

	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>		
	<b>NUMBER:</b> 23-97-03, 28-97-03, 29-97-03, 33-97-03	<b>ISSUE DATE:</b> February 28, 1997	<b>EFFECTIVE DATE:</b> February 1, 1997
<b>SUBJECT:</b> Pennsylvania Department of Aging (PDA) Waiver Program Billing Instructions		<b>BY:</b>    <b>Robert S. Zimmerman, Jr., M.P.H.</b> <b>Acting Deputy Secretary for Medical Assistance Programs</b>	

**PURPOSE:**

The purpose of this bulletin is to provide you with the billing instructions for services covered under the PDA Waiver Program. This bulletin replaces Medical Assistance (MA) Bulletin 23-95-08/28-95-04/29-95-04/33-95-05/39-95-04 entitled, "Pennsylvania Department of Aging (PDA) Waiver Program Billing Instructions" issued October 16, 1995. Please forward this bulletin to appropriate staff in the Billing Department of your agency.

**SCOPE:**

This bulletin applies to the following provider types enrolled in the MA Program who are certified PDA Waiver service providers: home health agencies, outpatient drug and alcohol clinics, outpatient psychiatric clinics and psychiatric partial hospitalization facilities.

**BACKGROUND/DISCUSSION:**

The Department issued an MA Bulletin entitled, "Expansion of the Pennsylvania Department of Aging (PDA) Waiver," effective February 1, 1997, which explains the PDA Waiver and the services that can be provided under the Waiver. That bulletin also explains that if you are interested in providing services covered by the Waiver, you must go through a certification process by contacting your local Area Agency on Aging (AAA). The certification process is described in detail in the MA Bulletin entitled "PDA Waiver Certification Process Bulletin", effective February 1, 1997. When you become certified, your MA enrollment will be expanded to include PDA Waiver services. These services are above and beyond those covered by the MA Fee Schedule. A list of procedure codes for Waiver services accompanies this bulletin.

**PROCEDURE:**

1. A recipient who is entitled to PDA Waiver services must work with a care manager from the local Area Agency on Aging to develop a plan of care. Care plans must be prior-approved by the care manager, are usually developed for a six-month period and will be assigned a unique authorization number.
2. The recipient chooses a provider from a list of those enrolled in the PDA Waiver Program. The provider will be advised of the PDA Waiver authorization number when the care manager requests and the provider agrees to deliver services as specified in the recipient's plan of care.
3. PDA Waiver services include a variety of different services under one type of service (**TOS**) Code "55". Procedure codes associated with this type of service are attached.
4. **Recipient copay** is not required for PDA Waiver services. Therefore, when providing TOS 55, noco pay is collected. However, if you are providing any services not included under the waiver which normally require copay, then copay should be collected.
5. All invoices for PDA Waiver services (TOS 55) should be completed for one calendar month and **must** be submitted at the end of each month to the Department of Public Welfare, Office of Medical Assistance Programs, P.O. Box 8297, Harrisburg, PA 17105.

6. If a recipient covered under the PDA Waiver moves to another county, the recipient is no longer eligible for services in the originating county.

**NOTE:** PDA Waiver services were first available in Philadelphia County and are now extended to the following counties: Allegheny, Bradford, Cambria, Delaware, Fayette, Greene, Montgomery, Sullivan, Susquehanna, Tioga, Washington and Westmoreland.

**BILLING INSTRUCTIONS:**

Claims for PDA Waiver services (TOS 55) are to be submitted on a monthly basis at the end of each month. When billing for TOS 55, you must use the "Physician's Invoice or Medical Services/Supplies Invoice" (MA319 or MA319C) or the HCFA-1500. Claim adjustments are billed on the MA 319A or the HCFA-1500. You should complete the invoice in the usual manner with the exception of the following information:

1. Date(s) of Service (Service Begin & Service End Dates)

Items 29 B & C, 30 B & C, 31 B & C, and 32 B & C on the MA319 or MA319C; Items 29 B & C on the MA 319A; or Block 24A on the HCFA-1500.

