Florida Medicaid
PPEC and CMS Therapy Billing

Contents

How to bill Florida Medicaid
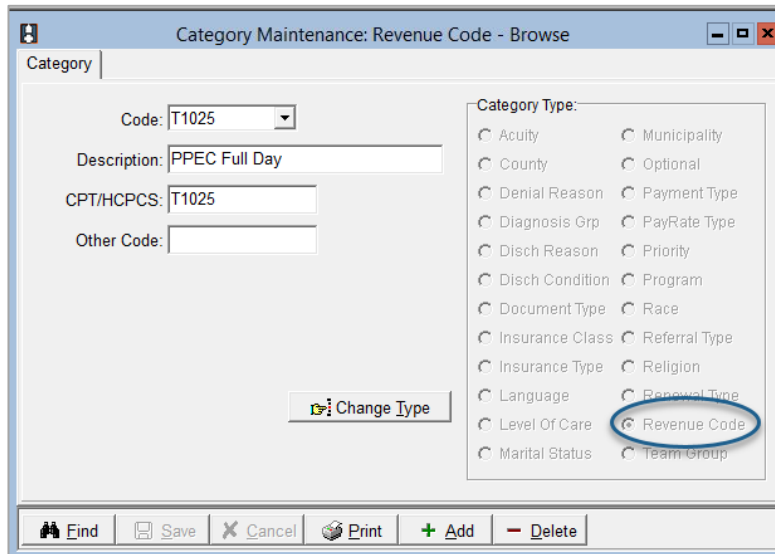# PPEC and CMS Therapy Claims

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**
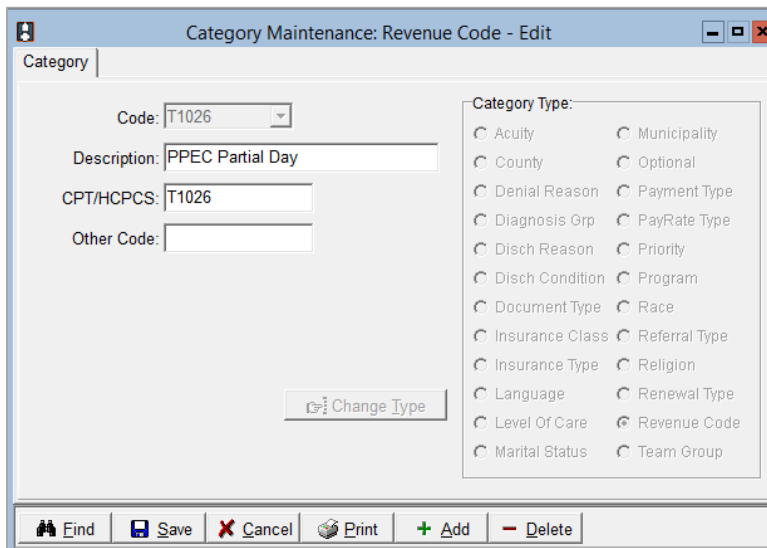
- Press '**Add**' and add new code **T1026.**
- In Description field type **PPEC Partial Day**.
- In CPT/HCPCS type **T1026**.
- Click **Save**.
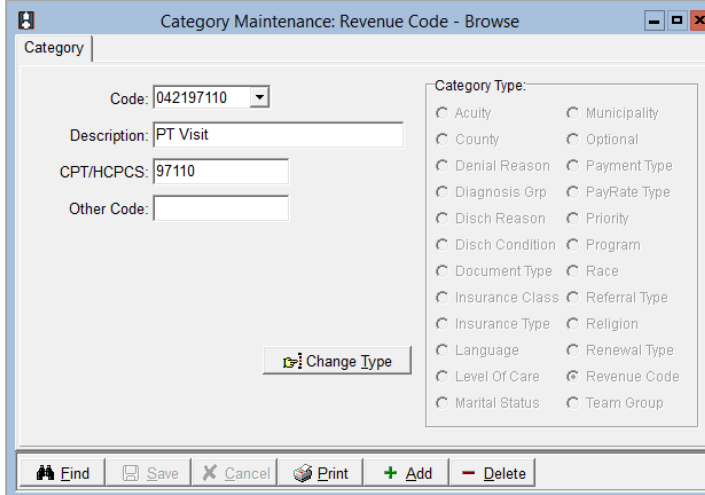
Add Revenue Code/HCPCS codes for Therapy Billing if needed

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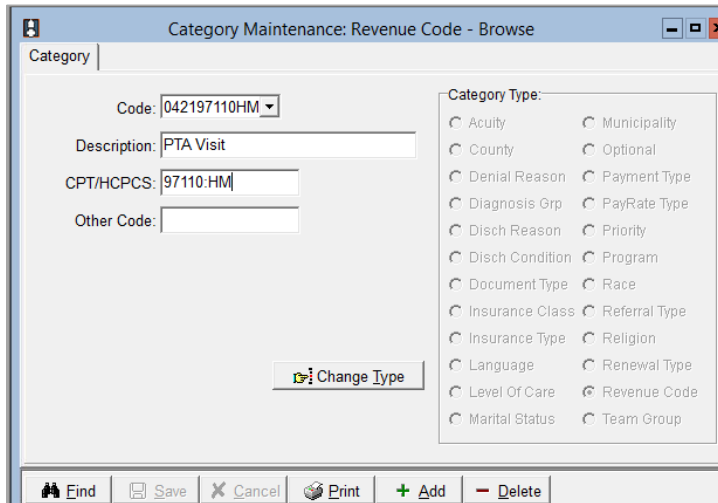
New Revenue Codes will need to be added when a visit type requires a modifier.

