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1. Section Modifications

Version	Section/ Column	Update	Publish Date	SME
41.0	All	Published version	10/24/18	TQD
40.1	Appendix D	Replace RMS with BLTC	10/24/18	W Deserson D Baker E Garibovic
40.0	All	Published version	9/5/18	TQD
39.1	Appendix B – Agency Professional	Moved to handbook of the same name	9/5/18	W Deserson D Baker E Garibovic
39.0	All	Published version	7/26/18	TQD
38.1	Appendix B Agency - Professional Appendix C Ambulatory Health Care Facility Appendix H Suppliers	Deleted to move to individual handbook.	7/26/18	W Deserson E Garibovic
38.0	All	Published version	7/2/18	TQD
37.2	3.2. CMS 1500 Form Descriptions Appendix B Agency - Professional	Remove ICD 9 references	7/2/18	W Deserson E Garibovic
37.1	Appendix K- Physician Assistants and Advanced Practice Nursing Providers Appendix M- Speech, Language, and Hearing Service Providers Appendix C Allopathic and Osteopathic Appendix F Dietary and Nutritional Service Providers Appendix G Eye and Vision Services Provider	Moved to service provider handbook	7/2/18	W Deserson E Garibovic
37.0	All	Published version	4/20/18	TQD
36.3	Appendix F. Chiropractor	Removed section	4/20/18	W Deserson D Baker E Garibovic
36.2	C.2 Anesthesiology	Removed QY modifier	4/20/18	W Deserson D Baker E Garibovic
36.1	A.2 Certified Family Home (CFH)	A.2 Certified Family Home (CFH)	4/20/2018	W Deserson D Baker E Garibovic
36.0	All	Published version	3/8/18	TQD
35.2	Appendix A. Telehealth Services Effective February 1, 2016	Removed section	3/8/18	W Deserson D Baker E Garibovic
35.1	3.2 CMS 1500 Form Descriptions Appendix G. Dietary and Nutritional Service Providers	Changed “member” to “participant”	3/8/18	W Deserson D Baker E Garibovic
35.0	All	Published version	6/27/17	TQD
34.1	D.2 Clinic/Center – Federally Qualified Health Center (FQHC) D.3 Clinic/Center – Rural Health Clinic (RHC) D.4 Indian Health Center (IHC)	Added information regarding modifier 59	6/27/17	D Baker E Garibovic
34.0	All	Published version	6/5/17	TQD

Version	Section/ Column	Update	Publish Date	SME
33.1	D.2 Clinic/Center – Federally Qualified Health Center (FQHC) D.3 Clinic/Center – Rural Health Clinic (RHC) D.4 Indian Health Center (IHC)	Removed modifier information	6/5/17	W Deseron D Baker E Garibovic
33.0	All	Published version	5/9/17	TQD
32.1	3.2 CMS 1500 Form Descriptions	Updates to boxes 17 and 17b to reflect ORP requirements	5/9/17	J Kennedy-King D Baker
32.0	All	Published version	1/17/17	TQD
31.1	3.2 CMS 1500 Form Descriptions	Updates to boxes 22, 26, 32a, and 32b for clarity	1/17/17	D Decrevel D Baker E Garibovic
31.0	All	Published version	7/28/16	TQD
30.1	4. Telehealth Services	Removed table of codes and added reference to fee schedule	7/28/16	D Baker
30.0	All	Published version	5/31/16	TQD
29.2	Appendix Q. Ambulance Transportation Services	Removed section	5/31/16	D Baker
29.1	Appendix J. Non-Emergent Transportation Providers	Removed section	5/31/16	D Baker
29.0	All	Published version	4/25/16	TQD
28.1	Appendix G. Dietary and Nutritional Service Providers	Modification to description and coverage for G0108, G0190, and S9470. Removal of U5 modifier	4/25/16	E Garibovic
28.0	All	Published version	1/28/16	TQD
27.2	C.8 Telemedicine	Removed section	1/28/16	D Baker C Brock
27.1	4. Telehealth Services	New section added	1/28/16	D Baker C Brock
27.0	All	Published version	1/22/16	TQD
26.1	3.2 CMS 1500 Form Descriptions	Updated fields 10d, 17, and 17b. Removed field 17a.	1/22/16	M Hurst D Baker C Loveless
26.0	All	Published version	11/5/15	TQD
25.1	C.1.1 State-Supplied Free Vaccines with or without Evaluation and Management (E/M) Visit	Corrected CPT codes	11/5/15	D Baker
25.0	All	Published version	9/10/15	TQD
24.1	B.4 Adult Developmental Disability Agency Codes	Updated fee schedule information; removed therapy modifier for Developmental Therapy	9/10/15	S Perry C Taylor
24.0	All	Published version	8/28/15	TQD
23.1	B.1 Behavior Consultation/Crisis Management B.2 Children's Service Coordination B.3 Chore Services - Skilled B.11 Residential Habilitation-Agency B.12 Respite Care B.13.2 Supported Employment Services C.2 Anesthesiology F. Chiropractor	Updated for ICD-10	8/28/15	A Coppinger S Perry J Siroky C Burt F Trenkle-MacAlister A Fernandez C Taylor D Baker
23.0	All	Published version	8/14/15	TQD