Always complete your invoice using the first day you provide services within a month in the Service Begin Date field and the last day you provide services within a month in the Service End Date field. All billing should be done for one calendar month and submitted for payment at the end of the month. Examples of billing follow:

- For services provided on a one-time basis requiring only one date of service, complete the Service End Date using the date on which services were provided.

<u>Service Begin Date</u>	<u>Service End Date</u>
	05/29/97

(On the HCFA-1500, you may use either the Service Begin or Service End Date)

- For services which begin in one month and continue into succeeding months, complete an invoice for each month of service.

Example: 05/05/97 through 07/03/97

<u>Service Begin Date</u>	<u>Service End Date</u>
(1 <sup>st</sup> inv.) 05/05/97	05/27/97
(2 <sup>nd</sup> inv.) 06/02/97	06/30/97
(3 <sup>rd</sup> inv.) 07/01/97	07/03/97

- For environmental modifications and installation of personal emergency response (PER) systems, submit only one invoice for the entire project using the "start" date indicated on the Service Authorization Form as the end date of service for the entire project. The invoice should be submitted at the end of the month in which the project is completed:

Example: Service Authorization Form lists May 16, 1997 as the start date of the project. The project was delayed and began on May 18, 1997, and continued until completion on June 3, 1997.

<u>Service Begin Date</u>	<u>Service End Date</u>
	05/16/97

(On the HCFA-1500, you may use either the Service Begin or the Service End Date)

2. Type of Service (TOS) "55":

Items 29 H, 30 H, 31 H, and 32 H on the MA319 and MA319C; Item 29 H on the MA319A; and block 24 C on the HCFA-1500.

PDA Waiver services include a variety of services under one TOS code "55". Procedure codes associated with TOS are attached. You cannot bill TOS 55 with other types of services on your invoice.

3. Units of Service

Items 29 M, 30 M, 31 M, and 32 M on the MA319 and MA319C; Item 29 M on the MA319A; and Block 24 G on the HCFA-1500.

Complete the number of times the service was provided in the time frame listed under the "Service Begin" and "Service End" dates. Be sure to use the appropriate unit of service as described with your procedure code. Example: Six (6) hours of personal care services were provided in the recipient's home. (Note: 1 unit = 15 Minutes)

Units of Service

24

4. Attachment Type or Code

Items 41 and 42 on the MA319 or MA319C, Items 34 and 35 on the MA319A, or Block 19 on the HCFA-1500.

The following Attachment Types are the appropriate codes to be used when billing services covered under the PDA Waiver:

- 05 Medicare EOMB on file
- 09 Medicare Denial on file
- 10 Third Party Payment Statement on file
- 11 Third Party Denial on file
- \*99 Remarks

\*For use on the HCFA-1500 only

5. PDA Waiver Authorization Number

Item 43 on the MA319 or MA319C, Item 36 on the MA319A, or Block 23 on the HCFA-1500.

The PDA Waiver authorization number is a 10-digit number which must be included on all invoices. You will receive a written notice verifying the authorization number, procedure code, quantity, and rate.

**QUESTIONS CONCERNING THE PDA WAIVER:**

1. For questions on the PDA Program: what it is, how to enroll, assistance on completing certification forms, status of enrollment, changes to enrollment, questions on rates, recipient's plan of care, etc., contact:

<u>County</u>	<u>Area Agency on Aging</u>	<u>Phone</u>
Allegheny	Department of Aging Allegheny County	412/350-4234
Montgomery	Montgomery County Aging and Adult Services	610/278-3601
Bradford, Sullivan, Susquehanna, Tioga	Area Agency on Aging for Tioga/Bradford/Susquehanna/ Sullivan Counties	1-800-982-4346
Cambria	Cambria County Area Agency on Aging	814/472-5580
Delaware	County of Delaware Services of the Aging	610/713-2100
Washington, Fayette, Greene	Southwestern PA AAA, Inc.	412/684-9000 Ext. 4524
Westmoreland	Area Agency on Aging Of Westmoreland County	412/830-4444

(After you are providing services to a PDA Waiver recipient, you will be notified of the recipient's care manager's phone extension.)

