

3 Nursing Guidelines

3.1	Introduction	3-1
3.1.1	General Policy	3-1
3.1.2	Prior Authorization (PA) and Healthy Connections (HC).....	3-1
3.2	Nursing Services Policy - Private Duty Nursing.....	3-2
3.2.1	Overview.....	3-2
3.2.1.1	<i>Family Participation</i>	3-2
3.2.2	Provider Qualifications.....	3-2
3.2.2.1	<i>Independent Provider</i>	3-2
3.2.2.2	<i>Provider Agency</i>	3-2
3.2.3	Covered Services	3-2
3.2.3.1	<i>Plan of Care (POC)</i>	3-2
3.2.3.2	<i>Plan of Care (POC) Update</i>	3-3
3.2.3.3	<i>Prior Authorization (PA) of Services</i>	3-3
3.2.3.4	<i>Non-Covered Services: Transportation</i>	3-3
3.2.4	Nursing Oversight.....	3-3
3.2.5	Nurse Responsibilities	3-3
3.2.6	Physician Responsibilities	3-3
3.2.7	Reimbursement	3-4
3.2.7.1	<i>Overview</i>	3-4
3.2.7.2	<i>Registered Nurse (RN)</i>	3-4
3.2.7.3	<i>Private Duty Nursing (PDN) Provider</i>	3-4
3.2.8	Record Keeping.....	3-4
3.2.8.1	<i>Transfer to Another Provider</i>	3-4
3.2.8.2	<i>Change in Participant Status</i>	3-4
3.2.9	Place of Service (POS) Codes	3-5
3.2.10	Procedure Codes.....	3-5
3.3	Nursing Services Policy - DD Waiver.....	3-6
3.3.1	Overview.....	3-6
3.3.1.1	<i>Nurse Oversight Services</i>	3-6
3.3.1.2	<i>Skilled Nursing Services</i>	3-6
3.3.2	Provider Qualifications.....	3-6
3.3.3	Plan of Care (POC)	3-7
3.3.3.1	<i>Plan of Care (POC) Update</i>	3-7
3.3.4	Nurse Responsibilities	3-7
3.3.5	Record Keeping.....	3-7

3.3.6	Place of Service (POS) Codes	3-8
3.3.7	Procedure Codes.....	3-8
3.4	Nursing Services Policy - Supervising RN (PCS)	3-9
3.4.1	Overview.....	3-9
3.4.2	Record Keeping.....	3-9
3.4.3	Provider Qualifications.....	3-9
3.4.4	Plan of Care (POC)	3-9
3.4.5	Plan of Care (POC) Update.....	3-9
3.4.6	Nurse Responsibilities	3-10
3.4.7	Diagnosis Code	3-10
3.4.8	Place of Service (POS) Codes	3-10
3.4.9	Procedure Codes.....	3-10
3.5	Claim Billing	3-12
3.5.1	Which Claim Form to Use.....	3-12
3.5.2	Electronic Claims.....	3-12
3.5.2.1	<i>Guidelines for Electronic Claims</i>	3-12
3.5.3	Guidelines for Paper Claim Forms	3-12
3.5.3.1	<i>How to Complete the Paper Claim Form</i>	3-12
3.5.3.2	<i>Where to Mail the Paper Claim Form</i>	3-13
3.5.3.3	<i>Completing Specific Fields of CMS-1500</i>	3-13
3.5.3.4	<i>Sample Claim Form</i>	3-16

3.1 Introduction

3.1.1 General Policy

This section covers all Medicaid services provided through Private Duty Nursing (EPSDT Program), Nursing Services DD Waiver, and Supervising Registered Nurse (PCS Program). These specialties are identified as nursing services throughout this section.

Each section addresses the following:

- Prior authorization (PA).
- Covered services.
- Provider qualifications.
- Plan of care (POC).
- Physician's and nurse's responsibilities.
- Record keeping.
- Place of service (POS) codes.
- Diagnosis codes (for EPSDT and PCS Oversight).
- Procedure codes.
- Reimbursement.

