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A Billing and Procedure Coding Guide: Home Health and Durable Medical Equipment Providers

As the healthcare industry continues to evolve, Sunshine Health remains focused on continuous quality improvement. For this reason, we have identified issues associated with medical record documentation – including billing and procedure coding – as one such area to address.

Medical record documentation with correct billing and procedure coding can lead to higher levels of reimbursement for providers. Conversely, coding errors can result in lower quality scores and missed reimbursement opportunities. As your business partner, Sunshine Health wants to ensure that you are maximizing reimbursement opportunities by correctly documenting procedure codes, thereby reducing the risk of claims denials.

This guide covers:

- Procedure codes by line of business
- Common billing errors
- How to file a corrected claim
- What to do when Medicare is the primary form of health insurance

Sunshine Health encourages you to manage your claim submissions through our secure, on-line portal. As a user, you can simplify administrative tasks, view patient history, submit and manage claims, submit authorization requests and identify care gaps. All you need to register online at www.sunshinehealth.com is your tax ID number and an email address.

For coding information related to Durable Medical Equipment (DME), please access DME schedules found at: **Florida Medicaid Web Portal**. You can also learn more about billing and procedure coding on the Sunshine Health website by clicking **here*.**

***Go to www.sunshinehealth.com, click <For Providers>, click <Provider Resources> and then click <Provider Training>.

HOME CARE COVERED SERVICES

The codes listed below are not a complete list. Please refer to your contract with Sunshine Health to determine all contracted/covered codes for each membership group.

LONG TERM CARE	
Description	**Code**
Adult Companion	S5135
Attendant Care	S5125
Caregiver Training	S5108
Homemaker	S5130
Intermittent and Skilled Nursing - LPN	S9124
Intermittent and Skilled Nursing - RN	S9123
Medication Administration	T1502
Medication Management	H2010
Nutritional Assessment and Risk Reduction	S9470
Occupational Therapy	S9129
Personal Care	T1004
Physical Therapy	S9131
Respiratory Therapy - Evaluation	S5180
Respiratory Therapy - Treatment	S5180 Modifier: U2
Respite Care	T1005
Speech Therapy	S9128
Therapeutic Behavioral Services, per 15 minutes	H2019
Therapeutic Services, per diem	H2020

MEDICAID					
Description	**Unit Type**	**Age Limitation**	**Benefit Limit**	**Auth. Required**	**Code**
Personal Care	Per Hour	Under 21 Only	24 Hrs./Day	Yes	S9122
Private Duty Nursing - RN	Per Hour	Under 21 Only	24 Hrs./Day	Yes	S9123
Private Duty Nursing - LPN	Per Hour	Under 21 Only	24 Hrs./Day	Yes	S9124
Social Worker Visit	Per Diem	All Ages	1 Visit/Day	Yes	S9127
Skilled Nursing Evaluation - RN	Per Hour	All Ages	3 Hrs./60 Days	No	T1001
Skilled Nursing - RN	Per Hour	All Ages	8 Hrs./Day	Yes	T1030
Skilled Nursing - LPN	Per Hour	All Ages	8 Hrs./Day	Yes	T1031
Home Health Aid	Per Hour	All Ages	8 Hrs./Day	Yes	T1021
Physical Therapist Evaluation	Per Diem	Under 21 Only	1/12 Months	No	97001
Physical Therapist Wheelchair Evaluation	Per Diem	All Ages	3/5 Years	No	97001 (TG)
Physical Therapist Visit	Per Diem	Under 21 Only	60/Month	No	97110
Physical Therapist Re-evaluation	Per Diem	Under 21 Only	1/5 Months	No	97002
Application of Casting or Strapping - PT or OT	Per Diem	Under 21 Only	2/Day	No	29799
Augmentative and Alternative Comm92609unication Initial Evaluation	Per Diem	Under 21 Only	1/5 Years	No	92597
AAC Fitting, 97003Adjustment and Training Visit97003 (TG)	Per Diem	All Ages	8/Year	No	92609
Occupational Therapist Evaluation, Initial	Per Diem	Under 21 Only	1/12 Months	No	97003
Occupational Therapist Wheelchair Evaluation	Per Diem	All Ages	3/5 Years	No	97003 (TG)
Occupational Therapist Re-evaluation, Periodic	Per Diem	Under 21 Only	1/5 Months	Yes	97004
Occupational Therapist Treatment Visit	Per Diem	Under 21 Only	60/Month	Yes	97530
Respiratory Therapy Evaluation, Initial/Re-evaluation	Per Diem	Under 21 Only	1/60 Months	No	S5180
Respiratory Therapy, Visit	Per Diem	Under 21 Only	60/Month	Yes	G0238
Speech Language Pathology Evaluation of Speech Fluency	Per Diem	Under 21 Only	1/180 Days	No	*92521
Speech Language Pathology Evaluation of Speech Sound Production	Per Diem	Under 21 Only	1/180 Days	No	*92522
Speech Language Pathology Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression	Per Diem	Under 21 Only	1/180 Days	No	*92523
Speech Language Pathology Behavioral and Qualitative Analysis of Voice and Resonance	Per Diem	Under 21 Only	1/180 Days	No	92524
Speech Therapy Visit	Per Diem	Under 21 Only	60/Month	Yes	92507
Speech Therapy Group	Per Diem	Under 21 Only	60/Month	Yes	92508

