

Florida Medicaid PPEC and CMS Therapy Billing



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How to bill Florida Medicaid PPEC and CMS Therapy Claims

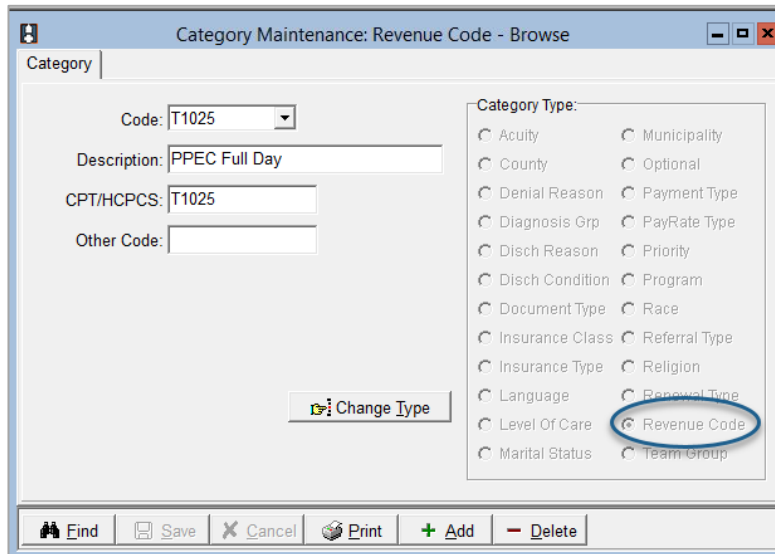
FL Medicaid Prescribed Pediatric and Extended Care (PPEC) and Children’s Medical Services (CMS) Therapy claims are billed on the 1500 form. There are unique billing and rounding requirements for these claim types that require special set-up in My Unity Essentials Financial.

For detailed billing instructions and regulatory compliance information, visit the Florida Medicaid website:
<https://ahca.myflorida.com/medicaid/rules>

One Time Setup

Add Revenue Code/HCPCS codes for PPEC Billing

- Go to **File>File Maintenance>Category**.
- Click '**Change Type**' and set to **Revenue Code**.
- Press the '**Add**' button to add the new code **T1025**.
- In Description field type **PPEC Full Day**.
- In CPT/HCPCS type **T1025**.
- Click **Save**



Category Maintenance: Revenue Code - Browse

Category

Code: T1025

Description: PPEC Full Day

CPT/HCPCS: T1025

Other Code:

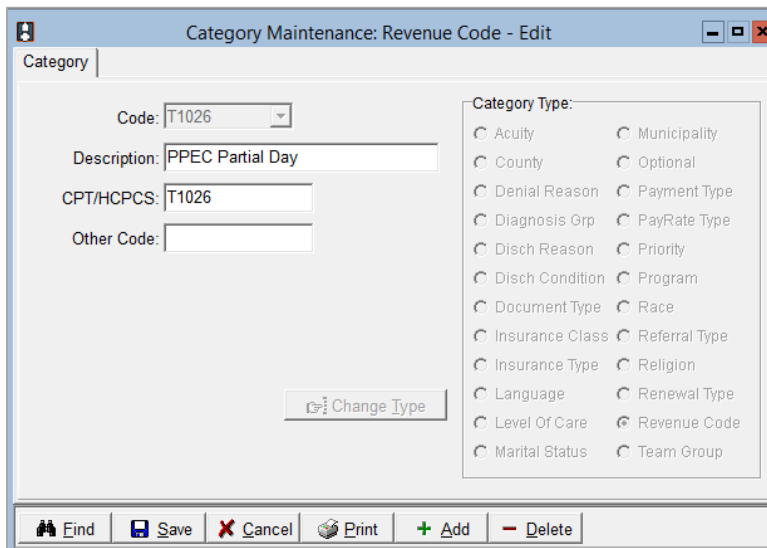
Change Type

Category Type:

- Acuity
- Municipality
- County
- Optional
- Denial Reason
- Payment Type
- Diagnosis Grp
- PayRate Type
- Disch Reason
- Priority
- Disch Condition
- Program
- Document Type
- Race
- Insurance Class
- Referral Type
- Insurance Type
- Religion
- Language
- Renewal Type
- Level Of Care
- Revenue Code
- Marital Status
- Team Group

Find Save Cancel Print Add Delete

- Press '**Add**' and add new code **T1026**.
- In Description field type **PPEC Partial Day**.
- In CPT/HCPCS type **T1026**.
- Click **Save**.