Providers of Nursing Services with the specialties of DD Waiver Services and Supervising Registered Nurse for the PCS Program can access program specific guidelines on the Idaho Department of Health and Welfare (IDHW) Web site at: www.healthandwelfare.idaho.gov

Note: Private Duty Nursing, Nursing Services DD Waiver and Supervising Registered Nurse (PCS) are covered for Medicaid Enhanced Plan participants.

3.1.2 Prior Authorization (PA) and Healthy Connections (HC)

Prior authorizations are valid for one year from the date of authorization by RMS unless otherwise indicated on the approval. For HC participants, PA will be denied if the requesting provider is not the primary care provider (PCP) or a referral has not been obtained.

If prior authorization is required, the PA number must be indicated on the claim or the service will be denied.

See *Section 2.3.2 Medicaid Prior Authorization (PA), General Billing Guidelines*, for more information on billing services that require PA.

3.2 Nursing Services Policy - Private Duty Nursing

3.2.1 Overview

Private Duty Nursing Services are limited to certain eligible children for whom the need for such service has been identified in an Early and Periodic Screening, Diagnoses, and Treatment (EPSDT) Program screening. The medical needs of the child must be such that the Idaho Nursing Practices Act requires the services be provided by a licensed nurse.

Note: Private Duty Nursing services for participants enrolled in the Medicaid Basic Plan Benefits are limited to diagnostic and evaluation procedures only. Participants must be enrolled in the Medicaid Enhanced Plan in order to be eligible for additional nursing services.

Note: Nursing services are a covered benefit for Medicaid Enhanced Plan participants.

3.2.1.1 Family Participation

The purpose of Nursing Services is to provide support and relief for the family of the effected child. Families are expected and encouraged to participate in the provision of care.

3.2.2 Provider Qualifications

All nursing providers must be currently licensed as either an RN or LPN in Idaho and have a signed provider agreement on file with Idaho Medicaid. Nursing service providers must provide documentation of current Idaho licensure as an RN or LPN.

3.2.2.1 Independent Provider

An independent provider is an individual who provides nursing services as an independent contractor and has a signed provider agreement on file with Idaho Medicaid.

3.2.2.2 Provider Agency

The provider agency is an entity that takes responsibility for the care given and provides payroll and benefits to those care providers it employs. The entity must have a signed provider agreement on file with Idaho Medicaid.

The provider agency must indicate on the claim if an RN or LPN provided the service delivery.

3.2.3 Covered Services

Private duty nursing services are limited to the following services. The services require oversight by a Registered Nurse (RN) if provided by a Licensed Practical Nurse (LPN):

- **NG Tubes:** Nasogastric (NG) tubes include insertion and maintenance of NG tubes and participant feeding activities with or without the use of a feeding pump.
- **Volume Ventilators:** The maintenance of volume ventilators includes associated tracheotomy care when necessary.
- **Tracheotomy and Oral/Pharyngeal Suctioning:** Sterile suctioning and cleansing of the participant's airway and removal of excess secretions from the mouth, throat, and trachea.
- **IV Therapy/Parenteral Nutrition:** Maintenance and monitoring of an IV site and administration of IV fluids and nutritional materials, which require extended time to administer.

3.2.3.1 Plan of Care (POC)

All services provided on an implementation plan are based on a written plan of care. The Supervisory RN is responsible for the POC, based on:

- The nurse's assessment and observation of the participant.
- The evaluation and orders of the participant's physician.

- Information elicited from the participant.

The POC must be approved and signed by the physician. It must also include all aspects of the medical, licensed, and personal care necessary to be performed, including the amount, type and frequency of such services.

3.2.3.2 Plan of Care (POC) Update

The POC must be revised and updated based on treatment results or the participant's changing profile of needs as necessary, but at least annually. A copy of the POC must remain in the participant's home.

Submit annual updates and changes to the POC to the Regional Medicaid Services (RMS) in the region in which the child lives. See the *Directory* Section of this handbook for the current regional address and phone number.

3.2.3.3 Prior Authorization (PA) of Services

Regional Medicaid Services must authorize all private duty nursing (PDN) services prior to service delivery. The authorization will indicate the hours of service per week for which the service is authorized.

If prior authorization is required, the PA number must be included on the claim or the service will be denied.