2. For questions on invoice completion, MA policy, and unresolved claims, contact:

Outpatient Provider Inquiry

1-800-932-0938

OR

1-800-537-8861

(Local 717-772-6338

OR

717-772-6339)

Monday through Thursday

9:00 a.m. to 3:00 p.m.

Friday

9:00 to Noon

3. For questions concerning claims that have appeared on Remittance Advice Statements, claim statuses, or payments:

1-800-678-3337

Monday through Thursday

9:00 a.m. to 3:00 p.m.

Friday

9:00 to Noon

4. For routine billing questions, contact:

Automated Voice Response System (AVRS)

1-800-678-3337

24 hours/day

7 days/week

**KEEP THIS BULLETIN AND ALL BULLETINS RELATING TO THE PDA WAIVER WITH YOUR HANDBOOK FOR FUTURE REFERENCE.**

**PROCEDURE CODES FOR PDA WAIVER SERVICES**

Procedure Code	Type of Service	Provider Type	Place of Service	Procedure Description
<b><u>Personal Care</u></b>				
W1700	55	55 23 39	02 11	1. Personal Care Services provided in a consumer's home by a qualified person who is under the supervision of a registered nurse.  Unit of Service – ¼ hour
W1701	55	55 23 39	02 11	2. A generic code for personal care services provided in a consumer's home by a qualified person who is under the supervision of a registered nurse. This code is for units of service that are greater than hourly such as a 24-hour shift, weekly shift or other.  Unit of service – One shift
<b><u>Respite Care</u></b>				
W1702	55	55 23 39	02 11	1. Respite Services provided in a consumer's home to relieve family members or primary caregivers who normally provide care. Services are provided for less than 24 hours.  Unit of service – ¼ hour
W1703	55	55 23 39	02 11	2. A generic code for Respite Services provided in a consumer's home to relieve family members or primary caregivers that normally provide care. This code is for units of service that are greater than hourly such as a 24-hour shift, weekly shift or other.  Unit of service – One shift

W1704	55	35 36	08	3. Respite Services provided in an approved long term care facility to relieve family members or primary caregivers who normally provide care.  Unit of service – 24 hours
W1705	55	55	11	4. Respite Services provided in an approved facility such as a foster home to relieve family members or primary caregivers who normally provide care.  Unit of service – 24 hours
<b>Transportation</b>				
W1706	55	55 18	11	1. Transportation Services for an individual consumer, age 60 to 64, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards.  Unit of service - One way ride
W1707	55	55 18	11	2. Transportation Services for an individual consumer, age 65 or older, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards.  Unit of service – One way ride
W1708	55	55	11	3. Transportation Services for an individual consumer, age 60-64, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the rate for an individual plus an escort is greater than the rate for an individual.  Unit of service – One way ride
W1709	55	55	11	4. Transportation Services for an individual consumer, age 65 and older, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the rate for an individual plus an escort is greater than the rate for an individual.  Unit of service – One way ride
W1710	55	55	11	5. Transportation Services that are provided by a two-person crew to includes a driver and an attendant for an individual consumer, age 60 to 64. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle standards.  Unit of service – One way ride
W1711	55	55	11	6. Transportation Services that are provided by a two-person crew to include a driver and an attendant for an individual consumer, age 65 or older. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle standards.  Unit of service – One way ride
W1712	55	55 18	11	7. Generic code for transportation to be used when none of the codes listed above are appropriate. (May include