Version	Section/ Column	Update	Publish Date	SME
22.2	O.2 Speech Therapy	Removed table and replaced with reference to Fee Schedule	8/14/15	A Coppinger D Baker C Taylor
22.1	O.1 Audiology Services	Updated audiometric testing codes	8/14/15	A Coppinger D Baker C Taylor
22.0	All	Published version	7/30/15	TOD
21.1	3.2 CMS 1500 Form Descriptions	Changed "7" and "8" to "07" and "08" in box 22.	7/30/15	C Taylor
21.0	All	Published version	5/21/15	TOD
20.1	A.2 Certified Family Home (CFH)	Added table and removed reference to fee schedule	5/21/15	C Taylor D Baker
20.0	All	Published version	3/30/15	TOD
19.1	Appendix K. Nursing and Custodial Care	Corrected unit measurement for PCS – Family Alternate Care Home	3/30/15	C Taylor
19.0	All	Published version	3/12/15	TOD
18.1	3.2 CMS 1500 Form Descriptions	Updated note about ECI codes in box 21 for clarity.	3/12/15	C Taylor D Baker
18.0	All	Published version	2/26/15	TOD
17.1	3.2 CMS 1500 Form Descriptions	Added note about ECI codes in box 21.	2/26/15	C Taylor
17.0	All	Published version	10/23/14	TOD
16.1	Appendix G. Dietary & Nutritional Service Providers	Removed S9452 and added G0108, G0109	10/23/14	K McNeal C Taylor
16.0	All	Published version	8/15/14	TOD
15.1	3.2 CMS 1500 Form Descriptions	Updated boxes 10, 10a, 10b, 10c, and 14 to clarify information	8/15/14	D Decrevel C Taylor D Baker
15.0	All	Published version	8/1/14	TOD
14.7	C.2 Anesthesiology	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.6	B.9.2. Supported Employment Services	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.5	B.8 Respite Care	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.4	B.7 Residential Habilitation-Agency	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.3	B.3 Chore Services – Skilled	Updated description, ICD-10 dates and diagnosis code	8/1/14	L Neal S Perry D Baker
14.2	B.2 Children's Service Coordination	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.1	B.1 Behavior Consultation/Crisis Management (BC/CM)	Updated for ICD-10 dates and diagnosis code	8/1/14	L Neal C Taylor
14.0	All	Published version	4/18/14	TOD
13.1	3.2 CMS 1500 Form Descriptions	Updated Field Name and Notes for box 24E to clarify using alpha character	4/18/14	D Decrevel C Taylor
13.0	All	Published version	4/11/14	TOD
12.1	3.2 CMS 1500 Form Descriptions	Clarified information for entering PA number in Box 23.	4/11/14	D Decrevel D Baker
12.0	All	Published version	3/28/14	TOD
11.3	Appendix D. <ul style="list-style-type: none"> • Clinic/Center-Rehabilitation, Substance Use Disorder • Psychiatric Diagnosis and Evaluation • Mental Health Clinic • Rehab Mental Health Services 	Removed sections	3/28/14	C Burt C Taylor

Version	Section/ Column	Update	Publish Date	SME
11.2	Appendix B. • Psychosocial Rehabilitation Services (PSR) • Specialized Services to Nursing Facility Participants • Mental Health Service Coordination	Removed sections	3/28/14	C Burt C Taylor
11.1	B.1.6 Adult DD Agency Codes	Removed H0004	3/28/14	C Burt C Taylor
11.0	All	Published version	3/21/14	D Baker C Taylor
10.25	Appendix P. A & D Waiver	Updated table information	3/21/14	J Siroky
10.24	Appendix L. Nursing Services Providers	Updated language, removed codes	3/21/14	S Choules
10.23	Appendix K. Nursing and Custodial Care	Updated language, removed codes	3/21/14	S Choules
10.22	D.1.9 District Health Department Services	Added supply code J1050; removed J1055 and J1056 Removed procedure code 11975; added 11981	3/21/14	J Siroky
10.21	D.1.5 Clinic/Center-IHC	Added information to clarify and updated table information	3/21/14	D Baker
10.20	D.1.4 Clinic/Center-RHC	Added information to clarify and updated table information	3/21/14	D Baker
10.19	D.1.2 Clinic/Center - FOHC	Added information to clarify and updated table information	3/21/14	D Baker
10.18	D.1.1 Adult Day Care (Health)	Updated section title	3/21/14	D Baker
10.17	B.1.24 Speech-Language Pathology Services	Removed fee schedule information	3/21/14	J Siroky
10.16	B.1.22 School Based Services	Removed fee schedule information, clarified diagnosis code	3/21/14	F Trenkle-MacAllister
10.15	B.1.15 PT and OT Services	Removed fee schedule information	3/21/14	J Siroky
10.14	B.1.14 PCS	Removed fee schedule information	3/21/14	S Choules
10.13	B.1.13 Nursing Services	Removed fee schedule information	3/21/14	S Choules
10.12	B.1.12 Nursing Agency-PDN	Removed fee schedule information	3/21/14	S Choules
10.11	B.1.10 Medical Equipment and Supplies	Removed fee schedule information	3/21/14	S Choules
10.10	B.1.10 Intensive Behavioral Intervention (IBI)	Removed section	3/21/14	F Trenkle-MacAllister
10.9	B.1.9 DT and OT	Removed of all children DD Services	3/21/14	F Trenkle-MacAllister
10.8	B.1.8 Developmental Therapy (DT)	Removed of all children DD Services	3/21/14	F Trenkle-MacAllister
10.7	B.1.6 Adult Developmental Disability Agency Codes	Removed of all children DD Services	3/21/14	F Trenkle-MacAllister
10.6	B.1.4 Children's DD Services – Family Directed Services Option	Removed "redesign" language, removed all children's services	3/21/14	F Trenkle-MacAllister
10.5	B.1.3 Children's DD Services – Traditional Option	Removed "redesign" language, removed all children's services	3/21/14	F Trenkle-MacAllister
10.4	A.1.2 Certified Family Home (CFH)	Removed fee schedule information	3/21/14	S Choules
10.3	A.1.1 Adult Residential Living Facility – (RALF)	Removed fee schedule information	3/21/14	S Choules
10.2	3.2 CMS 1500 Form Instructions	Updated notes for box 24E	3/21/14	D Decrevel
10.1	3.2 CMS 1500 Form Descriptions	Added requirements for box number 23 for PA number	3/21/14	D Decrevel
10.0	All	Published version	1/24/14	TQD