3.2.3.4 Non-Covered Services: Transportation

Medical transportation of the participant, such as to the physician's office, is **not** a covered service under the private duty nursing program but may be covered under the Transportation section of Idaho Medicaid.

Contact Medicaid Transportation for transportation questions at:

(800) 296-0509 (toll free)

(208) 334-4990 in the Boise calling area

3.2.4 Nursing Oversight

Nursing oversight is the intermittent supervision of the child's medical condition for health status or medical services within the scope of the Nurse Practice Act and must be provided when an LPN is giving the care. Nurse oversight services must be provided by an RN licensed to practice in Idaho. The services are limited to one time per month. If additional oversight visits are medically necessary, prior authorization can be requested from RMS.

3.2.5 Nurse Responsibilities

The nurse's responsibilities are as follows:

- Immediately notify the physician of any significant changes in the participant's physical condition or response to the service delivery.
- Evaluate changes of condition.
- Provide services in accordance with the POC.
- Maintain records of care given to include the date, time of start and end of service delivery, services provided, and comments on participant's response to services delivered.
- LPN providers must document oversight of services by an RN in accordance with the Idaho Nurse Practice Act and the Rules, Regulations, and Policies of the Idaho Board of Nursing.

3.2.6 Physician Responsibilities

All Private Duty Nursing services must be provided under the order of a licensed physician. The physician must:

- Provide Medicaid the necessary medical information to establish the participant's medical eligibility for services based on an EPSDT medical screen.

- Order all services to be delivered by the nursing provider.
- Sign and date all orders and the participant's POC.
- Update participant's POC annually and as changes are indicated, sign and record date of plan approval.
- Determine if the combination of nursing services along with other community resources are no longer sufficient to ensure the health or safety of the participant and recommend institutional placement of the participant.

Note: If the child is enrolled in the HC program, the order must be from the HC PCP.

3.2.7 Reimbursement

3.2.7.1 Overview

The nursing provider and, when necessary, the independent RN or agency providing oversight are paid a fee-for-service as established by Medicaid. Separate claims for payment must be submitted for each provider.

3.2.7.2 Registered Nurse (RN)

An RN can provide either oversight of an LPN or direct care.

3.2.7.3 Private Duty Nursing (PDN) Provider

Payments are limited to the services specified on the POC on file with the Bureau of Long-Term Care.

3.2.8 Record Keeping

Private duty nurses or nursing agencies maintain service records on each participant receiving nursing services. The record will be maintained in the participant's home. After every visit, the provider will enter, at a minimum, the following information:

- The date and time of visit in the following format:
Date Example: 02/10/2005
Time Example: 8:00 a.m. - 11:15 a.m.
- The length of visit in the following format:
Example: 3 hours and 15 minutes would be 3.25 hours.
- The services provided during the visit.
- A statement of the participant's response to the services including any changes noted in the participant's condition.
- Any changes in the POC authorized by the referring physician as a result of changes in the participant's condition.
- Signature and credentials of the individual providing services.

3.2.8.1 Transfer to Another Provider

When the care of the participant is transferred to another provider, all participant records must be delivered to and held by the participant's family until a replacement provider assumes the case. When the participant leaves the program, the records are retained by the provider as part of the participant's closed case record.

3.2.8.2 Change in Participant Status

It is the responsibility of the private duty nurse to notify the physician when there is a significant change in the participant's condition. Physician notification must be documented in the service record.

3.2.9 Place of Service (POS) Codes

Use only one of these two POS codes to bill nursing services. Enter this information in field **24B** on the CMS-1500 claim form or in the appropriate field of the electronic claim form:

12 Home

99 Other (unlisted facility)

The following places are excluded as personal residences:

- Licensed Skilled Nursing Facilities (SNF) or Intermediate Care Facilities (ICF).
- Licensed Intermediate Care Facility for the Mentally Retarded (ICF/MR).
- Licensed shelter homes.
- Licensed professional foster homes.
- Licensed hospital.