Category Maintenance: Revenue Code - Edit

Category

Code: T1026

Description: PPEC Partial Day

CPT/HCPCS: T1026

Other Code:

Change Type

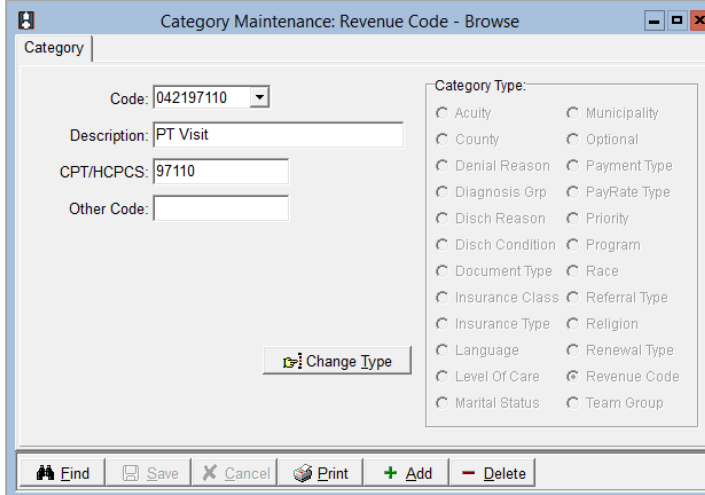
Category Type:

- Acuity
- Municipality
- County
- Optional
- Denial Reason
- Payment Type
- Diagnosis Grp
- PayRate Type
- Disch Reason
- Priority
- Disch Condition
- Program
- Document Type
- Race
- Insurance Class
- Referral Type
- Insurance Type
- Religion
- Language
- Renewal Type
- Level Of Care
- Revenue Code
- Marital Status
- Team Group

Find Save Cancel Print Add Delete

Add Revenue Code/HCPCS codes for Therapy Billing if needed

- Go to **File>File Maintenance>Category**.
- Click '**Change Type**' and set to **Revenue Code**.
- Press the '**Add**' button to add new code **042197110**.
- Type **PT Visit** as the Description.
- In CPT/HCPCS enter **97110**.
- Save.



Category Maintenance: Revenue Code - Browse

Category

Code: 042197110

Description: PT Visit

CPT/HCPCS: 97110

Other Code:

Change Type

Category Type:

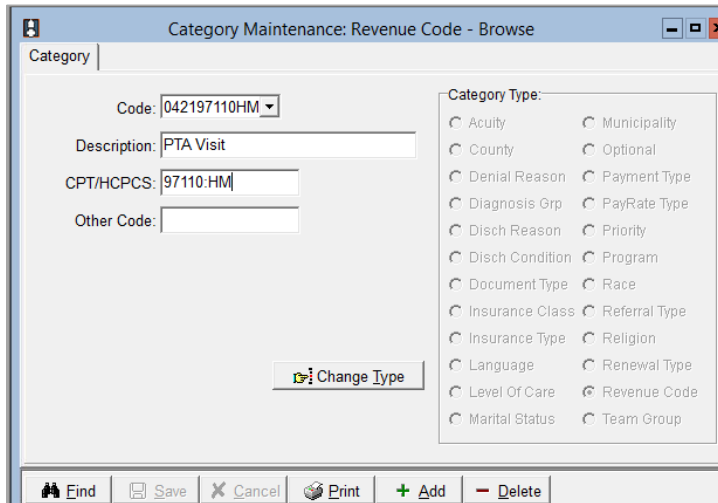
- Acuity
- Municipality
- County
- Optional
- Denial Reason
- Payment Type
- Diagnosis Grp
- PayRate Type
- Disch Reason
- Priority
- Disch Condition
- Program
- Document Type
- Race
- Insurance Class
- Referral Type
- Insurance Type
- Religion
- Language
- Renewal Type
- Level Of Care
- Revenue Code
- Marital Status
- Team Group

Find Save Cancel Print Add Delete

New Revenue Codes will need to be added when a visit type requires a modifier.

PTA Example:

- Press the '**Add**' button to add the new code **042197110HM**.
- Type **PTA Visit** as the Description.
- In CPT/HCPCS enter **97110:HM**.
- Save.



Category Maintenance: Revenue Code - Browse

Category

Code: 042197110HM

Description: PTA Visit

CPT/HCPCS: 97110:HM

Other Code:

Change Type

Category Type:

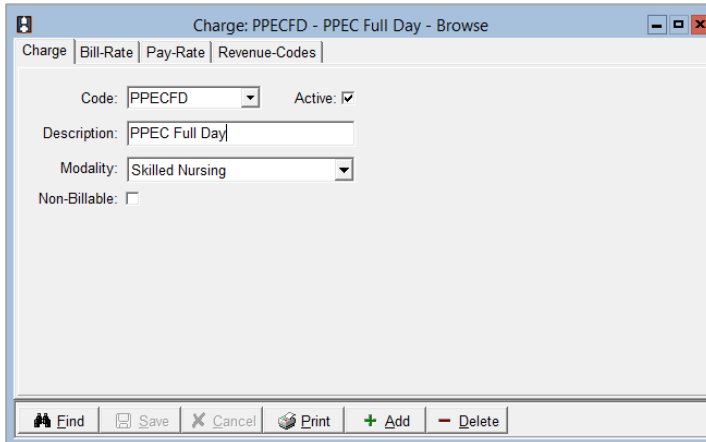
- Acuity
- Municipality
- County
- Optional
- Denial Reason
- Payment Type
- Diagnosis Grp
- PayRate Type
- Disch Reason
- Priority
- Disch Condition
- Program
- Document Type
- Race
- Insurance Class
- Referral Type
- Insurance Type
- Religion
- Language
- Renewal Type
- Level Of Care
- Revenue Code
- Marital Status
- Team Group