Version	Section/ Column	Update	Publish Date	SME
9.1	B.1.2 Children's Service Coordination	Updated PA requirements	1/24/14	D Baker
9.0	All	Published version	12/20/13	TQD
8.4	Appendix P.3 Preventive Health Assistance	Removed tobacco cessation	12/20/13	D Baker
8.3	3.2 CMS 1500 Form Descriptions	Updated descriptions for boxes 14, 19, and 21 to align with new form requirements	12/20/13	D Baker
8.2	3 Instructions for Completing the CMS 1500 Form	Added dates of acceptance for old and new forms	12/20/13	D Baker
8.1	2 CMS 1500 Form	Replaced screen shot of old form with new form	12/20/13	D Baker
8.0	All	Published version	11/8/13	TQD
7.1	Appendix K	Changed ICF/MR to ICF/ID	11/8/13	D Baker
7.0	All	Published version	10/02/12	TQD
6.1	Appendix C.5.2 Postpartum Care Postpartum Care	Changed from "twin" to multiple and added modifier 59	10/02/12	C Taylor
6.0	All	Published version	6/1/12	TQD
5.1	Appendix J Non-Emergent Transportation Providers	Updated section	6/1/12	D Baker
5.0	All	Published Version	2/28/12	TQD
4.3	3.2 CMS 1500 Form Descriptions	Added ME to NDC unit of measure	2/28/12	J Decrevel
4.2	Appendix I Licensed Midwives	Added Licensed Midwives section	2/28/12	J Siroky
4.1	B.1.25 School Based Services	Added two billing codes for the Infant Toddler Program	2/28/12	L Ertz
4.0	All	Published version	10/20/11	TQD
3.41	Appendix Q Ambulance Transportation Services	Updated heading		
3.40	Appendix O Speech, Language, and Hearing Service Providers	Updated information	10/20/11	K Mcneal
3.39	Appendix H Eye and Vision Services Provider	Updated information	10/20/11	K Mcneal
3.38	Appendix G Dietary and Nutritional Service Providers	Updated table	10/20/11	K Mcneal
3.37	Appendix F Chiropractor	Updated Diagnosis codes	10/20/11	J Siroky
3.36	Appendix E Behavioral Health and Social Service Providers	Updated table	10/20/11	K Mcneal
3.35	D.1.9 District Health Department Services	Added section	10/20/11	K Mcneal
3.34	D.1.6 Psychiatric Diagnosis and Evaluation	Updated table	10/20/11	K Mcneal
3.33	D.1.2 Clinic/Center - Federally Qualified Health Center (FQHC) D.1.4 Clinic/Center -Rural Health Clinics (RHC) D.1.5 Indian Health Center (IHC)	Updated modifier and POS	10/20/11	K Mcneal
3.32	C.1 Allergy and Immunology-Clinical and Laboratory Immunology	Changed 90465 to 90460 and updated all tables	10/20/11	J Siroky
3.31	B.1.25 School Based Services	Removed HCPCS 90887	10/20/11	P Grooms
3.30	B.1.23 Residential Habilitation-Agency	Removed HCPCS T1019	10/20/11	P Grooms
3.29	B.1.10 Intensive Behavioral Intervention (IBI)	Updated table	10/20/11	P Grooms

Version	Section/ Column	Update	Publish Date	SME
3.28	B.1.9 Developmental Therapy (DT) and Occupational Therapy (OT)	Update table	10/20/11	P Grooms
3.27	B.1.8 Developmental Therapy (DT) and Intensive Behavioral Intervention (IBI)	Removed HCPCS code 90887	10/20/11	L Ertz
3.26	B.1.7 DD Service Coordinator	Updated table	10/20/11	P Grooms
3.25	B.1.6 Developmental Disability Agency Codes	Deleted H0004	10/20/11	P Grooms
3.24	B.1.4 Children's DD Redesign Services – Family-Directed Services Option	Added information	10/20/11	L Ertz
3.23	B.1.3 Children's DD Redesign Services – Traditional Option	Added information	10/20/11	L Ertz
3.22	B.1.1 Behavior Consultation/Crisis Management (BC/CM)	Updated table	10/20/11	P Grooms
3.21	3.2 CMS 1500 Form Descriptions	Updated information for Box 1A, 17, 17a, 17b, 19, 24A, 24J (shaded/unshaded), 32 Line 1, 32a, 32b,	10/20/11	K Mcneal
3.20	All	Published version	10/20/11	TQD
3.19	E.1.2 FOHC	Added modifier and POS	10/20/11	K Purney
3.18	E.1.4 RHC	Added modifier and POS	10/20/11	K Purney
3.17	E.1.6 IHC	Added modifier and POS	10/20/11	K Purney
3.16	Appendix G – Chiropractor	Removed 98943 CPT code	10/20/11	A Rameriz
3.15	Field 32b	Added "If this is included the service facility must be affiliated with the billing facility."	10/20/11	J Decrevel
3.14	Field 32a	Added "If this is included the service facility must be affiliated with the billing facility."	10/20/11	J Decrevel
3.13	All	Published version	10/20/11	TQD
3.12	C.1.27 Supportive Counseling	Removed section	10/20/11	P Grooms
3.11	C.1.21 ResHab-Agency	Removed T1019	10/20/11	P Grooms
3.10	C.1.8 - IBI	Updated descriptions	10/20/11	P Grooms
3.9	C.1.7 DT and OT	Updated descriptions, removed 97004	10/20/11	P Grooms
3.8	C1.5 DD Service Coordinator	Removed G9001 Update description for G9002, G9007, H2011, H2011/HM	10/20/11	P Grooms
3.7	C.1.4 DD Agency Codes	Removed 90887 Removed U8 modifier for E1399 Removed H0004 , HM, Supportive counseling	10/20/11	P Grooms
3.6	C.1.1 Behavior Consultation Crisis Management	Updated descriptions	10/20/11	P Grooms
3.5	Appendix G – Chiropractor	Updated Diagnosis codes	10/20/11	C Taylor
3.4	Field 1A	Updated for clarity, added (Three zero prefix plus seven digit ID number.)	10/20/11	V Schmidt
3.3	Field 17, 17a, 17b	Updated to read "Not required at this time"	10/20/11	J Gillet
3.2	Field 24 (shaded top)	Added "A"	10/20/11	D Decrevel
3.1	Appendix G	Removed diagnosis codes	10/20/11	M Wood
3.0	All	Published version	8/27/10	TQD
2.38	Appendix Q	Updated with information for non-emergent medical transportation	8/27/10	M Wimmer
2.37	All	Replaced member with participant	8/27/10	C Stickney