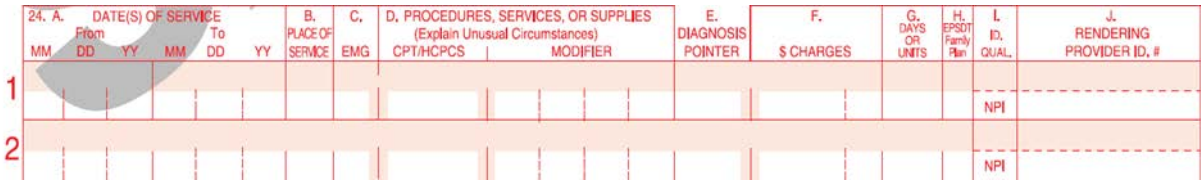
HEALTHY KIDS					
Description	**Unit Type**	**Age Limitation**	**Benefit Limit**	**Auth. Required**	**Code**
Private Duty Nursing - RN	Per Hour	5 – 19 YO	16 Hrs./Day	Yes	S9123
Private Duty Nursing - LPN	Per Hour	5 – 19 YO	16 Hrs./Day	Yes	S9124
Skilled Nursing - RN	Per Hour	5 – 19 YO	8 Hrs./Day	Yes	T1030
Skilled Nursing - LPN	Per Hour	5 – 19 YO	8 Hrs./Day	Yes	T1031
Skilled Nursing Evaluation - RN	Per Hour	5 – 19 YO	3 Hrs./60 Days	No	T1001

PLEASE NOTE: This list of covered codes may not be all inclusive, may vary according to specific provider contract language, and is subject to change at any time due to changes in Sunshine Health's contractual obligations, AMA coding changes, CMS guidelines or other circumstances. This list of covered codes should only be used as a guideline.

COMMON BILLING ERRORS

Claim Form

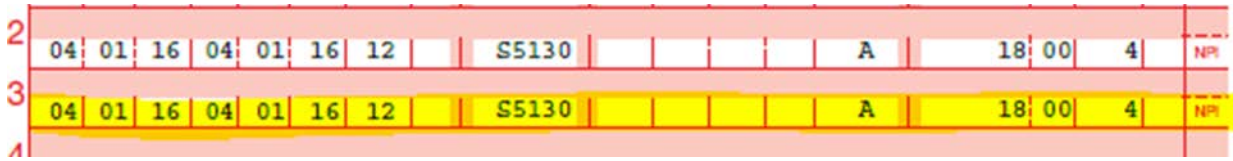
- Per the Florida Agency for Health Care Administration (AHCA), Home Health Service providers must bill claims on a CMS-1500 form. Any claims for Home Health Services received on a UB 04 (CMS-1450 form) or other will result in a claim denial.
- Paper claims must be submitted on the original form, free of any handwritten or stamped verbiage.