				ambulance/litter service for non-emergency transports). Unit of service – One way ride
W1854	55	55	11	8. Cost for an attendant who accompanies an individual during non-emergency transportation services. Unit of service – One way ride
W1861	55	55	11	9. Group rate for transportation services for an individual consumer, age 60 – 64, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. Unit of service – One way ride
W1862	55	55	11	10. Group rate for transportation services for an individual consumer, age 65 or older, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. Unit of service – One way ride
W1863	55	55	11	11. Group rate for transportation services for an individual consumer, age 60 – 64, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the group rate for an individual plus an escort is greater than the group rate for an individual. Unit of service – One way ride
W1864	55	55	11	12. Group rate for transportation services for an individual consumer, age 65 and older, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the group rate for an individual plus an escort is greater than the group rate for an individual. Unit of service – One way ride
<b>Specialized Medical Equipment and Supplies</b> (Any item that already has a code under the approved state plan but is being authorized by the care manager in amounts that are beyond the state plan limits will retain that code for billing purposes but have a Type of Service 55.)				
W1713	55	05 19 23	01 02 11	1. Medical and Surgical Supplies that are not listed on the state plan. Unit of service – One item
W1714	55	05 19	01 02 11	2. Durable Medical Equipment that is not listed on the state plan. Unit of service - One item
W1715	55	05 19	01 02 11	3. Orthotic Devices that are not listed on the state plan. Unit of service – One item
W1716	55	05 19	01 02 11	4. Prosthetic Devices that are not listed on the state plan. Unit of service – One item
W1717	55	05 19	01 02	5. Generic Medical Equipment and Supplies that are not listed on the state plan and don't fit into the categories of

			11	Medical and Surgical Supplies, Durable Medical Equipment, Orthotic Devices or Prosthetic Devices.  Unit of service – One item
<b>Personal Emergency Response System</b>				
W1718	55	55 23	02	1. Personal Emergency Response Systems that are leased from a qualified vendor. The units will be delivered and installed by the enrolled provider who will be providing the emergency response service.  Unit of service – One time installation
W1719	55	55 23	02	2. Personal Emergency Response Systems that are purchased from a qualified vendor. The units will be delivered and installed.  Unit of service – One time purchase that includes installation
W1720	55	55 23	02	3. Personal Emergency Response Systems that are leased from a qualified vendor will include maintenance of equipment and hook up to a 24-hour Emergency Response Center staffed with trained emergency response operators.  Unit of service – Monthly fee
W1721	55	55 23	02	4. Monthly fee for the hook up to a 24-hour Emergency Response Center staffed with trained emergency response operators for those units that have been purchased.  Unit of service – Monthly fee
W1722	55	55 23	02	5. Generic Personal Emergency Response System (PERS) code. This code will include repair, maintenance, or replacement of purchased PERS units, as well as the costs associated with PERS, i.e., upgrades to the system.  Unit of service – Each procedure, repair, maintenance, replacement, upgrade.
<b>Companion Services</b>				
W1723	55	55 23 39	02 11	1. Companion services provided in accordance with a therapeutic goal in the care plan.  Unit of service – ¼ hour
W1724	55	55 23 39	02 11	2. A generic code for companion services that are provided in accordance with a therapeutic goal in the care plan. Rates are based on units of service that are greater than hourly. (May be 24 hour shift, weekly shift or other)  Unit of service – One shift
<b>Older Adult Daily Living Centers</b>				
W1725	55	55	11	1. Services provided or arranged outside of a person's home for a full day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. One meal and two snacks are included. This service does not include room and board.  Unit of service – One day
W1726	55	55	11	2. Services provided or arranged outside of a person's home for a full day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. One meal and two snacks are included. This service also includes the provision of one or more therapies that are paid for by the waiver under this service code and not under Home Health. This service does not include room and board.