3.2.10 Procedure Codes

All claims must use one of the following 5-digit HCPCS procedure codes, and if appropriate the required modifier, when billing nursing services. Enter the HCPCS code in field **24D** on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

Service	HCPCS	Description
Private Duty Nurse Agency RN	T1001 TD Modifier Required	Nursing Assessment/Evaluation Professional licensed nurse, registered nurse or RN employed by an agency 1 Unit = 15 minutes
Private Duty Nurse Agency LPN	T1000	Private duty/independent nursing service(s) – licensed Agency LPN 1 Unit = 15 minutes
Private Duty Nurse Individual RN	T1000	Private duty/independent nursing service(s) – licensed Individual RN 1 Unit = 15 minutes
Private Duty Nurse Individual LPN	T1000 TE Modifier Required	Private duty/independent nursing service(s) –licensed Individual LPN 1 Unit = 15 minutes
Professional Licensed Nurse Oversight	T1001	Nursing Assessment/Evaluation Professional licensed nurse oversight of a licensed practical nurse 1 Occurrence = 1 assessment/evaluation
RN Services	T1002	RN Services Ventilator care by licensed nurse RN or LPN 1 Unit = 15 minutes

3.3 Nursing Services Policy - DD Waiver

3.3.1 Overview

Nursing services include nurse oversight and skilled nursing services. All nurse oversight and skilled nursing services require prior authorization in accordance with *IDAPA 16.03.10.507 Behavioral Health Prior Authorization (PA)* through *515 Behavioral Health – Quality Assurance And Improvement*. The authorization will indicate the hours of service per day and the number of days per week the service is authorized.

Note: Nursing services for participants enrolled in the Medicaid Basic Plan are limited to diagnostic and evaluation procedures only. Participants must be enrolled in the Medicaid Enhanced Plan in order to be eligible for additional nursing services.

Note: Nursing services are a covered benefit for Medicaid Enhanced Plan participants.

3.3.1.1 Nurse Oversight Services

Nursing oversight is the intermittent supervision of the participant's medical condition, POC, for health status or medical services, which are within the scope of the Nurse Practice Act. Nursing oversight includes the supervision of delegated nursing services provided by the Residential Habilitation provider or other Medicaid providers. Nurse oversight services must be provided by a registered nurse (RN) licensed to practice in Idaho.

3.3.1.2 Skilled Nursing Services

Skilled nursing services include the provision of hands-on nursing services or treatments to eligible participants who need skilled nursing services. The medical needs of the participant must be of such a technical nature that the Idaho Nursing Practices Act requires the services to be provided by a licensed nurse.

Skilled nursing services require oversight by a registered nurse (RN) if provided by a licensed practical nurse (LPN). Skilled nursing services are limited to the following:

- **NG Tubes:** NG tubes include the insertion and maintenance of NG tubes and participant feeding activities with or without the use of a feeding pump. A registered nurse or licensed practical nurse must perform this service.
- **Volume Ventilators:** The maintenance of volume ventilators includes associated tracheotomy care when necessary. A registered nurse or licensed practical nurse must perform this service.
- **Tracheotomy and Oral/Pharyngeal Suctioning:** Sterile suctioning and cleansing of the participant's airway and removal of excess secretions from the mouth, throat and trachea. Only a registered nurse may perform this service.
- **IV Therapy/Parenteral Nutrition:** Maintenance and monitoring of an IV site and administration of IV fluids and nutritional materials, which require extended time periods to administer. A registered nurse or licensed practical nurse must perform this service.

Note: To perform services effectively, nursing services providers should be aware of program requirements for other providers in the DD waiver program. See *Section 3 Waiver Services for Adults with Developmental Disabilities*.

3.3.2 Provider Qualifications

Nursing service providers must provide documentation of current Idaho licensure as an RN or LPN. Only an RN may provide nurse oversight. Nursing service providers must have a signed provider agreement on file with the Idaho Medicaid Program.

3.3.3 Plan of Care (POC)

All nurse oversight and skilled nursing services provided must be on a POC based on an Individual Support Plan (ISP). The RN is responsible for the POC based upon:

- The nurse's assessment and observation of the participant.
- The orders of the participant's physician.
- The ISP.
- Information elicited from the participant.