Find Save Cancel Print Add Delete

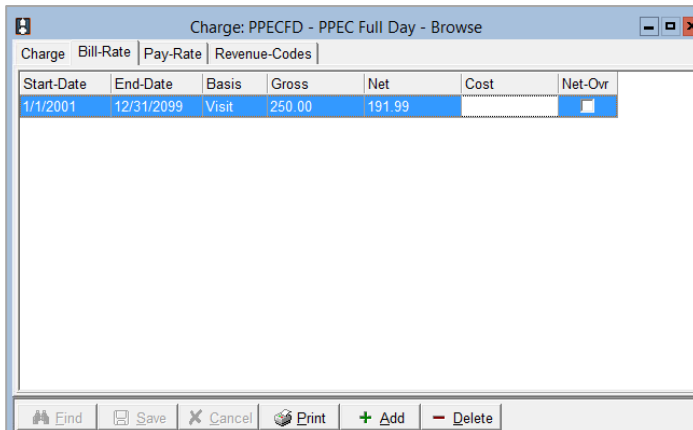
Repeat above steps to add additional revenue codes for other therapy types (ex. Speech Therapy with code 04419257 or Occupational Therapy with code 043197530).

Add PPEC charge codes.

- Go to **File>File Maintenance>Charge Code**.
- Click the **Add** button and enter **PPECFD** as the **Code** (this code must match the code entered in your clinical system).
- **Description:** enter **PPEC Full Day**.
- **Modality:** Skilled Nursing.

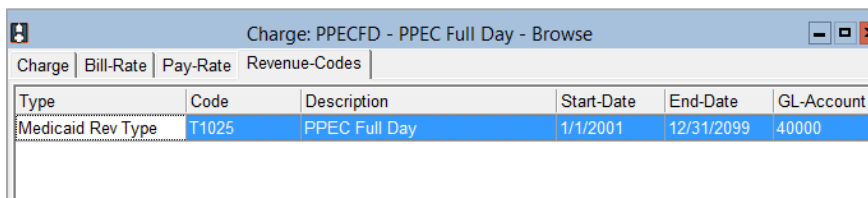


- Click on the **Bill-Rate** tab and then press the **Add** button.
- Enter a **Start-Date** that is prior to the date claims are to be billed in this system.
- **Basis:** Visit
- **Gross:** enter agency's usual and customary rate.
- **Net:** enter the amount the payer reimburses for this visit.



Start-Date	End-Date	Basis	Gross	Net	Cost	Net-Ovr
1/1/2001	12/31/2099	Visit	250.00	191.99		<input type="checkbox"/>

- Go to the **'Revenue-Codes'** tab.
- Click the **'Add'** button to add a new row.
- Set the **Type** to **'Medicaid Rev Type'** and in the **Code** column enter the associated Revenue Code.

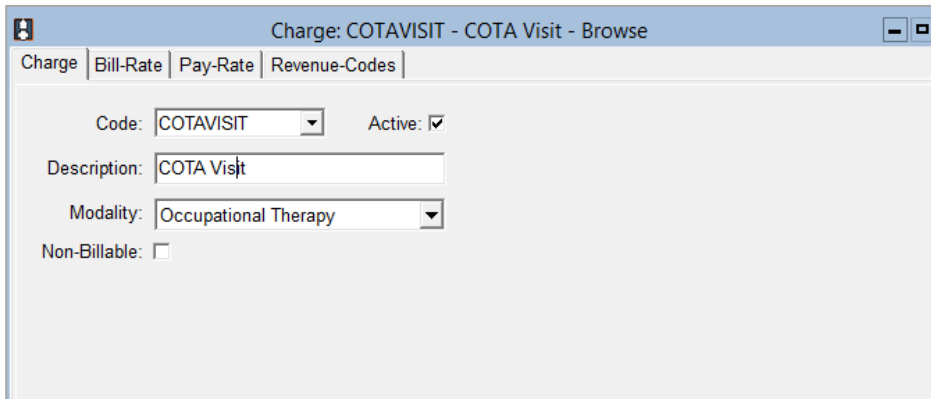


Type	Code	Description	Start-Date	End-Date	GL-Account
Medicaid Rev Type	T1025	PPEC Full Day	1/1/2001	12/31/2099	40000

