336	=	5.5	≥ 510 & < 516	=	8.5	≥ 690 & < 696	=	11.5
≥ 150 & < 156	=	2.5	≥ 336 & < 342	=	5.6	≥ 516 & < 522	=	8.6	≥ 696 & < 702	=	11.6
≥ 156 & < 162	=	2.6	≥ 342 & < 348	=	5.7	≥ 522 & < 528	=	8.7	≥ 702 & < 708	=	11.7
≥ 162 & < 168	=	2.7	≥ 348 & < 354	=	5.8	≥ 528 & < 534	=	8.8	≥ 708 & < 714	=	11.8
≥ 168 & < 174	=	2.8	≥ 354 & < 360	=	5.9	≥ 534 & < 540	=	8.9	≥ 714 & < 720	=	11.9
≥ 174 & < 180	=	2.9	≥ 360 & < 366	=	6	≥ 540 & < 546	=	9	≥ 720 & < 726	=	12
≥ 180 & < 186	=	3									



**ATTACHMENT 14**  
**Member Notification:**  
**Important Information About Your Private Duty**  
**Nursing Services**

(A copy of the Member Notification titled "Important Information About Your Private Duty Nursing Services" is located on the following pages.)

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**ATTACHMENT 15**  
**Private Duty Nursing**  
**Guide for Wisconsin Medicaid and BadgerCare**  
**Plus for Members and Their Families**

(A copy of the "Private Duty Nursing Guide for Wisconsin Medicaid and BadgerCare Plus for Members and Their Families" is located on the following pages.)