The POC must include all aspects of the medical care, licensed and non-licensed, necessary to be performed, including the amount, type and frequency of such services. When care is delegated to a non-licensed Residential Habilitation provider, type and amount of supervision and training to be provided must be included in the plan.

3.3.3.1 Plan of Care (POC) Update

The POC must be revised and updated based upon treatment result or the participant's changing profile of needs as necessary, but at least annually. The POC must be submitted to DHW or its designee for review and prior authorization of service. A copy of the POC must remain in the participant's home.

3.3.4 Nurse Responsibilities

- Notify the physician and service coordinator immediately of any significant changes in the participant's physical condition or response to the service delivery.
- Evaluate changes of condition.
- Provide services in accordance with the implementation plan and the ISP.
- Maintain records of care given to include the date, time of start and end of service delivery, and comments on participant's response to services delivered.

In the case of licensed practical nurse (LPN), skilled nursing providers, and other non-licensed direct care providers, document that oversight of services by an RN is in accordance with the Idaho Nurse Practice Act and the Rules, Regulations, and Policies of the Idaho Board of Nursing. An RN can provide either oversight or direct skilled nursing services.

3.3.5 Record Keeping

Service records will be maintained on each participant receiving nursing services. The record will be maintained in the participant's home. After every visit the provider will enter, at a minimum:

- The date and time of visit in the following format:
Date example: 02/10/2005
Time example: 8:00 a.m. - 11:15 a.m.
- The length of visit in the following format:
Example: 3 hours and 15 minutes would be 3.25 hours.
- The services, supervised or skilled observation, provided during the visit.
- A statement of the participant's response to the services including any changes noted in the participant's condition.
- Any changes in the ISP plan of care authorized by the ISP as a result of changes in the participant's condition.
- Signature of the individual providing services, including their professional designation.

3.3.6 Place of Service (POS) Codes

Nurse oversight and skilled duty nursing services can only be billed for the following POS:

- 12** Participant's home
- 99** Other unlisted facility

The following places are excluded as personal residences:

- Licensed Skilled Nursing Facilities (SNF) or Intermediate Care Facilities (ICF).
- Licensed Intermediate Care Facility for the Mentally Retarded (ICF/MR).
- Licensed shelter homes.
- Licensed professional foster homes.
- Licensed hospital.

Enter this information in field **24B** on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

3.3.7 Procedure Codes

All claims must use one of the following 5-digit HCPCS procedure codes when billing nurse oversight and skilled nursing services:

Service	HCPCS	Description
Nursing Oversight Independent RN Visit	T1001 U8, TD Modifiers Required	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation
Nursing Oversight Agency RN Visit	T1001 U8, TD Modifiers Required	Nursing Assessment /Evaluation 1 Occurrence = 1 assessment/evaluation
Independent (Skilled LPN) Hourly	T1000 U8 Modifier Required	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes
Agency (Skilled LPN) Hourly	T1000 U8, TE Modifiers Required	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes
Agency (Skilled RN) Hourly	T1000 U8, TD Modifiers Required	Private Duty Nursing/Independent Nursing Services Licensed Minimum age is 21 1 Unit = 15 minutes
Oversight of LPN Visits (RN Skilled)	T1001 U8 Modifier Required	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation

3.4 Nursing Services Policy - Supervising RN (PCS)

3.4.1 Overview

Nursing services under the Personal Care Services (PCS) Program has the responsibility for supervising the delivery of personal care services to the PCS participant. Nursing services under the PCS Program does **not** include hands-on care. A registered nurse who is functioning as a personal assistant may **not** provide Supervisory RN services to the same participant. Supervising RN (PCS) services must be authorized by RMS.

Note: Nursing services for participants enrolled in the Medicaid Basic Plan are limited to diagnostic and evaluation procedures only. Participants must be enrolled in the Medicaid Enhanced Plan in order to be eligible for additional nursing services.

3.4.2 Record Keeping

Service records will be maintained on each participant receiving nursing services. The record will be maintained in the participant's home. After every visit the provider will enter, at a minimum:

- The date and time of visit in the following format:
Date example: 02/10/2005
Time example: 8:00 a.m. - 11:15 a.m.
- The length of visit in the following format:
Example: 3 hours and 15 minutes would be 3.25 hours.
- The services, supervised or skilled observation, provided during the visit.
- A statement of the participant's response to the services including any changes noted in the participant's condition.
- Any changes needed in the POC as a result of changes in the participant's condition.
- Signature of the individual providing services.

