



# Personal care services

Anthem Blue Cross and Blue Shield  
(Anthem)

December 2018

# Personal care services

- Personal care services are medically oriented activities related to assisting a member with activities of daily living (ADL) necessary to maintain the member in his or her place of residence in the community. These services need:
  - Written orders of a physician and a written plan of care.
  - Supervision by an RN supervisor.
  - To be performed by a Medicaid-enrolled personal care provider.

# Precertification requests

- All personal care worker services require precertification.
- Fax completed precertification requests to **1-877-244-1727**.
- Call Provider Services with questions at **1-855-558-1443**.
- Download the *Precertification Request Form* from our provider website: <https://mediproviders.anthem.com/wi>.

Anthem BlueCross BlueShield

## Wisconsin Medicaid Providers

Login | Register

- Home
- Claims
- Precertification**
- Medical
- Provider Education
- Find a Doctor
- Other Services

### Precertification

#### Nonparticipating providers

All services you render require precertification.

Fax: 1-800-964-3627  
Call: 1-855-558-1443

#### Participating Providers

##### Precertification Lookup Tool

This tool is for outpatient services only.  
Inpatient services always require precertification.

Please note: Does not show benefits coverage — refer to our state-specific provider manuals for coverage/limitations

##### Forms and Other Resources

- [Precertification Request Form](#)
- [Synaxis Prior Authorization Form](#)
- [Prior authorization form for medical injectables](#)

# Precertification requests (cont.)

## *Precertification Request Form*

- Highlighted areas must be completed.
- With form submission, include:
  - *Personal Care Screening Tool and 485 Plan of Care.*
  - State approval letter.
  - Written physician orders.


# Precertification requests (cont.)

WIWL\_CAID\_Precertification\_Form.pdf - Adobe Acrobat Reader DC

File Edit View Window Help

Home Tools WIWL\_CAID\_Precert...

75%

**Anthem**  **BlueCross BlueShield** **BadgerCare Plus**

**Precertification request**  
Anthem Blue Cross and Blue Shield (Anthem) prior authorization: 1-855-558-1443 Fax: 1-800-964-3827  
To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

**Today's date:**  **Provider return fax:**

**Member information**

**First name:**  **Last name:**  **Anthem member ID:**   
**Address:**  **City, State ZIP code:**   
**DOB:**  **Contact Phone:**

**Additional member information:**

**Referring provider** ☐ **Participating** ☐ **Nonparticipating** ☐

**Full name:**  **Provider ID:**  **Tax ID number (TIN):**   
**NPI:**  **Office contact name:**  **Office phone:**  **Office fax:**   
**Address:**  **City, State ZIP code:**   
**Specialty:**

**Servicing provider** ☐ **Participating** ☐ **Nonparticipating** ☐

**Full name:**  **Provider ID:**  **TIN:**   
**NPI:**  **Office contact name:**  **Office phone:**  **Office fax:**   
**Address:**  **City, State ZIP code:**   
**Specialty:**

**Servicing facility** ☐ **Participating** ☐ **Nonparticipating** ☐

**Name:**  **Provider ID:**  **TIN:**   
**Facility contact name:**  **Facility phone:**  **Facility fax:**   
**Address:**  **City, State ZIP code:**

**Requested service (for type of service, check all that apply)** **Date/range of service:**

**ICD-10 code(s):**   
**CPT code(s) (include requested units):**

**Type of service:** ☐ Outpatient ☐ Planned inpatient ☐ Emergent inpatient ☐ Skilled nursing facility  
☐ Long-term services & supports/long-term care ☐ Home health  
☐ Durable medical equipment ☐ Diagnostic study ☐ Hospice ☐ Office visit  
☐ **Personal care services** ☐ Other:

**Place of service:** ☐ Hospital ☐ Ambulatory surgery center ☐ Office ☐ **Home**  
☐ Independent lab ☐ Nursing facility ☐ Other:

**Additional information:**

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Amerigroup, please provide the authorization number with your submission.

