

State of New Mexico Medical Assistance Program Manual

Supplement



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- TO: ALL PRIVATE DUTY NURSING AGENCIES, EPSDT MEDICALLY AT RISK CASE MANAGEMENT AGENCIES
- FROM: CAROLYN INGRAM, DIRECTOR
- THROUGH: ROBERT STEVENS, BENEFITS BUREAU CHIEF
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SUBJECT: PRIOR AUTHORIZATION AND BILLING FOR EPSDT PRIVATE DUTY NURSING SERVICES AND EPSDT PERSONAL CARE SERVICES

Beginning with dates of service July 1, 2006, the procedure codes for private duty nursing services S9123 and S9124, will change to T1000. A modifier will be used to distinguish services provided by an RN (modifier TD) and LPN (modifier TE).

Also in the future, prior authorization requests for private duty nursing services or EPSDT personal care services must include the procedure code that will be used for billing. The authorization request does not need to include the modifier because the provider can use an LPN or RN as appropriate for the services.

To allow agencies flexibility in staffing private duty nursing services, the provider will use the same procedure code to request prior authorization for both RN and LPN services. Therefore, an authorization to provide nursing services can utilize either an RN or LPN, depending on the necessary staffing.

PROCEDURE CODE	MODIFIER	UNIT	DESCRIPTION
T1000	TD	15 minutes	RN
			Private Duty Nursing
T1000	TE	15 minutes	LPN
			Private Duty Nursing
S5125	No Modifier	15 minutes	EPSDT Personal Care

Please use the following procedure codes:

New Mexico Medicaid will identify private duty nursing prior authorizations in place before July 1, 2006. Then Medicaid will change the prior authorizations from procedure codes S9123 and S9124 to T1000.

When a provider bills Fee-For-Service (FFS) Medicaid for private duty nursing services, a modifier must be added to the procedure code in order to be reimbursed. The modifier determines the reimbursement rate. For billing purposes please use procedure code T1000 TD for RN services and T1000 TE for LPN/LVN services. When billing EPSDT personal care services use the procedure code S5125 without a modifier.

Also, note that the billing units have changed from one hour to 15 minutes and that span of dates are no longer allowed when billing for nursing services. Each date of service must be a separate line on the claim, with the appropriate number of units for each 15 minutes. Again these changes only apply to services billed with dates of service July 1, 2006, forward.

For any questions please contact Maria Varela at (505) 827-3113.

Thank you for your cooperation.