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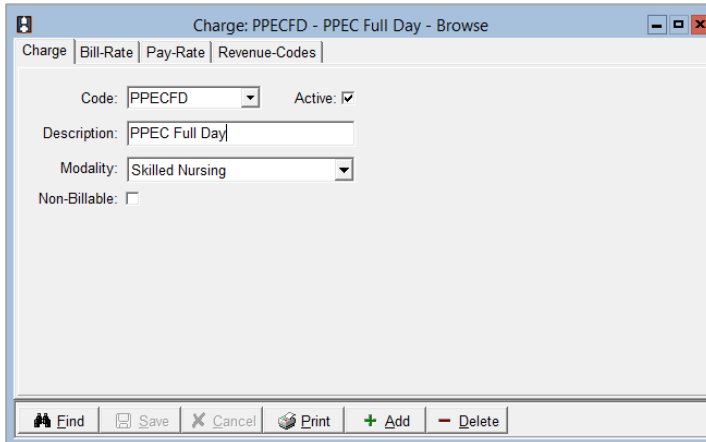
Repeat above steps to add additional revenue codes for other therapy types (ex. Speech Therapy with code 04419257 or Occupational Therapy with code 043197530).

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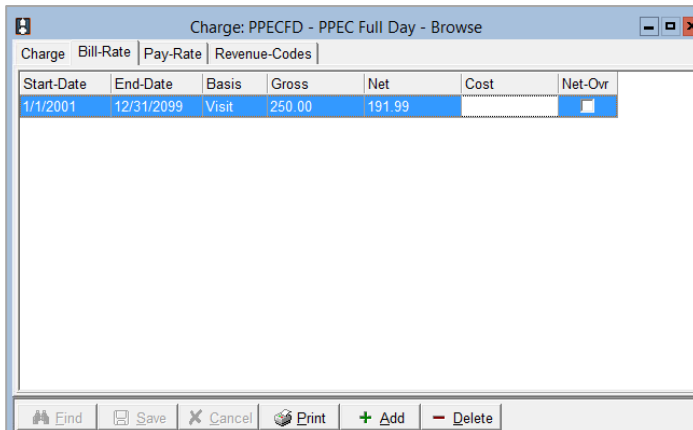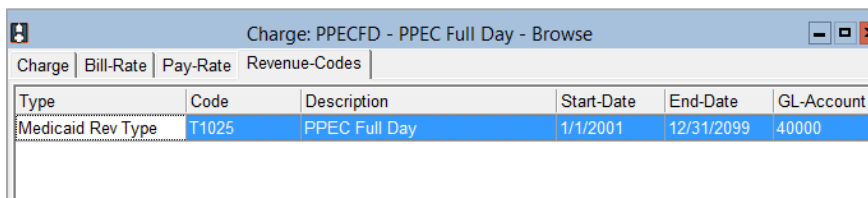- Enter a **Start-Date** that is prior to the date claims are to be billed in this system.
- **Basis**: Visit
- **Gross**: enter agency's usual and customary rate.
- **Net**: enter the amount the payer reimburses for this visit.

- 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.

- 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/HCPCS 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**'.