Version	Section/ Column	Update	Publish Date	SME
2.36	Appendix P	Separated into specialty sections	8/27/10	C Stickney
2.35	All Appendix	Alphabetized Appendices for ease of use.	8/27/10	T Kinzler
2.34	All Appendix	Alphabetized sections within each appendix for ease of use.	8/27/10	T Kinzler
2.33	Appendix P	Added entries for Nicotine Lozenges, Nicotine Inhaler, and Nicotine Nasal Spray	8/27/10	C Brock
2.32	Appendix P	Initial Installation fee needs to be called Personal Emergency Response System Initial Installation	8/27/10	P Grooms
2.31	Appendix P	Monthly Service Fee/DD Waiver needs to be called Personal Emergency Response System Monthly Service Fee	8/27/10	P Grooms
2.30	B.1.5	Added codes H2014, H2021, H2032, 97535 and 97537 with modifier HQ to reflect group therapy.	8/27/10	P Grooms
2.29	Q.2	Added Home Health	8/27/10	M Meints
2.28	Q.1	Added Hospice	8/27/10	M Meints
2.27	N.1	Added multiple codes	8/27/10	M Meints
2.26	M.	Added "These codes plus other codes for state approved therapies and modalities."	8/27/10	M Meints
2.25	D.1.10	Updated 1 unit = 15 minutes	8/27/10	M Meints
2.24	D.1.4	Added Mental Health Clinic	8/27/10	M Meints
2.23	D.1.3	Updated to Rehab Mental Health Services, added multiple codes	8/27/10	M Meints
2.22	D.1.2	Removed 8296A	8/27/10	M Meints
2.21	B.1.31	Added DDA	8/27/10	M Meints
2.20	B.1.30	Added – PHA	8/27/10	C Taylor
2.19	B.1.29	Added – Supports Brokerage – FEA	8/27/10	D Baker
2.18	B.1.28	Added H2011	8/27/10	M Meints
2.17	B.1.26	Added multiple codes	8/27/10	M Meints
2.16	B.1.26	Added multiple codes	8/27/10	M Meints
2.15	B.1.24	Added H2011	8/27/10	M Meints
2.14	B.1.23	Added multiple codes	8/27/10	M Meints
2.13	B.1.21	Added multiple codes	8/27/10	M Meints
2.12	B.1.20	Added multiple codes	8/27/10	M Meints
2.11	B.1.15	Added multiple codes	8/27/10	M Meints
2.10	B.1.10	Added multiple codes	8/27/10	M Meints
2.9	CFH-Independent Affiliation Fee	Removed	8/27/10	C Taylor
2.8	CFH-Agency Affiliation Fee	Removed	8/27/10	C Taylor
2.7	All	Removed modifiers U2 – U8	8/27/10	C Taylor
2.6	B.1.5	97537 and H2032 – Added HQ modifier Added 97004 – OT Assessment	8/27/10	M Meints
2.5	B.1.3	Changed to 1 unit = 1 visit	8/27/10	C Taylor
2.4	B.1.1	Removed "03 School" from place of service	8/27/10	C Taylor
2.3	A.1.1	Removed "PA number must be billed on claim"	8/27/10	D Baker
2.2	3.2 Field 22	Changed "adjustment" to "replacement"	8/27/10	M Wood
2.1	3.1	Enter all dates using the month, day, and year (MM/DD/YY) format.	8/27/10	D Decrevel
2.0	All	Published version	6/14/10	TQD

Version	Section/ Column	Update	Publish Date	SME
1.14	2.0	Updated for clarity	6/14/10	E Charles
1.13	2.0	Updated for clarity	6/14/10	E Charles
1.12	Field 22	Updated for clarity	6/14/10	E Charles
1.11	Field 23	Updated for clarity	6/14/10	E Charles
1.10	Added Field 24D	NDC Unit Price; Required if NDC code is present in 24A; Enter unit price corresponding to NDC code.	6/14/10	E Charles
1.9	Field 33a	Removed note that <u>NPI numbers, sent on paper claims are optional and will not be used for claims processing</u>	6/14/10	E Charles
1.8		Removed Interpretation, Bilingual Translation; 8296A; Interpretation for bilingual translation 1 Unit = 1 Hour	6/14/10	M Meints
1.7	B.1.20 DD Service Coordinator	Removed 1 unit = 1 month initial service coordination	6/14/10	M Meints
1.6	B.1.21 Children's Service Coordination	Changed Children's Service Coordinator to <i>Children's Service Coordination</i> Removed G9001	6/14/10	M Meints
1.5	B.1.21 Children's Service Coordination	Added the following EPSDT Children's Plan Development, G9012, Children's Plan Development, PA is required. 1 Unit = 15 minutes	6/14/10	M Meints
1.4	B.1.22 Mental Health Case Management	Mental Health Service Coordination Crisis Updated for clarity	6/14/10	M Meints
1.3	D1.2. Individual and Group Psychotherapy	All Services were updated for clarity with: <i>The UA Modifier is required when provided by physician</i>	6/14/10	M Meints
1.2	O. Suppliers	Added Non-Physician Weight Management and Non-Prescription Tobacco Cessation	6/14/10	C Taylor
1.1	Multiple	Updated diagnosis code V604 to V60.4	6/14/10	C Taylor
1.0	All	Initial document – Published version	5/7/10	TQD