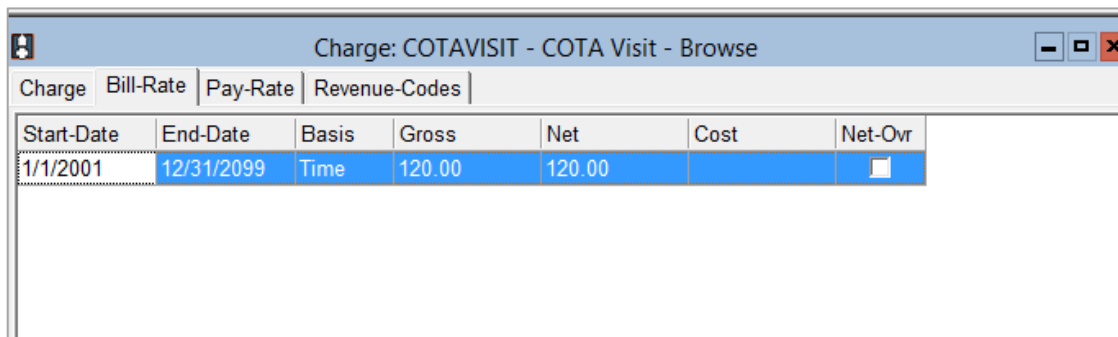
- Repeat these steps for the **PPEC Partial Day Charge** except **Basis** should be **Time** and **Revenue Code** should be **T1026**.

Create/Edit Therapy Charge Codes

- Go to **File > File Maintenance > Charge Code**.
 - If therapy charges are already present, the Florida Medicaid Insurance Type and corresponding Revenue/HCP/PCS code can be assigned on the **Revenue-Code** tab (payer rates can be assigned at the Insurance level if charge is used for multiple payer types).
 - Otherwise, to add a new charge code press the **'Add'** button.
- Enter the desired **Code** (must match the code in clinical software) and Description.
- Set the appropriate **Modality** and leave the **Non-Billable** box unchecked.

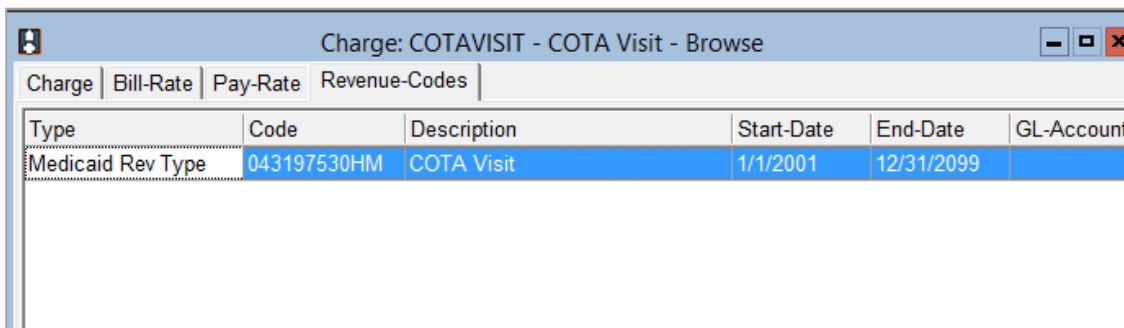


- On the **'Bill-Rate'** tab, add the amounts in the Gross and Net fields with the applicable Start and End Dates. Basis is set to **'Time'**.



Start-Date	End-Date	Basis	Gross	Net	Cost	Net-Ovr
1/1/2001	12/31/2099	Time	120.00	120.00		<input type="checkbox"/>

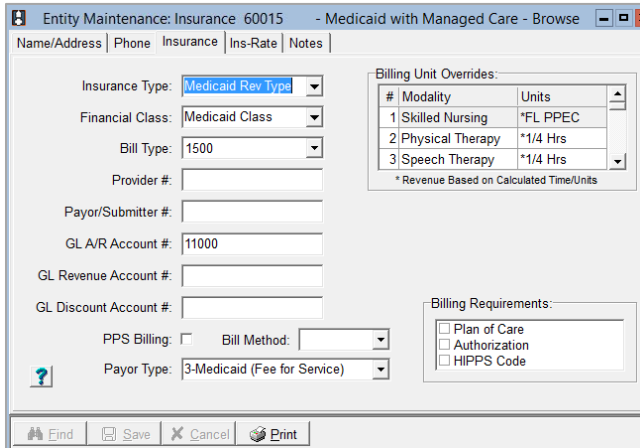
- Go to the **'Revenue-Codes'** tab.
- Click the **'Add'** button to add a new row. Set the **Type** to **'Medicaid Rev Type'** and in the **Code** column enter the associated Revenue Code.



Type	Code	Description	Start-Date	End-Date	GL-Account
Medicaid Rev Type	043197530HM	COTA Visit	1/1/2001	12/31/2099	

Setup the PPEC Medicaid insurance.