3.4.3 Provider Qualifications

Nursing service providers in the PCS Program must provide documentation of current Idaho licensure as an RN. Nursing service providers must have a signed provider agreement on file with the Idaho Medicaid Program.

3.4.4 Plan of Care (POC)

The Supervising RN is responsible for the development of the POC based upon:

- The nurse's assessment and observation of the participant.
- The orders of the participant's physician.
- Information elicited from the participant.
- Information from the Qualified Mental Retardation Professional (QMRP) if the individual is developmentally disabled.

The POC must include all aspects of the medical care, licensed and non-licensed, necessary to be performed, including the amount, type and frequency of such services. When care is delegated to a personal assistant, the type, amount of supervision, and amount of training to be provided must be included in the plan.

3.4.5 Plan of Care (POC) Update

The POC must be revised and updated based upon treatment result or the participant's changing profile of needs as necessary, but at least annually. A copy of the POC must remain in the participant's home.

3.4.6 Nurse Responsibilities

- Develop the POC for the PCS participant.
- Notify the physician, RMS, and case manager (if needed) immediately of any significant changes in the participant's physical condition or response to the service delivery.
- Supervise the treatment given by the personal assistant by reviewing the participant's PCS record maintained by the personal assistant, talking to the participant and/or the participant's family, and observing the personal assistant performing delegated tasks.
- Conduct on-site reviews with the participant at least every 90 days or as specified in the POC.
- Evaluate changes of condition when requested by the personal assistant, case manager or participant through on-site visits.
- Update the POC as necessary, and at least annually.
- Re-evaluate the POC as necessary.

3.4.7 Diagnosis Code

Enter the ICD-9-CM code **V604** - No Other Household Member Able to Render Care, for the primary diagnosis in field **21** on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

3.4.8 Place of Service (POS) Codes

PCS services including those of the Supervising RN may only be provided in a participant's personal residence unless the RMS authorizes the services to be provided in the provider's home.

Use POS code **12** to indicate the participant's home or **99** to indicate other POS as appropriate for the POS on the claim. Enter this information in field **24B** on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

The following are specifically excluded as personal residences:

- Licensed skilled nursing facilities (SNFs), intermediate care facilities (ICFs), or hospitals.
- Licensed intermediate care facilities for the mentally retarded (ICF/MR).
- Licensed residential care facilities.
- Licensed Level III or professional child foster homes.
- Licensed adult foster homes.

3.4.9 Procedure Codes

All claims must use one of the following 5-digit HCPCS procedure codes when billing PCS Supervisory RN nursing services:

Service	HCPCS	Description
Supervisory RN Codes Participant Evaluation and Plan of Care Development (Agency)	G9002	Coordinated Care Fee, Maintenance Rate For Adults, 1 Unit = 1 Plan Development For Children, 2 Units = 1 Assessment and 1 Plan Development Each time this procedure code is used it must be prior authorized by RMS. The Medicaid office will assign a PA number that must be on the claim form submitted to EDS for payment. This code is to be used for the initial visit and annually for the re-evaluation. If additional evaluations are necessary, obtain prior authorization from the RMS. The RMS authorizes the number of PCS hours after the Uniform Assessment Instrument (UAI) is completed. The RN does the POC based on hours from the UAI.

Service	HCPCS	Description
Supervising Visit (Agency)	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 visit The frequency of the supervising visits must be included in RMS approved Functional Assessment/Plan of Care but no less than every 90 days. If additional or emergency visits in excess of the approved number are required, they must be prior authorized by the RMS and the PA number must be indicated on the claim.

3.5 Claim Billing

3.5.1 Which Claim Form to Use

Claims that do not require attachments may be billed electronically using PES software (provided by EDS at no cost) or other HIPAA compliant vendor software.

To submit electronic claims, use the HIPAA compliant 837 transaction.

To submit claims on paper, use original red CMS-1500 claim forms.