2. CMS 1500 Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PIGA PIGA													
1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (DoD/DoD) CHAMPVA <input type="checkbox"/> (Member ID) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BOX (LUNG) <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM / DO / YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				18. INSURED'S I.D. NUMBER (For Program in Item 1)					
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
CITY				8. RESERVED FOR NUCC USE				7. INSURED'S ADDRESS (No., Street)					
STATE								CITY					
ZIP CODE				TELEPHONE (Include Area Code)				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"/>				11. INSURED'S POLICY GROUP OR FECA NUMBER					
10. OTHER INSURED'S POLICY OR GROUP NUMBER				10a. CLAIM CODES (Designated by NUCC)				12. INSURED'S DATE OF BIRTH MM / DO / YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					
11. RESERVED FOR NUCC USE								13. OTHER CLAIM ID (Designated by NUCC)					
12. RESERVED FOR NUCC USE								14. INSURANCE PLAN NAME OR PROGRAM NAME					
13. INSURANCE PLAN NAME OR PROGRAM NAME								15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 8, 9a, and 9d.					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.													
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.						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 _____						SIGNED _____							
DATE _____						DATE _____							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM / DO / YY QUAL _____				15. OTHER DATE QUAL _____ MM / DO / YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM / DO / YY TO MM / DO / YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM / DO / YY TO MM / DO / YY					
17b. NPI _____								20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO # CHARGES _____					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Nurse A-C to service line below (24E)) ICD Ind. _____													
A. _____			B. _____			C. _____			D. _____				
E. _____			F. _____			G. _____			H. _____				
I. _____			J. _____			K. _____			L. _____				
24. A. DATE(S) OF SERVICE From MM / DO / YY To MM / DO / YY				B. PLACE OF SERVICE E040		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT-4/CPCS MODIFIER				E. DIAGNOSIS MONTER			
1										F. # CHARGES			
2										G. DAYS OR UNITS			
3										H. UNIT Party No.			
4										I. ICD QUAL			
5										J. RENDERING PROVIDER ID #			
6										NPI			
25. FEDERAL TAX I.D. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. debts, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$		29. AMOUNT PAID \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()					
SIGNED _____				a. NPI _____				b. NPI _____					
DATE _____													

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMS-0938-1197 FORM 1500 (02-12)

3. Instructions for Completing the CMS 1500

The updated form (2/2012) will be accepted beginning January 5, 2014 and the old form (8/2005) will be accepted until April 4, 2014. Beginning April 5, 2014 only the new form will be accepted.

3.1. Helpful Tips for Filling out the Paper Claim Form

- 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.
- Enter all dates except the Patient's Birth Date using the 2-digit month, day, and year (MM/DD/YY) format.
- 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.
- Do not enter any data or documentation on the claim form that is not listed as required below.

Consult the *Use* column 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. There is no need to complete any other fields. Claims will be rejected when required information is not entered into a required field. The following numbered items correspond to the CMS-1500 (02/2012) claim form.

3.2. CMS 1500 Form Descriptions

Box No.	Field Name	Use	Notes
1a	Insured's ID	Required	Enter the Participant's Idaho Medicaid ID number (Three zero prefix plus seven digit ID number.)
2	Patient's Name	Required	Enter the participant's name exactly as it appears on the Participant's Idaho Medicaid ID card. Enter as last name, first name, middle initial.
3	Patient's Birth Date	Required	Enter the patient's date of birth. Formatted as MMDDCCYY
3	Sex	Required	Check the appropriate box indicating the patient's gender. M – Male F - Female
5	Patient's Address	Required	Enter Patient's Street Address
5	City	Required	Enter the patient's city
5	State	Required	Enter the patient's 2 character state code.
5	Zip	Required	Enter patient's 5 or 9 digit zip code.
10	Is patient's condition related to:		If condition is related to box 10a, 10b, or 10c then a date is required in box 14.

Box No.	Field Name	Use	Notes
10a	Employment?	Not Required	Indicate yes or no if this condition is related to the participant's employment; if yes, then a date is required in box 14.
10b	Auto Accident? Place (State)	Not Required	Indicate yes or no if this condition is related to an auto accident. If yes, enter 2 digit state abbreviation of the state where auto accident occurred and a date is required in box 14.
10c	Other Accident?	Not Required	Indicate yes or no if this condition is related to an accident other than an auto accident. If yes, a date is required in box 14.
10d	Claim Codes	Not Required	When applicable, enter the two-digit valid condition claim codes. A maximum of six two-digit alphanumeric codes may be entered. Ensure there is a space between each two-digit code.
14	Date of Current Illness, Injury, or Pregnancy (LMP)	Only required if any related cause in box 10 is marked Yes	Enter Date of Accident or the date the illness or injury first occurred, or the date of the last menstrual period (LMP) for pregnancy and if services being billed are subsequent to initial encounter. Formatted MMDDYY
17	Name of Referring, Ordering, or Supervising Provider	Required for certain specialties	Enter the referring, ordering, or supervising physician's name formatted: Last Name, First Name, Middle Initial Enter a qualifier of DN for referring provider, DK for ordering provider, or DQ for supervising provider.
17b	Referring, Ordering, or Supervising Physician NPI	Required for certain specialties	Enter the referring, ordering, or supervising physician's 10-digit NPI.
19	Additional Claim Information	Not Required	Use as a "remarks" field to indicate information helpful for claims processing, e.g. injury/accident – how, where, and when injury/accident happened.