- Go to **File > File Maintenance > Entity**, click ‘**Change Type**’ and set to **Insurance**.
- On the **Insurance** tab for the Florida Medicaid payer, confirm the following:
 - **Insurance Type:** Medicaid Rev Type
 - **Financial Class:** Medicaid Class”
 - **Bill Type:** 1500
 - **Payor Type:** 3-Medicaid (Fee for Service)
 - **Billing Unit Overrides:** SN and LPN modalities are set to “***FL PPEC.**”

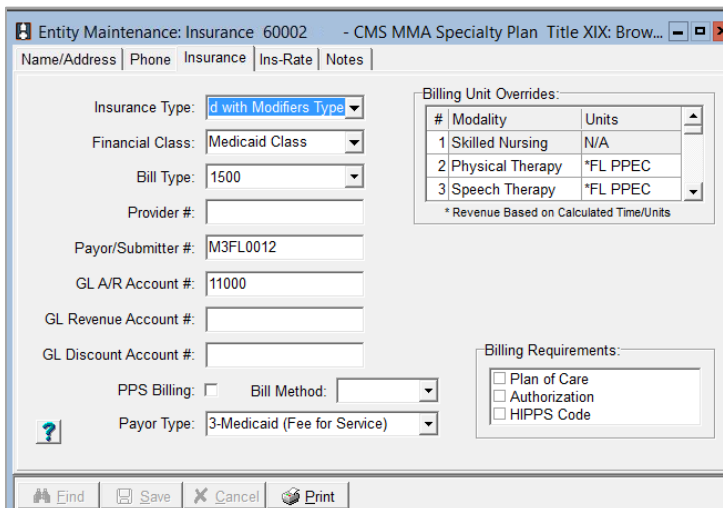


#	Modality	Units
1	Skilled Nursing	*FL PPEC
2	Physical Therapy	*1/4 Hrs
3	Speech Therapy	*1/4 Hrs

- On the ‘**Ins-Rate**’ tab, charges not covered by this payer should be added with 0 rate and the Allow option not selected, or the Blanket Rate functionality can be used.

Setup the Children’s Medical Services (CMS) Therapy Payer.

- Go to **File > File Maintenance > Entity**, click ‘**Change Type**’ and set to **Insurance**.
- On the **Insurance** tab for the CMS Medicaid payer, confirm the following:
 - **Insurance Type:** Medicaid Rev Type
 - **Financial Class:** Medicaid Class”
 - **Bill Type:** 1500
 - **Payor Type:** 3-Medicaid (Fee for Service)
 - **Billing Unit Overrides:** Therapy modalities are set to “***FL PPEC.**”



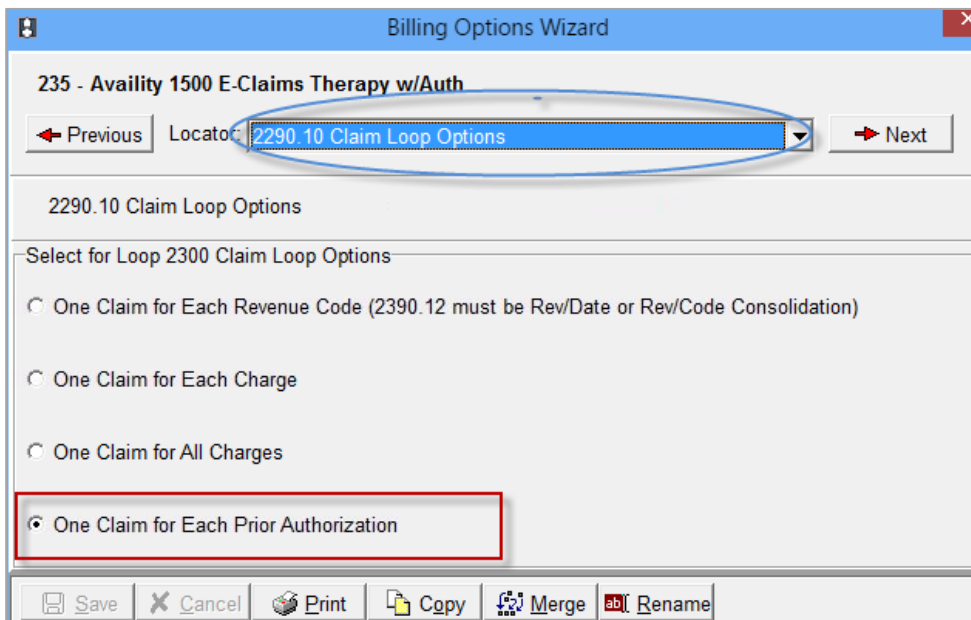
#	Modality	Units
1	Skilled Nursing	N/A
2	Physical Therapy	*FL PPEC
3	Speech Therapy	*FL PPEC

- On the 'Ins-Rate' tab, charges not covered by this payer should be added with 0 rate and the Allow option not selected, or the Blanket Rate functionality can be used.

Entity Maintenance: Insurance 60002 - CMS MMA Specialty Plan Title XIX - Bro...							
Name/Address	Phone	Insurance	Ins-Rate	Notes			
Charge-Description	Charge-Code	Start-Date	End-Date	Type	Rate	Allow	
COTA Visit	COTAVISIT	1/1/2001		F	57.20	<input type="checkbox"/>	
PPEC Full Day	PPECFD	1/1/2001		F	0.00	<input type="checkbox"/>	
PT Visit	PTVISIT	1/1/2001		F	71.44	<input type="checkbox"/>	

Configure the Florida Medicaid Option Set(s).