Note: All claims must be received within 12 months (365 days) of the date of service.

3.5.2 Electronic Claims

For PES software billing questions, consult the *Provider Electronic Solutions (PES) Handbook*. Providers using vendor software or a clearinghouse should consult the user manual that comes with their software. See *Section 2.2.1 Electronic Claims Submission, General Billing Information*, for more information.

3.5.2.1 Guidelines for Electronic Claims

Provider Number: In compliance with HIPAA and the National Provider Identifier (NPI) initiative, federal law requires the submission of the NPI number on all electronic 837 transactions. Idaho Medicaid recommends providers obtain and register one NPI for each Medicaid provider number currently in use. It is recommended that providers continue to send both their Idaho Medicaid provider number and their NPI number in the electronic 837 transaction. Electronic 837 claims will not be denied if the transaction is submitted with both the NPI and the Idaho Medicaid provider number.

Detail lines: Idaho Medicaid allows up to 50 detail lines for electronic HIPAA 837 Professional transactions.

Referral number: A referral number is required on an electronic HIPAA 837 Professional transaction when a participant is referred by another provider. Use the referring provider's 9-digit Medicaid provider number, unless the participant is a HC participant. For HC participants, enter the provider's 9-digit HC referral number.

Prior authorization (PA) numbers: Idaho Medicaid allows more than one PA number on an electronic HIPAA 837 Professional transaction. A PA number can be entered at the header or at each detail of the transaction.

Modifiers: Up to four modifiers per detail are allowed on an electronic HIPAA 837 Professional transaction.

Diagnosis codes: Idaho Medicaid allows up to eight diagnosis codes on an electronic HIPAA 837 Professional transaction.

National Drug Code (NDC) information with HCPCS and CPT codes: A corresponding NDC is required on the claim detail when medications billed with HCPCS codes are submitted. See *Section 3.18.6.3 of the Physician Guidelines* for more information.

Electronic crossovers: Idaho Medicaid allows providers to submit electronic crossover claims for Professional services.

3.5.3 Guidelines for Paper Claim Forms

For paper claims, use only original CMS-1500 claim forms to submit all claims to Idaho Medicaid. CMS-1500 claim forms are available from local form suppliers.

All dates must include the month, day, century, and year.

Example: July 4, 2006, is entered as 07042006.

3.5.3.1 How to Complete the Paper Claim Form

The following will speed processing of paper claims:

- Complete all required areas of the claim form.
- Print legibly using black ink or use a typewriter.
- When using a printer, make sure the form is lined up correctly so it prints evenly in the appropriate field.
- Keep claim form clean; use correction tape to cover errors.
- Enter all dates using the month, day, century, and year (MMDDCCYY) format; note that in field **24A** (From and To Dates of Service) there are smaller spaces for entering the century and year; Refer to specific instructions for field **24A**.
- You can bill with a date span (From and To Dates of Service) **only if** the service was provided every consecutive day within the span.
- A maximum of six line items per claim can be accepted; if the number of services performed exceeds six lines, prepare a new claim form and complete all the required elements; total each claim separately.
- Be sure to sign the form in the correct field. Claims will be returned that are not signed unless EDS has a signature on file.
- Do not use staples or paperclips for attachments. Stack the attachments behind the claim.
- Do not fold the claim form(s). Mail flat in a large envelope (recommend 9 x 12).
- Only one prior authorization number is allowed for paper claims.
- When billing medications with HCPCS/CPT codes, an NDC Detail Attachment must be filled out and sent with the claim.

3.5.3.2 *Where to Mail the Paper Claim Form*

Send completed claim forms to:

EDS
PO Box 23
Boise, ID 83707

3.5.3.3 *Completing Specific Fields of CMS-1500*

Consult the Use column in the following table to determine if information in any particular field is required. Only fields that are required for billing the Idaho Medicaid Program are shown on the following table. Claim processing will be interrupted when required information is not entered into a required field.

The following numbered items correspond to the CMS-1500 claim form.

Note: Claim information should not be entered in the shaded areas of each detail unless specific instructions have been given to do so.