Box No.	Field Name	Use	Notes
21 (A-L)	Diagnosis or Nature of Illness or Injury	At least one Required	<p>Enter the appropriate ICD-10-CM codes (up to 12). Enter the primary diagnosis in 21(A). If applicable, B, C, and other diagnosis in 21 (A-L).</p> <p>Always enter the entire diagnosis code including the decimal point.</p> <p>Enter a zero for ICD-10-CM codes in the ICD Ind. field.</p> <p>Note: External Cause of Injury/Morbidity codes are not billable as the primary diagnosis on CMS 1500 claims.</p>
22	Resubmission Code	Required if claim is a resubmission	<p>Enter "7" if claim is a replacement claim. Enter "8" if this claim voids a previously submitted claim.</p> <p>Only enter a value in this field if sending a replacement or void to a previously submitted claim, otherwise leave blank.</p>
22	Original REF. NO.	Required if claim is a resubmission	<p>Enter the claim ID number of the original claim to be voided or replaced. Only enter a value in this field if sending a replacement or void to a previously submitted claim, otherwise leave blank.</p>
23	Prior Authorization Number	Required if services need a PA	Enter the PA number exactly as it appears on the Notice of Decision
24A (unshaded)	Date of Service - From/To	Required	Enter the from and to date(s) the service was provided, using the following format: MMDDYY
24A (shaded top)	NDC code	Required if appropriate	Enter N4 followed by the 11 digit NDC code
24B (unshaded)	Place of Service	Required	Enter the appropriate 2 digit numeric code
24B (shaded top)	NDC Unit of measure	Required if NDC code is present in 24A	<p>Enter appropriate 2 digit NDC unit of measure</p> <p>Valid values: F2 - International Unit GR - Gram ME - Milligram ML - Milliliter UN - Unit</p>
24C (unshaded)	EMG	Required, if applicable	If the services performed are related to an emergency, mark this field with an X

Box No.	Field Name	Use	Notes
24C-D (shaded top)	NDC number of Units	Required if NDC code is present in 24A	Enter the actual metric decimal quantity (units) administered to the patient. If reporting a fraction of a unit, use the decimal point. Nine numbers may precede the decimal point and three numbers may follow the decimal.
24D (unshaded)	Procedures, Services, or Supplies	Required	Enter the appropriate five-character HCPCS procedure code to identify the service provided.
24D (unshaded)	Modifier	Desired	If applicable, add the appropriate HCPCS two digit modifier(s). Enter as many as four. Otherwise, leave this section blank.
24D (shaded top modifier section)	NCD Unit Price	Required if NDC code is present in 24A	Enter unit price corresponding to NDC code.
24E (unshaded)	Diagnosis Pointer	Required if diagnosis code in block 21 is present	Use A-L for the corresponding diagnosis code entered in field 21.
24F (unshaded)	Charges	Required	Enter the usual and customary fee for each line item or service. Do not include tax.
24G (unshaded)	Days or Units	Required	Enter the quantity or number of units of the service provided. Maximum value of 9999999. If there is a zero leading a value you need to remove it (IE. 01 will be 1).
24H (unshaded)	EPSDT Family Plan	Required if applicable	Not required unless applicable. If the services performed constitute an EPSDT program screen, refer to the instructions for EPSDT claims in the provider handbook.
24I (shaded)	ID. Qualifier for service line rendering provider	Required	Enter Service line rendering provider id only if provider rendering the service is different than billing provider. Enter qualifier 1D followed by Idaho Medicaid provider number in 24J, only if Rendering Provider is not registered with an NPI.
24J (shaded top)	Rendering Provider ID Number	Required if rendering provider is billing with Idaho Medicaid ID.	Enter Service line rendering provider id only if provider rendering the service is different than billing provider. Enter Rendering Provider Medicaid ID only if Rendering provider is not registered with an NPI.
24J (unshaded)	Rendering Provider NPI	Required if rendering provider is different from billing provider	Enter Service line rendering provider NPI only if provider rendering the service is different than billing provider.

Box No.	Field Name	Use	Notes
25	Federal Tax ID Number	Required	Enter the Federal Tax ID. Must be 9 numeric characters.
26	Patient Account Number	Required	Enter patient account number.
28	Total Charge	Required	Enter total of all service line charges
32 Line 1	Service Facility Name	Required if Service Facility Location is present in 32a	Enter name of service facility only if Service Location is different than Billing Provider name in box 33, otherwise leave box 32 blank. If this is included the service facility must be affiliated with the billing facility.
32 Line 2	Service Facility Address line 1	Required if Service Facility Location ID is present in 32a	Enter Street Address of Service Facility, only if Service Location address is different than Billing Provider address in box 33, otherwise leave box 32 blank.
32 Line 3	Service Facility Address line 2	Not Required	Enter additional service facility address line if needed and service location if different than billing provider address in box 33, otherwise leave box 32 blank.
32 Line 3 or 4	Service Facility City, State and Zip Code	Required if Service Facility Location is present in 32a	Enter Service Facility city, state, and zip code, only if Service Location address is different than Billing Provider address in box 33, otherwise leave box 32 blank.
32a	Service Facility Location ID (NPI)	Required, if applicable	If you bill with an NPI, enter the ten-digit NPI followed by a dash and the three-digit service location identifier only if the services were rendered at a location other than that of the billing provider in box 33. Do not enter any other value in box 32a. For example, 1234567890-001 . If this is included the service facility must be a part of your billing facility.
32b	Service Facility Location ID (blank)	Required, if applicable	If you bill with an Idaho proprietary number (not an NPI) enter the eight-digit provider ID followed by a dash and the three-digit service location identifier only if rendered at a location other than that of the billing provider in box 33. Do not enter any other value in box 32b. For example, M1234567-001 or A1234567-001 . If this is included the service facility must be a part of your billing facility.
33 Line 1	Billing Provider Name	Required	Enter billing provider name