				Unit of service – One day
W1727	55	55	11	3. Services provided or arranged outside of a person's home for a half-day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. One meal and one snack are included.  Unit of service – ½ day
W1728	55	55	11	4. Services provided or arranged outside of a person's home for a half-day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. This service also includes the provision of one or more therapies that are paid for by the waiver under this service code and not under Home Health. One meal and one snack are included.  Unit of service – ½ day
<b>Home Support</b>				
W1729	55	55 23 39	02	1. Light housekeeping and other home management activities including instruction on managing the household.  Unit of service – ¼ hour
W1730	55	55 23 39	02	2. Moderate cleaning and ground maintenance.  Unit of service – ¼ hour
W1731	55	55 23 39	02	3. Heavy cleaning  Unit of service – ¼ hour
W1732	55	55 39	02	4. Initial Extermination  Unit of service – Visit
W1733	55	55 39	02	5. Follow-up Extermination  Unit of service – Visit
W1734	55	55 39	02	6. Special Extermination that takes approximately 3 to 8 hours  Unit of service – One visit
W1735	55	55	02	7. Rental Dumpster  Unit of service – By the load
<b>Home Health Care</b>				
W1736	55	23	02	1. Services of a Home Health Aide must be supervised by an R.N.  Unit of service – ¼ hour
W1737	55	23 55	02	2. L.P.N.  Unit of service – ¼ hour
W1738	55	23 55	02	3. R.N. Basic Evaluation  Unit of service – Visit
W1739	55	23 55	02	4. R.N. Specialist Evaluation  Unit of service – Visit
W1740	55	23 55	02 11	5. Physical Therapy  Unit of service – Visit

W1741	55	23 55	02 11	6. Occupational Therapy Unit of service – Visit
W1742	55	23 55	02 11	7. Speech Therapy Unit of service – Visit
W1743	55	49 55	02 11	8. Generic Code for other Home Health costs Unit of service – Visit
<b>Counseling</b>				
W1849	55	55	02 11	1. Music Therapy Unit of service – Visit
W1744	55	23 28 29 33 55	02 11	2. Problem Solving and Coping Skills Unit of service – Visit
W1745	55	23 55	02 11	3. Nutrition Counseling Unit of service - Visit
W1746	55	23 28 29 33 55	02 11	4. Alcoholism/Drug Dependency Unit of service - Visit
W1747	55	23 28 29 33 55	02 11	5. Individual/marital/family stress Unit of service - Visit
W1748	55	23 28 29 33 55	02 11	6. Family Problem such as abuse and neglect Unit of service - Visit
W1749	55	23 28 29 33 55	02 11	7. Detection and treatment of depression and other mental health conditions Unit of service – Visit
W1750	55	23 28 29 33 55	02 11	8. Generic Code for all other counseling activities or therapies that are not listed above. This code includes counseling over the telephone. Unit of service – Contact
<b>Extended Physician</b>				
W1751	55	01	01 02 11	1. Physician services that are not supplied under the state plan. Unit of service – Visit
<b>Attendant Care</b>				
W1752	55	23 39 55	02	1. Attendant Care services consist of in-home personal care and may include general housekeeping activities. Unit of service – ¼ hour
W1753	55	23	02	2. Generic code for Attendant Care services. This rate is

		39 55		based on a unit of service that is greater than hourly. (May be 24 hour shift, weekly shift or other)  Unit of service – One shift
<b>Environmental Modifications</b>				
W1754	55	55	02	1. Minor home repairs that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver.  Unit of service – Minor repair
W1755	55	55	02	2. Home inspections that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver.  Unit of service – Inspection
W1756	55	55	02	3. Major Home Repairs that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver.  Unit of service – Major repair
W1757	55	55	02	4. Adaptations that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver.  Unit of service – Adaptation
W1758	55	55	02	5. Generic Environmental Modifications that are based on the care plan and necessary for the continued safe living in the property by the client or the caregiver. This will be a generic code that will encompass a variety of modifications that are not included under minor, inspections, major or adaptations.  Unit of service – Modification
<b>Home Delivered Meals</b>				
W1759	55	55	02	1. Hot Entrée  Unit of service – One meal
W1760	55	55	02	Frozen Entrée  Unit of service – One meal
W1761	55	55	02	3. Sandwich  Unit of service – One
W1762	55	55	02	4. Emergency Pack  Unit of service – One
W1763	55	05 19 55	02	5. Nutritional supplement  Unit of service – One can or box
W1764	55	55	02	6. Generic code for a "special" meal  Unit of service – One meal

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).