



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: MEDICAID PERSONAL CARE OPTION PROVIDERS
FROM: CAROLYN INGRAM, DIRECTOR
BY: CRYSTAL MATA, PERSONAL CARE OPTION PROGRAM MANAGER
**SUBJECT: PERSONAL CARE OPTION (PCO) PROGRAM
CLARIFICATION TO MAD-MR:03-34 ISSUED JANUARY 8, 2004**

This Supplement provides additional billing information and clarification to the Department Memorandum MAD-MR:03-34 issued January 8, 2004, with Billing Instructions for the Medicaid Personal Care Option (PCO) program. Specifically, Section 8.315.4.7 BI, Assignment of Personal Care Service Hours, reads: "Providers for Personal Care Services must bill on a weekly basis and must maintain accurate timesheets reflecting the number of units billed to Medicaid."

- **Clarification:** Providers **do not** have to submit claims to Medicaid weekly. Providers may submit claims to Medicaid daily, weekly, bi-monthly or monthly. Providers may only group up to seven (7) day increments, maximum, per each line item on a claim. The days **do not** have to be Sunday thru Saturday, but each line item cannot contain more than 7-day increments.
 - **Example:** If a provider chooses to bill Medicaid monthly and provided services to Mr. Smith for the entire month of February, the provider must submit 5 line items for the month of February.
 - Line item 1) 02/01/04 to 02/07/04
 - Line item 2) 02/08/04 to 02/14/04
 - Line item 3) 02/15/04 to 02/21/04
 - Line item 4) 02/22/04 to 02/28/04
 - Line item 5) 02/29/04 to 02/29/04

- Providers must remember that when billing Medicaid for services in a week that contains two months, the two months cannot be grouped together.
 - **Examples:**
 - **Wrong:** Line item 1) 02/29/04 to 03/06/04
 - **Right:** Line item 1) 02/29/04 to 02/29/04
Line item 2) 03/01/04 to 03/06/04
- Providers who reach the 100-hour service mark and over in the same day should bill Medicaid in the following format and the claim will not be denied.
 - **Example:** Week of 03/21/04 thru 03/27/04 the consumer receives services Monday (03/22) thru Friday (03/26), 4 hours a day. Services on Wednesday (03/24) were the 98th thru 102nd hour of service for the month.
 - Line item 1) **03/22/04 to 03/24/04** = 40 units (10 hours) (03/22, 4 hours; 03/23, 4 hours; **03/24, 2 hours**) @ \$15.00 per hour
 - Line item 2) **03/24/04 to 03/26/04** = 40 units (10 hours) (**03/24, 2 hours**; 03/25, 4 hours; 03/26, 4 hours) @ \$11.50 per hour

NOTE: The week was split up and the provider billed two hours on the first line item at \$15.00 per hour and two more hours on the second line item @ \$11.50 per hour.

Section 8.315.4.7 BI (C), Bill for Personal Care Services during the time a consumer is: hospitalized, institutionalized (example: in a nursing facility, jailed) or receiving other medical services (example: Hospice, Home Health, etc.).

- **Clarification:** Consumers are allowed to receive home health medical services in conjunction with personal care. Providers **are not** allowed to bill for personal care services and home health homemaker services during the same hour. The home health service plan and the Personal Care Service Plan should not have the same services and should contain specific services that are to be delivered by each program. Documentation must be kept with separate and specific times of home health homemaker service delivery and personal care service delivery.
 - **Example:** A homemaker provided services under the home health program to an individual from 10:00 a.m. to 12:00 noon and the personal care attendant provided services under the Personal Care Option program from 2:00 p.m. to 4:00 p.m. on the same day. Providers must maintain accurate timesheets showing the separate and specific times of service delivery under each program. The provider must ensure that services are not overlapping one another, and are not delivered at the same time.

If you have any questions, please contact Crystal Mata at (505) 827-3187.