Box No.	Field Name	Use	Notes
33 Line 2	Billing Provider Address line 1	Required	Enter street address of billing provider
33 Line 3	Billing Provider Address line 2	Not Required	Enter additional billing provider address line, if needed
33 Line 3 or 4	Billing Provider city, state, and zip code	Required	Enter billing provider city, state, and zip code
33a	NPI Number	Required, if billing with an NPI	Enter the 10-digit NPI number of the billing provider.
33b	Billing Provider Medicaid ID	Required if not billing with NPI in 33a	Enter the qualifier 1D followed by the provider's 8-digit proprietary Idaho Medicaid provider number with no spaces in between.

Appendix A. Adult Residential Care

A.1 Adult Residential Living Facility- RALF

Refer to the current [Fee Schedules](#) for Personal Care – Home and Community Based Services Aged & Disabled Waiver Services.

A.2 Certified Family Home (CFH)

HCPSC	Description	Diagnosis	Place of Service
S5140	Certified Family Home – Daily One to two participants Foster Care – Adult; per diem 1 unit = 1 day	Enter ICD-10-CM code Z74.2 for the primary diagnosis.	12 Home 33 Custodial Care Facility 99 Other
T1019	Personal Care Service per 15 minutes		
S5100	Adult Foster Care		
H2011	Crisis intervention per 15 minutes		

Appendix B. Behavioral Health and Social Service Providers

HCPSC	Modifier	Service	Description
S9127			Social work visit, in the home, per diem. (Individual and family social services.)
T1001			Nursing assessment/evaluation - PA required
T1023			Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter - PA required
H2019	HO	Therapeutic Consultation	Therapeutic Behavior Services - Master's Degree Level, 15 min

HCPC	Modifier	Service	Description
H2011	HO	Crisis Intervention – Professional	Community Crisis Supports - Master's Degree Level, 15 min

Appendix C. Licensed Midwives

HCPCS	Description	Place of Service
36415	Routine venipuncture for collection of specimen(s)	11 – Office, 12 – Home
36416	Collection of capillary blood specimen	11 – Office, 12 – Home
59400	Vaginal delivery w/7 or more antepartum & postpartum	11 – Office, 12 – Home
59409	Vaginal delivery only	11 – Office, 12 – Home
59410	Vaginal delivery; including postpartum care	11 – Office, 12 – Home
59425	Antepartum care only; 4-6 visits	11 – Office, 12 – Home
59426	Antepartum care only; 7 or more visits	11 – Office, 12 – Home
59430	Post-partum care only	11 – Office, 12 – Home
59610	Routine OB care including antepartum, vaginal delivery & postpartum; after previous cesarean	11 – Office, 12 – Home
59612	Vaginal delivery only, after previous cesarean	11 – Office, 12 – Home
59614	Vaginal delivery only after cesarean, including postpartum	11 – Office, 12 – Home
59899	Unlisted maternity procedure (use for labor management in the event of transfer intrapartum)	11 – Office, 12 – Home
90471	Immunization administration, first vaccine. Single or combination vaccine/toxoid (use for injection of vaccination/rhogam injection)	11 – Office, 12 – Home
96360	Intravenous infusion, hydration	11 – Office, 12 – Home
96361	Each additional hour (list separately in addition to code for primary procedure)	11 – Office, 12 – Home
96365	IV for therapy, prophylaxis, or diagnosis (specify substance or drug); initial one (1) hour	11 – Office, 12 – Home
96366	Each additional hour (list separately in addition to code for primary procedure)	11 – Office, 12 – Home
99001	Handling and/or conveyance of specimen for transfer	11 – Office, 12 – Home
	EVALUATION AND MANAGEMENT VISITS (99201 – 99348) can be used for initial patient visit	
99201	New patient office visit problem focused	11 – Office, 12 – Home