- If billing via a clearinghouse, one option set can be used for all payers that have the same billing format (ex. professional) and if both have the same authorization requirements.
- To meet FL Medicaid billing requirements as of 2017, a separate option set will need to be generated for the PPEC and CMS Therapy claims.
- For CMS claims requiring authorizations and the rendering therapy provider on the claim, the following options should be selected in the option set:

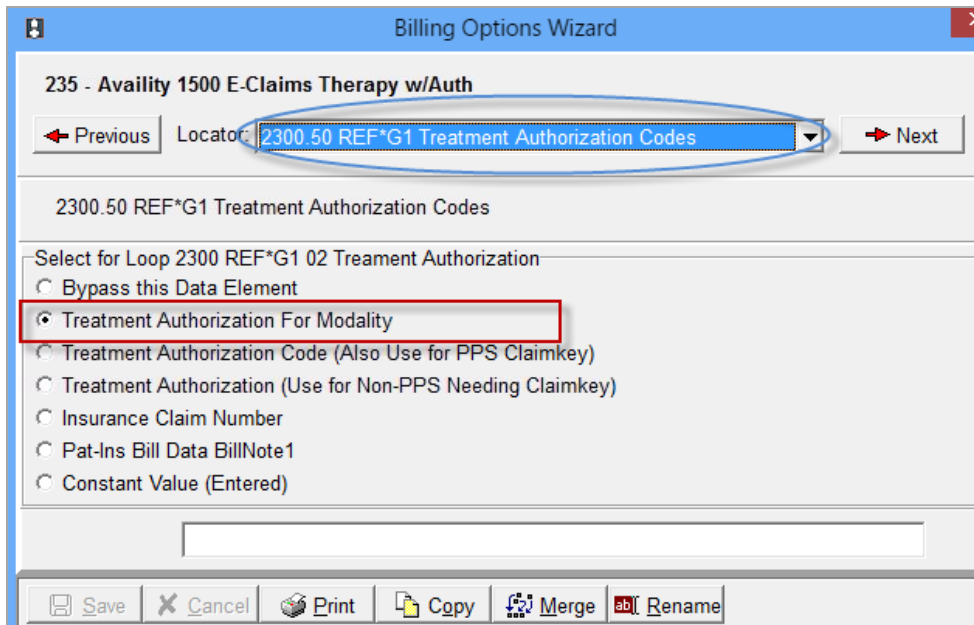


The screenshot shows the 'Billing Options Wizard' window. The title bar reads 'Billing Options Wizard'. The main window title is '235 - Availity 1500 E-Claims Therapy w/Auth'. Below the title, there are 'Previous' and 'Next' buttons. A dropdown menu is open, showing '2290.10 Claim Loop Options' selected. Below the dropdown, the text '2290.10 Claim Loop Options' is displayed. Underneath, there is a section titled 'Select for Loop 2300 Claim Loop Options' with four radio button options:

- One Claim for Each Revenue Code (2390.12 must be Rev/Date or Rev/Code Consolidation)
- One Claim for Each Charge
- One Claim for All Charges
- One Claim for Each Prior Authorization

 The 'One Claim for Each Prior Authorization' option is highlighted with a red box. At the bottom of the window, there is a toolbar with buttons for 'Save', 'Cancel', 'Print', 'Copy', 'Merge', and 'Rename'.

Note: if authorizations are not required but the rendering provider is, choose 'One Claim For Each Revenue Code' instead.



Billing Options Wizard

235 - Availability 1500 E-Claims Therapy w/Auth

Locator: 2300.50 REF*G1 Treatment Authorization Codes

2300.50 REF*G1 Treatment Authorization Codes

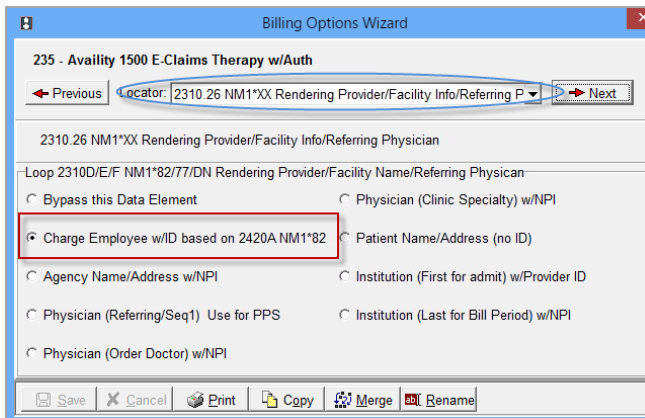
Select for Loop 2300 REF*G1 02 Treatment Authorization

- Bypass this Data Element
- Treatment Authorization For Modality
- Treatment Authorization Code (Also Use for PPS Claimkey)
- Treatment Authorization (Use for Non-PPS Needing Claimkey)
- Insurance Claim Number
- Pat-Ins Bill Data BillNote1
- Constant Value (Entered)

Save Cancel Print Copy Merge Rename

Note: When using these options, authorizations should be entered for the patients in the Clinical software.

- To use these options, the employee's NPI number should be entered in Billing the **Employee Entity Maintenance** file in the **Other-Info** Tab's **Taxonomy Code** field.