**Comment**  
**Fill & Sign**  
**More Tools**

Store and share files in the Document Cloud  
[Learn More](#)

**Emergent** – use for ALL nonelective INPATIENT admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day).  
**Urgent** – use for OUTPATIENT services only, when provider indicates that the service is urgent, emergent or expedited.

# Precertification requests (cont.)

- Submit requests for new Anthem members the day the member becomes active with the health plan.
- Anthem is unable to process any requests prior to the member's eligibility date.
- Providers must request renewal of services.
- Request must include a recent Personal Care Screening Tool (PCST) and most recent doctor visit.

# Claims submission

- Q. What claim form should be used when billing for personal care agency (PCA) services?
- A. PCA claims may be submitted electronically or on paper using the **UB-04 (CMS-1450) Claim Form**. Claims for personal care services submitted on any other ~~paper~~ claim form are denied.

# Claims submission (cont.)

- Refer to Claims Submission section in the *ForwardHealth Personal Care* provider manual for claim form completion instructions

Contact the National Uniform Billing Committee (NUBC) to order claim forms and billing manual:

Phone number: **1-800-242-2626**

Website: <http://www.nubc.org/>

E-mail: [ub04@aha.org](mailto:ub04@aha.org)



# Claims submission (cont.)

Paper claims can be mailed to the following address:

Anthem Blue Cross and Blue Shield  
Claims Department  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

# Claims submission (cont.)

## . How are PCA claims processed?

- A. PCA claims are processed with the Medicaid ID number instead of the NPI to align with the following

### [ForwardHealth Policy](#):

Nonhealth care providers, such as personal care agencies, are exempt from federal NPI requirements. Providers exempt from federal NPI requirements are assigned a Medicaid provider number once their enrollment application is accepted; they are required to indicate this Medicaid provider number on claims transactions.

# Claims submission (cont.)

**Q. In what field of the *UB-04* claim should the provider enter the Medicaid ID number?**

**A.** According to the instructions for personal care services on the *ForwardHealth Claim Form*, the provider's Medicaid ID should be listed in *Form Locator 57* (Other Provider ID) field.

The billing provider number entered in *Form Locator 57* must correspond to the provider name entered in *Form Locator 1*.

# Claims submission (cont.)

**Q. Can PCA claims be billed using a P.O. Box?**

**A.** No, claims billed with a P.O. Box in the address field will be denied. [Per ForwardHealth policy](#), do not enter a P.O. Box or ZIP+4 associated with a P.O. Box .

The provider's name and complete practice location address (including ZIP+4) entered in *Form Locator 1* must correspond to the billing provider number in *Form Locator 57*.

# Claims denials

Personal care services claims billed on a *UB-04* that do not indicate the provider's Medicaid ID number in box 57 **or** inappropriately lists the Medicaid ID number in the NPI field **will** be rejected on the front end.

The provider will receive a **mail back letter** explaining to the provider exactly why the claim has been returned. It also informs the provider that a corrected claim is required and that clean claim timely filing remains a requirement. The following is an example of an Anthem **mail back letter**.

# Claims denials (cont.)

Dear Physician:

Thank you for your recent claim(s) submission on [REDACTED]. We reviewed your request. We are returning the attached claim(s) for the following reason(s):

Other: [REDACTED]

[REDACTED]

If you make the necessary corrections to the issue(s) identified above, your corrected claim must be received within the claim timely filing allowance period. The claim should be notated as a Corrected Claim. If you have any questions regarding the above action or timely filing requirements, you may review the provider manual located on our website at [www.anthem.com/wimedicaidoc](http://www.anthem.com/wimedicaidoc) or call our Provider Services department at 1-855-558-1443. We appreciate everything you do for our members — your patients.