HCPCS	Description	Place of Service
99202	New patient office visit expanded problem	11 – Office, 12 – Home
99203	OV or OP evaluation new patient detailed 30 minutes	11 – Office, 12 – Home
99211	Established patient office visit problem focused	11 – Office, 12 – Home
99212	Established patient office visit expanded problem	11 – Office, 12 – Home
99213	OV or OP evaluation established patient detailed 30 minutes	11 – Office, 12 – Home
99341	Home visit new pt/a problem (low severity)	12 – Home
99342	Home visit new pt/expanded (moderate severity)	12 – Home
99347	Home visit for e/m of established patient; problem focused	12 – Home
99348	Home visit for e/m of established patients; expanded problem focused	12 – Home
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	11 – Office
99461	Initial care, per day, for evaluation & management of normal newborn other than hospital or birthing center	12 – Home
99463	Initial hospital or birthing center per day for evaluation & management of normal newborn admit/discharge same day	11 – Office, 12 – Home
99465	Delivery/birthing room resuscitation: provision of positive pressure ventilation and/or chest compressions in presence of acute inadequate ventilation	11 – Office, 12 – Home
A4217	Sterile water/saline, 500 ml	11 – Office, 12 – Home
J0171	Injection, adrenalin, epinephrine, 0.1 mg	11 – Office, 12 – Home
J0290	Injection, ampicillin, up to 500 mg	11 – Office, 12 – Home
J0561	Injection, penicillin g benzathine, per 100,000 units	11 – Office, 12 – Home
J0690	Injection, cefazolin sodium, ancef, kefzol, up to 500 mg	11 – Office, 12 – Home
J2590	Injection, oxytocin, up to 10 units	11 – Office, 12 – Home
J2790	Rho d immune globulin injection 300 mcg	11 – Office, 12 – Home
J3430	Injection, vitamin K, per 1 mg	11 – Office, 12 – Home
J3490	UNCLASSIFIED DRUGS (use for erythromycin ointment, or for lidocaine injection and attach a copy of the invoice to the claim)	11 – Office, 12 – Home
J7040	Infusion, normal saline solution, (500 ml=1 unit)	11 – Office, 12 – Home
J7050	Infusion, normal saline solution, 250 cc	11 – Office, 12 – Home
J7120	Ringers lactate infusion up to 1000 cc	11 – Office, 12 – Home
S0077	Injection, clindamycin phosphate, 300 mg	11 – Office, 12 – Home
S3620	Newborn metabolic screening, includes test kit, postage & lab tests specified	11 – Office, 12 – Home

HCPCS	Description	Place of Service
S5011	5% dextrose in lactated ringer's, 1000 ml	11 – Office, 12 – Home

Appendix D. Nursing and Custodial Care

Service	HCPCS	Description	PA Required
PCS Assessment - Participant Evaluation & Care Plan Development - Agency	G9002	RN Care Plan Development and Placement Initial visit and/or plan development, and annually for the re-evaluation. Prior authorization (PA) from Medicaid is required each time this procedure code is used. If additional evaluations are necessary, obtain PA from Medicaid. For adults and children Initial – 8 units Annual – 4 units	
RN Supervising Visit - Agency	T1001	Nursing Assessment/Evaluation The frequency of the supervising visits will be included in Medicaid approved PA. 1 Occurrence = 1 visit	If additional or emergency visits in excess of the approved number are required, they must be prior authorized by Medicaid.
QIDP Participant Evaluation and Individual Support Plan Development - Agency	G9001	Coordinated Care Fee – Initial Rate Initial visit and plan development and the re-evaluation done annually.	PA from the the Bureau of Long Term Care (BLTC) is required each time this procedure code is used. If additional evaluations are necessary, obtain PA from BLTC.
QIDP Supervising Visit - Agency	H2020	Therapeutic Behavioral Services, per diem. If additional or emergency visits in excess of the approved number are required, they must be prior authorized by Medicaid. 1 Unit = 1 day	The frequency of the supervising visits will be included in the Medicaid approved PA.
Agency PCS Provider	T1019	PCS, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/IID 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). 1 Unit = 15 minutes	

Service	HCPCS	Description	PA Required
PCS – Family Alternate Care Home	T1019	Foster care, therapeutic, child; Fee for service. This service is available only to children under the Early & Periodic Screening & Diagnostic Treatment (EPSDT) benefit. 1 Unit = 15 minutes	

Appendix E. Nursing Services Providers

Service	HCPCS	Description	PA Required	Modifier	Place of Service
Private Duty Nurse Agency RN	T1001	Nursing Assessment/Evaluation Professional licensed nurse, registered nurse or RN employed by an agency 1 Unit = 15 minutes		TD	12 Home Home 99 Other Other (unlisted facility)
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	Private duty/independent nursing service(s) –licensed Individual LPN 1 Unit = 15 minutes	Yes		
Professional Licensed Nurse Oversight	T1001	Nursing Assessment/Evaluation Professional licensed nurse oversight of a licensed practical nurse 1 Occurrence = 1 assessment/evaluation	Yes		
RN Services Agency	T1002	RN Services by Licensed Professional Nurse RN or LPN 1 Unit = 15 minutes	Yes		12 Home
LPN Services Agency	T1003	Nursing services LPN (LPN/LVN services) 1 unit = 15 minutes	Yes		12 Home

Service	HCPCS	Description	PA Required	Modifier	Place of Service
Nursing Oversight Independent RN Visit	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation	Yes	TD	12 Home Home 99 Other
Nursing Oversight Agency RN Visit	T1001	Nursing Assessment /Evaluation 1 Occurrence = 1 assessment/evaluation	Yes	TD	
Independent (Skilled LPN) Hourly	T1000	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes	Yes		
Agency (Skilled LPN) Hourly	T1000	Private Duty/Independent Nursing Services Licensed 1 Unit = 15 minutes	Yes		
Agency (Skilled RN) Hourly	T1000	Private Duty Nursing/Independent Nursing Services Licensed Minimum age is 21. 1 Unit = 15 minutes	Yes		
Oversight of LPN Visits (RN Skilled)	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 assessment/evaluation.	Yes		
Supervisory RN Codes Participant Evaluation and Plan of Care Development (Agency)	G9002	RN Care Plan Development and Placement Initial – 8 units Annual – 4 units Each time this procedure code is used it must be prior authorized by Medicaid. The Medicaid office will assign a PA number that must be on the claim form submitted to Idaho Medicaid 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 Medicaid. Medicaid 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.	Yes		12 Home Home 99 Other

Service	HCPCS	Description	PA Required	Modifier	Place of Service
Supervising Visit (Agency)	T1001	Nursing Assessment/Evaluation 1 Occurrence = 1 visit The frequency of the supervising visits must be included in Medicaid approved Functional Assessment/Plan of Care but no less than every 90 days.	Yes		