



# Bureau of TennCare IS Policy Manual

<b>Policy No: BTC-Pol-Enc-201103-002</b>	
<b>Subject: CHOICES Types of Bill</b>	
<b>Approval: Encounter Data Policy Workgroup</b>	<b>Date: 05/02/2011</b>

**PURPOSE OF POLICY STATEMENT:** To clarify the TennCare required Types of Bill for CHOICES encounters. Any variance from the identified types of bill will result in encounters not being identified as CHOICES claims in the interChange system at TennCare.

**POLICY:**

To ensure the MCOs are in alignment with TennCare identified types of bill for CHOICES encounters, this policy has been written to clarify the specific types of bill TennCare is expecting on CHOICES encounters. This clarification requires the Managed Care Organizations to ensure CHOICES services provided to MCO assigned CHOICES members are billed by providers with the correct types of bill. Claims submitted for CHOICES services that do not match the TennCare identified CHOICES types of bill should not be paid by the MCO. Providers are expected to comply with revenue/procedure code usage standards as outlined in the 837I implementation guide in usage by TennCare.

**Valid Types of Bill for CHOICES claims:**

- 89X = Claim type 'S' for CHOICES Home and Community Based Services (HCBS)
- 21X and 66X = Claim type 'F' for CHOICES Nursing Facility and Skilled Nursing Facility (SNF)

The following procedure/revenue codes are appropriate for the following CHOICES Types of Bill.

89X – CHOICES HCBS

Service	HCPCS Service Description	HCPCS Code	Revenue Code	Modifier	Unit
Adult Care Home - Level 1 Day	A state-licensed community-based residential alternative which offers 24-hour residential care and support in a single family residence to no more than five (5) elderly or disabled adults who meet nursing facility level of care, but who would prefer to receive care in the community in a smaller, home-like setting. The provider must either live on-site in the home, or hire a resident manager who lives on-site so that the person primarily responsible for delivering care on a day-to-basis is living in the home with the individuals for whom they are providing care.	T2033	3109	U1	Day
Adult Care Home - Level 2 Day	A state-licensed community-based residential alternative which offers 24-hour residential care and support in a single family residence to no more than five (5) elderly or disabled adults who meet nursing facility level of care, but who would prefer to receive care in the community in a smaller, home-like setting. The provider must either live on-site in the home, or hire a resident manager who lives on-site so that the person primarily responsible for delivering care on a day-to-basis is living in the home with the individuals for whom they are providing care.	T2033	3109	U2	Day
Adult Care Home - Level 1 Month	A state-licensed community-based residential alternative which offers 24-hour residential care and support in a single family residence to no more than five (5) elderly or disabled adults who meet nursing facility level of care, but who would prefer to receive care in the community in a smaller, home-like setting. The provider must either live on-site in the home, or hire a resident manager who lives on-site so that the person primarily responsible for delivering care on a day-to-basis is living in the home with the individuals for whom they are providing care.	T2032	3109	U1	Month

Service	HCPCS Service Description	HCPCS Code	Revenue Code	Modifier	Unit
Adult Care Home - Level 2 Month	A state-licensed community-based residential alternative which offers 24-hour residential care and support in a single family residence to no more than five (5) elderly or disabled adults who meet nursing facility level of care, but who would prefer to receive care in the community in a smaller, home-like setting. The provider must either live on-site in the home, or hire a resident manager who lives on-site so that the person primarily responsible for delivering care on a day-to-basis is living in the home with the individuals for whom they are providing care.	T2032	3109	U2	Month
Adult day care	Community-based group programs of care lasting more than three (3) hours per day but less than twenty-four (24) hours per day provided pursuant to an individualized plan of care by a licensed provider not related to the participating adult.	S5100	0570		15 minutes
Assisted Care Living Facility - Day	Personal care services, homemaker services and medication oversight (to the extent permitted under State law) provided in a home-like environment in a licensed Assisted Care Living Facility. Coverage shall not include the costs of room and board.	T2031	3109		Day
Assisted Care Living Facility - Month	Personal care services, homemaker services and medication oversight (to the extent permitted under State law) provided in a home-like environment in a licensed Assisted Care Living Facility. Coverage shall not include the costs of room and board.	T2030	3109		Month
Assistive technology	Assistive device, adaptive aids, controls or appliances which enable an enrollee to increase the ability to perform activities of daily living or to perceive or control their environment.	T2029	0590	U4	Unit equals 1 device
Attendant care	Intermittent provision of direct assistance with the activities such as toileting, bathing, dressing, personal hygiene, eating, meal preparation (excluding the cost of food), budget management, attending appointments, and interpersonal and social skill building to enable the enrollee to live in a community setting.	S5125	0570		15 minutes