Billing Options Wizard

235 - Availability 1500 E-Claims Therapy w/Auth

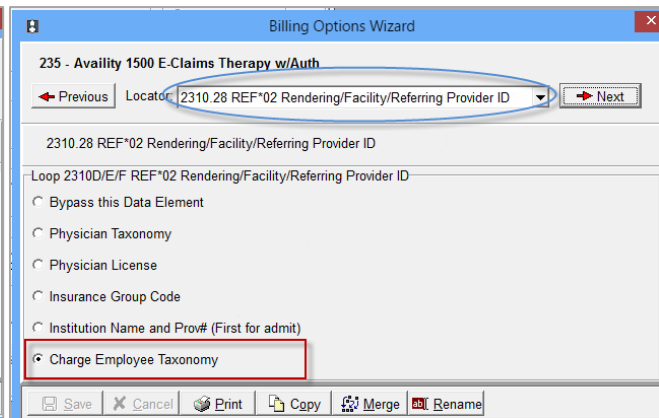
Locator: 2310.26 NM1*XX Rendering Provider/Facility Info/Referring P

2310.26 NM1*XX Rendering Provider/Facility Info/Referring Physician

Loop 2310D/E/F NM1*82/77/DN Rendering Provider/Facility Name/Referring Physician

- Bypass this Data Element
- Charge Employee w/ID based on 2420A NM1*82
- Patient Name/Address (no ID)
- Agency Name/Address w/NPI
- Institution (First for admit) w/Provider ID
- Physician (Referring/Seq1) Use for PPS
- Institution (Last for Bill Period) w/NPI
- Physician (Order Doctor) w/NPI

Save Cancel Print Copy Merge Rename



Billing Options Wizard

235 - Availability 1500 E-Claims Therapy w/Auth

Locator: 2310.28 REF*02 Rendering/Facility/Referring Provider ID

2310.28 REF*02 Rendering/Facility/Referring Provider ID

Loop 2310D/E/F REF*02 Rendering/Facility/Referring Provider ID

- Bypass this Data Element
- Charge Employee Taxonomy
- Physician Taxonomy
- Physician License
- Insurance Group Code
- Institution Name and Prov# (First for admit)

Save Cancel Print Copy Merge Rename

Process

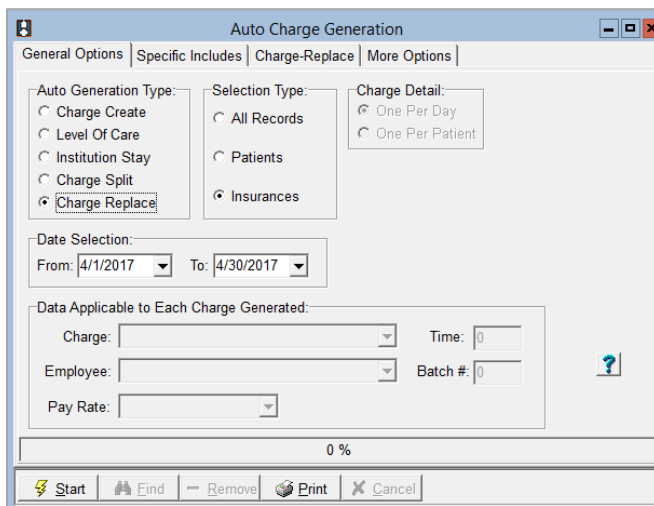
PPEC Charge Replace Routine

Prior to running Billing Audits in HAS, the PPEC Full Day charges that do not meet Florida Medicaid’s visit length requirements must be replaced with the PPEC Partial Day charge codes.

- Go to **Charge > Auto Charge Generation** (or File > Report Groups if setup).

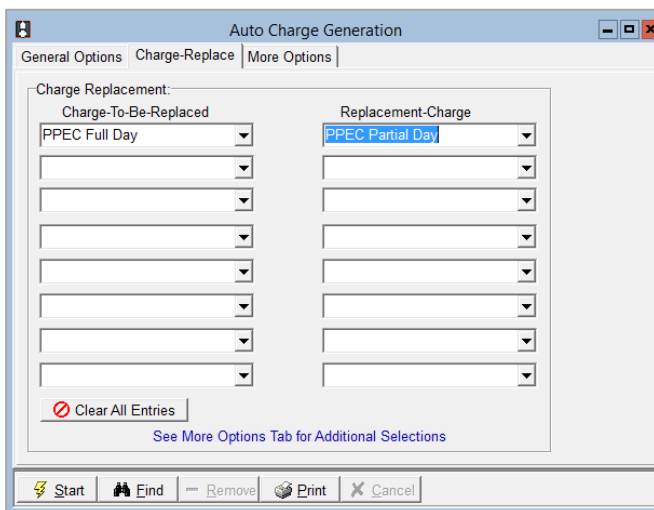
General Options tab

- **Auto Generation Type:** Charge Replace
- **Selection Type:** Insurances (select Florida Medicaid PPEC payer on the ‘Specific Includes’ tab)
- **Date Selection:** current billing period