Field	Field Name	Use	Directions
1a	Patient ID	Required	Enter the participant's 7-digit Medicaid Identification (MID) number exactly as it appears on the MAID card.
2	Patient's Name	Required	Enter the participant's name exactly as it is spelled on the MAID card. Be sure to enter the last name first, followed by the first name and middle initial.
9a	Other Insured's Policy or Group Number	Required if applicable	Required if field 11d is marked yes. If the participant is covered by another health insurance or medical resource, enter the policy number.
9b	Other Insured's Date of Birth/Sex	Required if applicable	Required if field 11d is marked yes. If the participant is covered by another health insurance or medical resource, enter the date of birth and sex.

Field	Field Name	Use	Directions
9c	Employer's Name or School Name	Required if applicable	Required if field 11d is marked yes.
9d	Insurance Plan Name or Program Name	Required if applicable	Required if field 11d is marked yes. If the participant is covered by another health insurance or medical resource, enter the plan name or program name.
10a	Is Condition Related to Employment?	Required	Indicate Yes or No, if this condition is related to the participant's employment.
10b	Auto Accident?	Required	Indicate Yes or No, if this condition is related to an auto accident.
10c	Other Accident?	Required	Indicate Yes or No, if this condition is related to an accident.
11d	Is There Another Health Benefit Plan?	Required	Check Yes or No, if there is another health benefit plan. If yes, return to and complete items 9a-9d .
14	Date of Current: Illness, Injury or Pregnancy	Desired	Enter the date the illness or injury first occurred, or the date of the last menstrual period (LMP) for pregnancy.
15	If Patient Has Had Same or Similar Illness	Desired	If yes, give first date, include the century. For pregnancy, enter date of first prenatal visit.
17	Name of Referring Physician or Other Source	Required if applicable	Use this field when billing for a consultation or Healthy Connections participant. Enter the referring physician's name.
17a	Other ID	Required if applicable	Use this field when billing for consultations or HC participants. For consultations enter the qualifier 1D followed by the referring physician's 9-digit Idaho Medicaid provider number. For Healthy Connections participants, enter the qualifier 1D followed by the 9-digit Healthy Connections referral number. Note: The HC referral number is not required on Medicare crossover claims.
17b	NPI Number	Not Required	Enter the referring provider's 10-digit NPI number. Note: The NPI number, sent on paper claims, will not be used for claims processing.
19	Reserved for Local Use	Required if applicable	If applicable, all requested comments for claim submission should be entered in this field. For example, enter injury information, including how, when, and where the injury occurred if another party is liable. This field can also be used to enter the ICN of previous claims to establish timely filing.
21 (1-4)	Diagnosis or Nature of Illness or Injury	Required	Enter the appropriate ICD-9-CM code (up to four) for the primary diagnosis and, if applicable, second, third, and fourth diagnosis. Enter a brief description of the ICD-9-CM primary and, if applicable, second, third, and fourth diagnosis.
23	Prior Authorization Number	Required	If applicable, enter the prior authorization number from Medicaid, DHW, RMS, ACCESS, RMHA, QIO, or MT.
24A	Date of Service — From/To	Required	Fill in the date(s) the service was provided, using the following format: MMDDCCYY (month, day, century, and year). Example: November 24, 2003, becomes 11242003 with no spaces and no slashes.
24B	Place of Service	Required	Enter the appropriate numeric code in the place of service box on the claim.
24C	EMG	Required if applicable	If the services performed are related to an emergency, mark this field with an X .

3.5.3.4 Sample Claim Form

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)																				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																		
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()																		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. RESERVED FOR LOCAL USE		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.																		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____															
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY															
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____															
19. RESERVED FOR LOCAL USE										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					23. PRIOR AUTHORIZATION NUMBER										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2,3 or 4 to Item 24E by Line) 1. _____ 3. _____ 2. _____ 4. _____										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER					F. \$ CHARGES		G. DAYS OR UNITS		H. EPSQT Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #				
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>					28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____					32. SERVICE FACILITY LOCATION INFORMATION a. NPI _____ b. _____					33. BILLING PROVIDER INFO & PH. # () a. NPI _____ b. _____															

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB 0938-0999 FORM CMS-1500 (08/05)

WCMS-1500CS