**BTC-Pol-Prv-201103-002**

<b>Service</b>	<b>HCPCS Service Description</b>	<b>HCPCS Code</b>	<b>Revenue Code</b>	<b>Modifier</b>	<b>Unit</b>
Companion Care - Backup		S5136	0570	No Mod	1 Unit
Companion Care - Daily Fee - 5 Days Per Week / 24 hours per day		S5136	0570	U1	1 Unit
Companion Care - Daily Fee - 7 Days Per Week / 24 hours per day		S5136	0570	U2	1 Unit
Home-delivered meals	Nutritionally well-balanced meals, other than those provided under Title III C-2 of the Older Americans Act, that provide at least one-third but no more than two-thirds of the current daily Recommended Dietary Allowance (as estimated by the Food and Nutrition Board of Sciences – National Research Council and that will be served in the enrollee’s home.	S5170	0590		Meal
Homemaker services	General household activities and chores such as sweeping, mopping, dusting, changing linens, making beds, washing dishes, doing personal laundry, ironing, mending, meal preparation and/or education about preparation of nutritious appetizing meals, assistance with maintenance of safe environment and errands such as grocery shopping and having prescriptions filled.	S5130	0570	U1	15 minutes
In-home respite care	Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.	S5150	0660		15 minutes
In-patient respite care	Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.	S5151	0660		Day
Minor home modifications	Provision and installation of certain home mobility aids (e.g., ramps, rails, non-skid surfacing, grab bars, and other devices and minor home modifications which facilitate mobility) and modifications to the home environment to enhance safety.	S5165	0590		N/A
Personal care visits	Services provided to assist the enrollee with activities of daily living, and related essential household tasks (e.g. making the bed, washing soiled linens or bedclothes that require immediate attention), and other activities that enable the enrollee to remain in the home.	T1019	0570		15 minutes

**BTC-Pol-Prv-201103-002**

<b>Service</b>	<b>HCPCS Service Description</b>	<b>HCPCS Code</b>	<b>Revenue Code</b>	<b>Modifier</b>	<b>Unit</b>
Personal Emergency Response System - Installation	An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.	S5160	0590		1 Unit
Personal Emergency Response System - Monthly Fee	An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.	S5161	0590		Month
Pest control	The use of sprays, poisons and traps, as appropriate, in the enrollee’s residence (excluding NF, ACLF) to regulate or eliminate the intrusion of roaches, wasps, mice, rats and other species of pests into the household environment thereby removing an environmental issue that could be detrimental to a frail elderly or disabled enrollee’s health and physical well-being.	S5121	0590	U1	Visit
Short Term Nursing Facility Stay	A 90 day allowance for institutional care for members receiving HCBS services.	See appropriate 21X or 66X table on following pages	See appropriate 21X or 66X table on following pages		
Skilled Nursing / Visit		G0154	0551		15 minutes
Skilled Nursing / Hour - RN		S9123	0552		1 hour
Skilled Nursing / Hour - LPN		S9124	0552		1 hour
Home Health Aide / Visit		G0156	0571		15 minutes
Home Health Aide / Hour		S9122	0572		1 hour
Private Duty Nursing		T1000	0589		15 minutes
Transition Allotment		T2038	0590		1 unit

21X – CHOICES SNF

Revenue Code	Description	Comment
192	Subacute Care Level 2	Level 2 SNF - Applicable for Short and Long Term Stays
192	Subacute Care Level 2 - Enhanced	Chronic Ventilator Care - Billed with Procedure Code 94004
192	Subacute Care Level 2 - Enhanced	Vent Weaning - Billed with Procedure Code 94004 and Mod 22
192	Subacute Care Level 2 - Enhanced	Tracheal Suctioning - Billed with Procedure Code 94004 and Mod 52
189	Other LOA	Other - Non-covered day – ICF and SNF
224	Date of Discharge if Patient's discharge status is deceased.	
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224	Date of Discharge if Patient's discharge status is deceased. Enhanced - Vent Weaning	Vent Weaning - Billed with Procedure Code 94004 and Mod 22
224	Date of Discharge if Patient's discharge status is deceased. Enhanced - Tracheal Suctioning	Tracheal Suctioning - Billed with Procedure Code 94004 and Mod 52

66X - CHOICES ICF

Revenue Code	Description	Comment
191	Subacute Care Level 1	Level 1 ICF - Applicable for Short and Long Term Stays
185*	LOA	Nursing Home - Hospital bed hold for ICF only
183*	LOA	Therapeutic Leave - Overnight home visits for ICF only
189	Other LOA	Other - Non-covered day – ICF and SNF,
224	Date of Discharge if Patient's discharge status is deceased.	

\* LOA for both hospital and therapeutic leave allows 10 paid days per fiscal year to use however the patient chooses. LOA can only be claimed by facilities that are at least at 85% occupancy. 1200-13-01-.03(9)

TennCare Information Systems advises the MCOs by way of this policy to ensure editing is in place to avoid payment of CHOICES services submitted by providers with types of bill other than those listed above. Additionally, the MCOs are required to educate providers when necessary on the correct types of bill to be submitted on claims with CHOICES services. If payment is made on CHOICES claims with types of bill other than those listed above, the MCOs are subject to Corrective Action Plans and Liquidated Damages for lack of compliance with this policy.

**Exceptions:**

None

**REFERENCE DOCUMENTS:**

HIPAA Implementation Guides

<http://www.wpc-edi.com>

TennCare HIPAA EDI Companion Guides

<http://www.state.tn.us/tenncare/HIPAA/EDI.htm>

**OFFICES OF PRIMARY RESPONSIBILITY:**

- TennCare IS Division—to ensure that compliant encounter files are submitted to TennCare and ultimately accepted
- Information Systems Management Contractor – to process encounter files through the TCMIS system
- MCCs - to follow transaction requirements