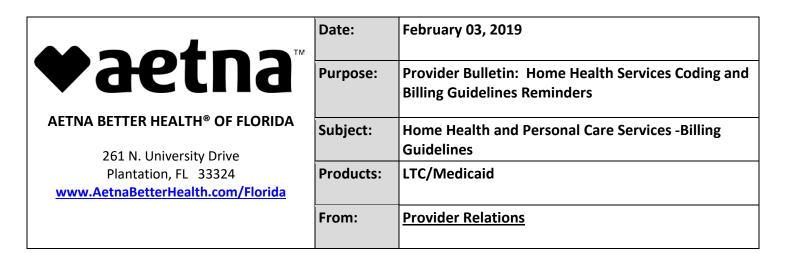
PROVIDER BULLETIN



Dear Providers,

The purpose of this provider bulletin is to remind you of the proper billing for Home Health and Personal Care Services. When billing codes: S5130, S5135, S5170, S9122, or T1019, each date of service must be billed on a separate line. These codes cannot be billed with a date span.

In order to assist you we have created the below chart which includes specific codes description and billing frequency in order to prevent future claim delays, denials and recoupments.

We thank you for your continued service and dedication to our members. Should you have questions or require additional information, please contact Provider Relations at 844-528-5815, email FLMedicaidProviderRelations@aetna.com, or fax 844-235-1340.

Provider Relations Department

CONFIDENTIALITY NOTICE: This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HOME HEALTH & PERSONAL CARE SERVICES

BILLING CODES, FREQUENCY, AND COVERAGE

CODE	TYPE OF SERVICE	FREQUENCY	COVERAGE
S5130	HOMEMAKER SERVICE	PER 15 MINUTES	This procedure code does not allow for span dating
S5135	ADULT COMPANIONCARE	PER 15 MINUTES	This procedure code does not allow for span dating
S5170	HOME DELIVERED MEALS	PER MEAL	This procedure code does not allow for span dating
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT PROVIDING CARE IN THE HOME	PER HOUR	This procedure code does not allow for span dating
*T1019	PERSONAL CARE SERVICES	PER 15 MINUTES	This procedure code does not allow for span dating

^{*}T1019 is not for an inpatient or resident of a Hospital, Nursing Facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant).

As a reminder, Type of Service & Frequency determines the unit count to be billed:

Per Hour - 1 hour = 1 Unit Per 15 Minutes - 1 hour = 4 Units

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
- Example:

Line	From Date	Thru Date	POS	TOS	Proc Code	Tooth Number	Charges	Units	Mod 1	Mod 2	Mod 3	Mod 4	Mod 5	DisAllowed Amt	Diag Pointers
1	11-01- 2019		l 12		\$9122		45.00	3.0000						0.00	
2	11-02- 2019		l 12		\$9122		45.00	3.0000						0.00	
3	11-03- 2019		l 12		\$9122		45.00	3.0000						0.00	