# Frequent billing errors

## **Missing provider Medicaid ID**

Personal care services claims billed on a *UB-04 Claim Form* must include the provider's Medicaid ID in element 57 — Other Provider ID Field.

Claims submitted without the billing provider's Medicaid ID in element 57 will result in a claim rejection.

# Frequent billing errors (cont.)

## Invalid provider Medicaid ID

Provider Medicaid ID reported in the incorrect field:

- Failure to include a **valid** and active Medicaid ID number in element 57 will result in a claim rejection.
- Entering the Medicaid ID number in any field other than element 57 of the *UB-04 Claim Form* will result in a claim rejection.



# Frequent billing errors (cont.)

## Incorrect claim form

Personal care services claims must be billed on a *UB-04 Claim Form*.

- Claims billed on a *1500 Claim Form* will be denied.
- A corrected claim will be required; timely filing requirements will apply.

# Frequent billing errors (cont.)

## **Incorrect billing provider address**

Claims billed with a P.O. Box will be denied as a provider billing error.

- The Medicaid ID number listed in element 57 must correspond with the billing provider name and practice location address (including ZIP+4) listed on the ForwardHealth certification.

# Frequent billing errors (cont.)

## **Failure to obtain precertification**

Prior authorization is required for all personal care services.

- Personal care services authorization requirements can be confirmed using the precertification tool located on our provider website:  
<https://mediproviders.anthem.com/wi>.
- **Authorization exceeded**  
Number of units billed and Date Span must fall within that of the approved precertification.

# Frequent billing errors (cont.)

## **Member enrollment not active on date services were rendered**

Providers should verify recipient's eligibility prior to rendering services.

## **Appeal timely filing exceeded**

First-level Payment Appeals must be submitted within 365 calendar days from the date of denial (*Explanation of Payment* date).

# Frequent billing errors (cont.)

## Inappropriate appeal mailing address

Formal claim payment appeals can be submitted by phone, by mail or online through the Availity Portal.

- Phone: Provider Services at **1-855-558-1443**, Monday to Friday, 8 a.m. to 5 p.m.
- Mail:  
Anthem Blue Cross and Blue Shield  
Claim Appeals  
P.O. Box 61599  
Virginia Beach, VA 23466-1599
- Online: Availity Portal at **<https://www.availity.com>**

# Frequent billing errors (cont.)

## **Clean/corrected claim timely filing (late claim submission)**

Clean/corrected claims must be submitted within 180 days from the date in which services are rendered.

## **Clean/corrected claim mailing address:**

Anthem Blue Cross and Blue Shield  
Claims Department  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

# Frequent billing errors (cont.)

## **Invalid member Medicaid ID number/invalid Anthem ID number**

Personal care services claims can be billed with the member's Medicaid ID number or the Anthem subscriber ID number.

Anthem ID numbers for Medicaid members begin with alpha prefix ZRA. The member's Anthem ID number should not be combined with the Medicaid ID number.

# Procedure codes and modifiers

- **T1019** — Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)  
**1 unit = 15 minutes**
- **T1019** with modifier **U3** — Travel time



# Procedure codes and modifiers

- **99509** — Home visit for assistance with ADL and personal care (per visit);
- **99509** must be reported with modifier **TD-RN**
- **TD modifier** is reported to indicate supervisory visits for personal care by a Registered Nurse
- **99509-TD** Must be billed as a quantity of **1 unit**, regardless of duration of the visit

# Revenue codes

Personal care agencies are required to use appropriate revenue codes on the *UB-04 Claim Form*.

- Refer to the *ForwardHealth Personal Care* provider manual (topic #2480) for examples of appropriate revenue codes.

# Questions?

**Provider Services: 1-855-558-1443**

# Thank you

**<https://mediproviders.anthem.com/wi>**

Anthem Blue Cross and Blue Shield is the trade name of Compcare Health Services Insurance Corporation, an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

AWIPEC-0846-18 November 2018