- Sunshine Health encourages you to manage your claim submissions through our secure, on-line portal. If you have not already registered to use the portal, please do so. All you need is your tax ID number and an email address. If you must mail your completed CMS-1500 form, please mail it to: **Sunshine Health, P.O. Box 3070, Farmington, MO 63640-3823 Attention: Claims Department.**

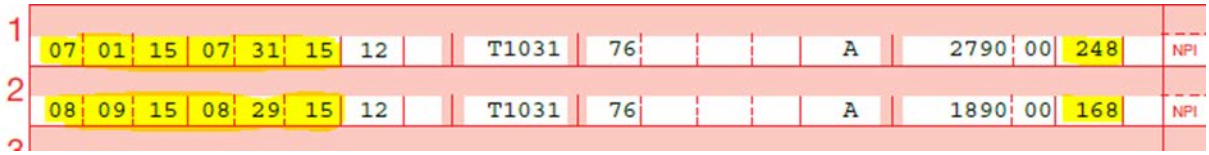
Billing for Multiple Visits on the Same Day

- When the same service is provided more than once on the same date of service, the service should only be reported one time on a single line on the claim form with multiple counts.
- If not billed in this manner (billed on multiple lines), both the claims system and AHCA encounter system sees this as a duplicate service and denies/rejects the second line of the claim.



Billing for Multiple Dates of Service on a Single Claim Form

- When billing for multiple dates of service, bill each date of service on a separate line.
- When claims are billed in the manner below, both the claims system and AHCA encounter system cannot determine how many units per day are applicable. If this happens, the system will split the line and pay only one day's worth of payable units and deny the remaining charges.



How to file a Corrected Claim

If there are any dates of service or codes on a claim that have already been billed, the claim will be denied unless it is submitted as a corrected claim. This is particularly important for Home Health providers when billing for late submissions of time cards by workers. If these late billed visits are not billed as a corrected claim, it will be denied.

- All corrected claims mailed to Sunshine Health should be sent on a clean CMS-1500 form.
- The only acceptable paper claim forms are those printed in Flint OCR Red, J6983, (or exact match) ink.
- All corrected claims must be submitted on an approved form. Copies will result in a claims denial.
- Corrected claims should have the appropriate bill frequency code left justified in the left hand side of Box 22 along with the original claim number.
- Corrected claims can also be submitted electronically through Sunshine Health's secure, on-line portal using the "Correct Claim Function." Please call Provider Services at 1-866-796-0530 if you have questions about registering or logging onto Sunshine Health's secure, on-line portal.

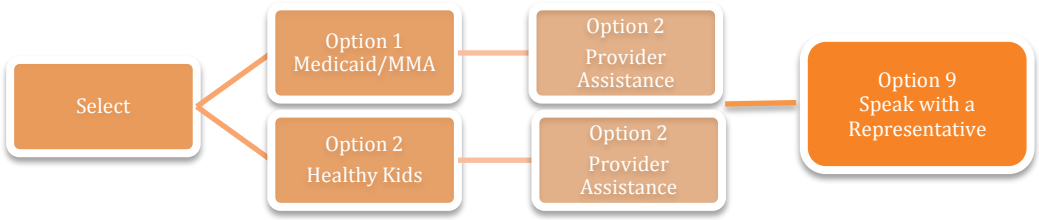
What to do when Medicare is the Primary Form of Health Insurance

Per the Florida Medicaid Provider General Handbook
Florida Medicaid Web Portal

- Florida Medicaid and Title 42, Code of Federal Regulations, Part 447.20 (b), prohibit a provider for refusing to furnish a covered Medicaid service to a Medicaid recipient solely because of the presence of other insurance, including Medicare (p. 1-12).
- Medicaid is the payer of last resort. *If a recipient has other insurance coverage through a third party source, such as Medicare, TRICARE, insurance plans, AARP plans, or automobile coverage, the provider must bill the primary insurer prior to billing Medicaid (p. 1-12)*.
- See Chapter 3 of the Provider General Handbook for ways to verify member Medicare coverage.
- Medicare covered services billed for Medicare covered members will deny if billed without Medicare's payment or denial EOB.
- If a member has commercial insurance as primary, ANY service billed without a primary insurer EOB attached will be denied.

Sunshine Health Contact Information

If you are a provider calling with questions regarding ***Medicaid/MMA*** or ***Healthy Kids*** call Provider Services at 1-866-796-0530.



If you are a provider calling with questions regarding Long Term Care, call Provider Services at 1-877-211-1999. Please follow the voice recognition prompts.