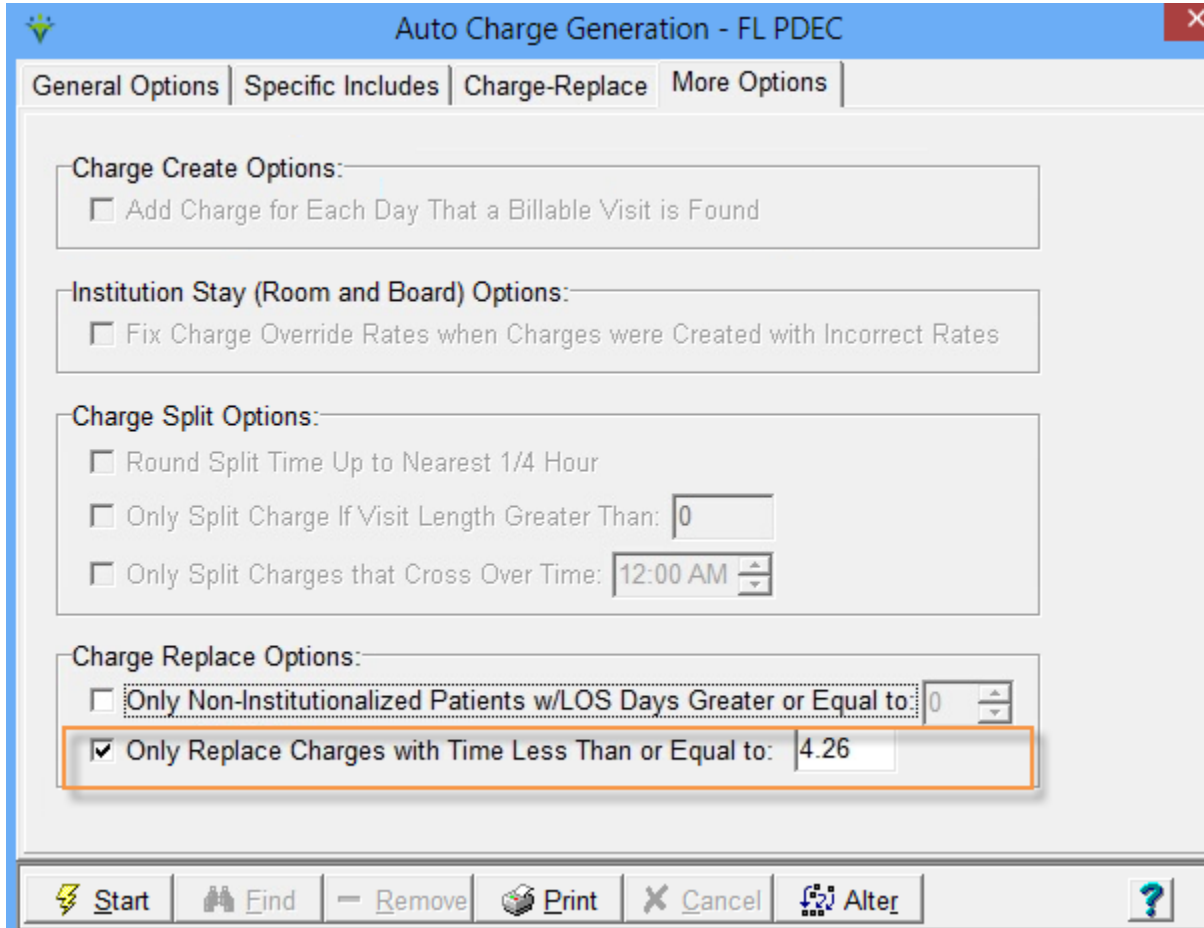
Charge-Replace Tab

- **Charge-To-Be-Replaced:** PPEC Full Day
- **Replacement Charge:** PPEC Partial Day



'More Options' tab- Charge Replace Options

- **Only Replace Charges with Time Less Than or Equal to:** check and enter 4.26 to replace full day charges with partial days if visits are less than 4 hours and 16 minutes.



The screenshot shows the 'Auto Charge Generation - FL PDEC' application window with the 'More Options' tab selected. The 'Charge Replace Options' section is highlighted with an orange border. It contains the following options:

- Add Charge for Each Day That a Billable Visit is Found
- Fix Charge Override Rates when Charges were Created with Incorrect Rates
- Round Split Time Up to Nearest 1/4 Hour
- Only Split Charge If Visit Length Greater Than: 0
- Only Split Charges that Cross Over Time: 12:00 AM
- Only Non-Institutionalized Patients w/LOS Days Greater or Equal to: 0
- Only Replace Charges with Time Less Than or Equal to: 4.26

The bottom toolbar includes buttons for Start, Find, Remove, Print, Cancel, Alter, and a help icon.

- Press **'Start'** and select **'Yes'** on the confirmation windows if the number of charges to be replaced appears accurate.
 - If not, select **'No'** and adjust the selection criteria.
- After the **Auto Charge Replace** routine has been run, proceed with running **Billing Pre-Audits**.
- **Post Audits** and create electronic claims using the option sets configured for these payers.