



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

www.dpw.state.pa.us

OFFICE OF LONG-TERM LIVING BULLETIN

ISSUE DATE

February 7, 2013

EFFECTIVE DATE

January 26, 2013

NUMBER

05-13-02, 51-13-02, 54-13-02, 55-13-02, 59-13-02

SUBJECT

Billing Instructions – Home and Community Based Waiver
Provider's Billing of Procedure Codes Based on Authorized
Service Plans through PROMISe™

BY

Bonnie L. Rose, Deputy Secretary
Office of Long-Term Living

PURPOSE:

The purpose of this bulletin is to provide an update to the Office of Long-Term Living (OLTL) Bulletin issued on June 5, 2012 (#05-12-01, 51-12-01, 54-12-01, 55-12-01, 59-12-01), which notified Home and Community-Based waiver providers of the procedure codes to be used effective June 1, 2012, when billing waiver and vendor services through PROMISe™. Attachment A, the Regional Rates Spreadsheet has been revised effective January 26, 2013. The Regional Rates Spreadsheet and Attachment B (Guidance to Service Coordination Entities (SCE) When Converting Service Coordination Service from an Hourly, Weekly, or Monthly Unit to a Quarter Hour Unit) replace the previous versions sent with the OLTL Bulletin issued on June 5, 2012. Attachment B has been revised to provide further guidance on level of care re-determinations in the Aging Waiver.

SCOPE:

This bulletin applies to all Home and Community-Based waiver providers who are enrolled in the Medical Assistance (MA) Program and receive payments for providing services as authorized in participant service plans for the following waiver and state programs:

Aging
Attendant Care
ACT 150
COMMCARE
Independence
OBRA

BACKGROUND:

On May 19th, 2012, OLTL implemented regulation 55 Pa Code Chapter 52. This regulation established provider qualifications and payment provisions for providers rendering services under the Aging, Attendant Care, COMMCARE, Independence, and OBRA Home and Community-Based Service waivers and the Act 150 state program.

PROCEDURE:

For billing purposes for waiver and vendor services, Home and Community-Based waiver providers billing through PROMISE™ will use the procedure codes, rates, and units as identified on Attachment A.

For billing purposes for waiver services, 15 minutes equals one unit. Home and Community-Based waiver providers are able to bill for one unit when a billable activity occurs for more than 7½ minutes. A billable activity must be properly documented.

Start Time	End Time	Number of Units
8:00am	8:15am	1
8:16am	8:30am	1
8:31am	8:37am	0
8:38am	8:48am	1
8:49am	8:56am	0
8:57am	9:07am	1
Total Number of Billable Units		4

Detailed billing instructions are included in the PROMISE™ Billing and Companion Guides which are available on the Office of Medical Assistance Programs (OMAP) website at www.dpw.state.pa.us through the following path: Provider>Doing Business with DPW>Billing Information.

ATTACHMENTS

- Attachment A (for billing purposes for waiver and vendor services)**
- Attachment B (Guidance to Service Coordination Entities (SCE) When Converting Service Coordination Service from an Hourly, Weekly, or Monthly Unit to a Quarter Hour Unit)**

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**Office of Long-Term Living
Bureau of Provider Support
Division of Provider Services
PO Box 8025
Harrisburg, PA17105-8025
1-800-932-0939**