- 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.
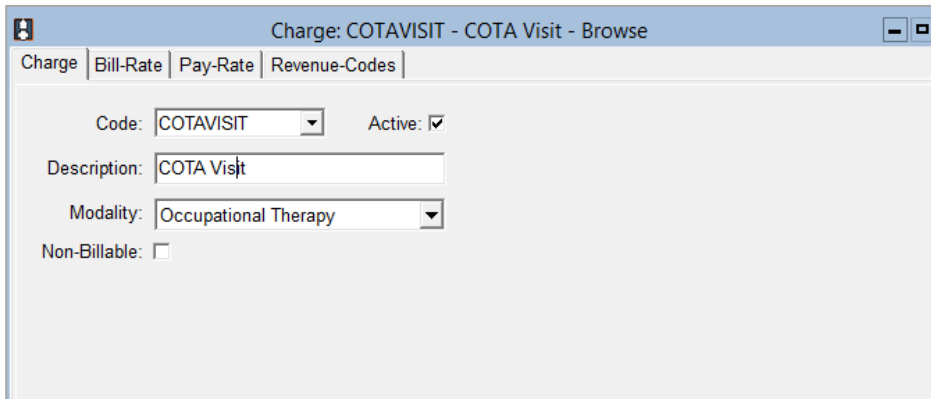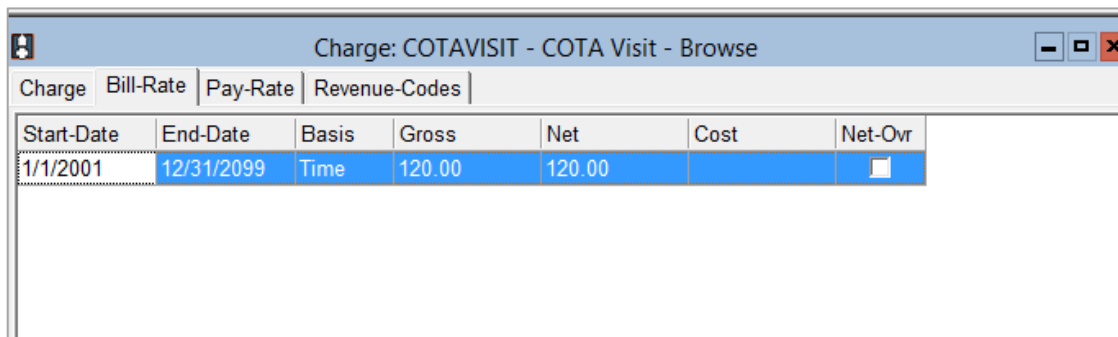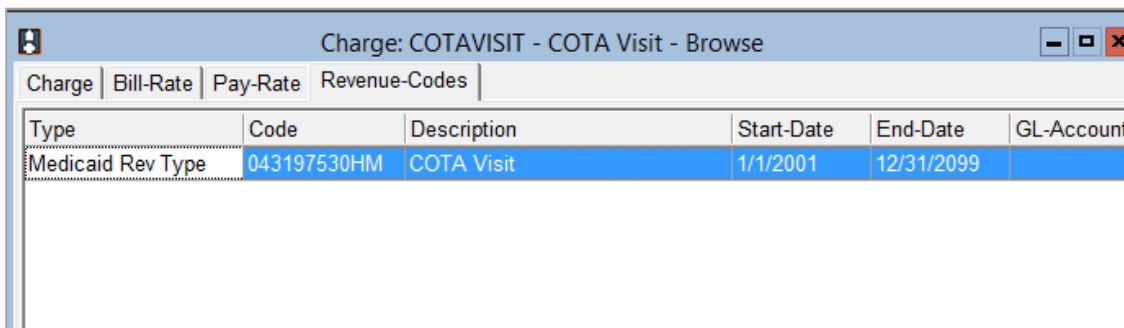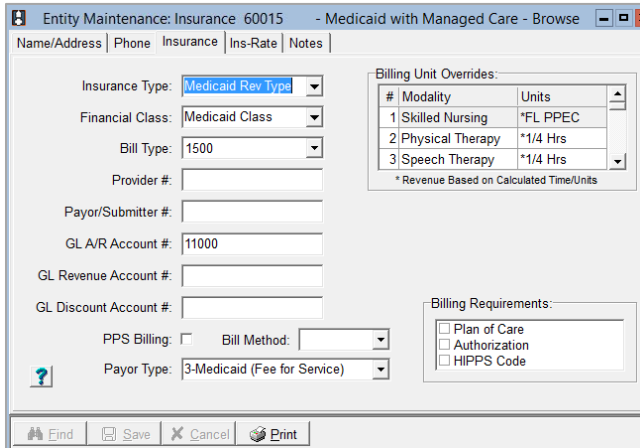
Setup the PPEC Medicaid insurance.

- 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:
  - o **Insurance Type**: Medicaid Rev Type
  - o **Financial Class**: Medicaid Class"
  - o **Bill Type**: 1500
  - o **Payor Type**: 3-Medicaid (Fee for Service)
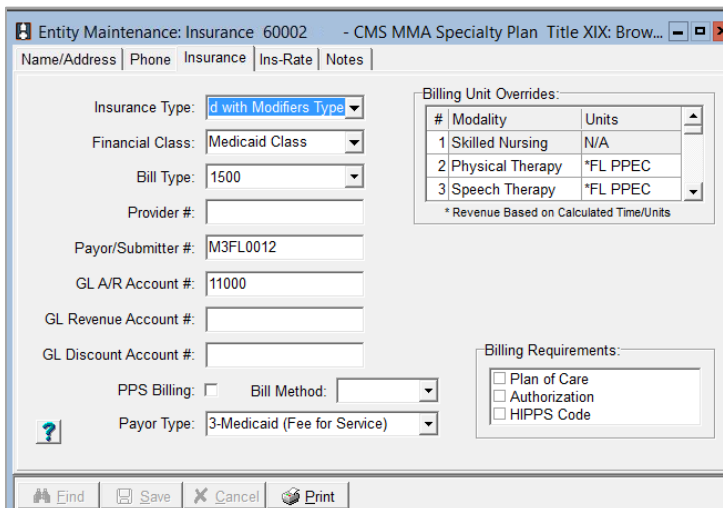 - o **Billing Unit Overrides**: SN and LPN modalities are set to "***FL PPEC**."

- 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.

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:
  - o **Insurance Type**: Medicaid Rev Type
  - o **Financial Class**: Medicaid Class"
  - o **Bill Type**: 1500
  - o **Payor Type**: 3-Medicaid (Fee for Service)
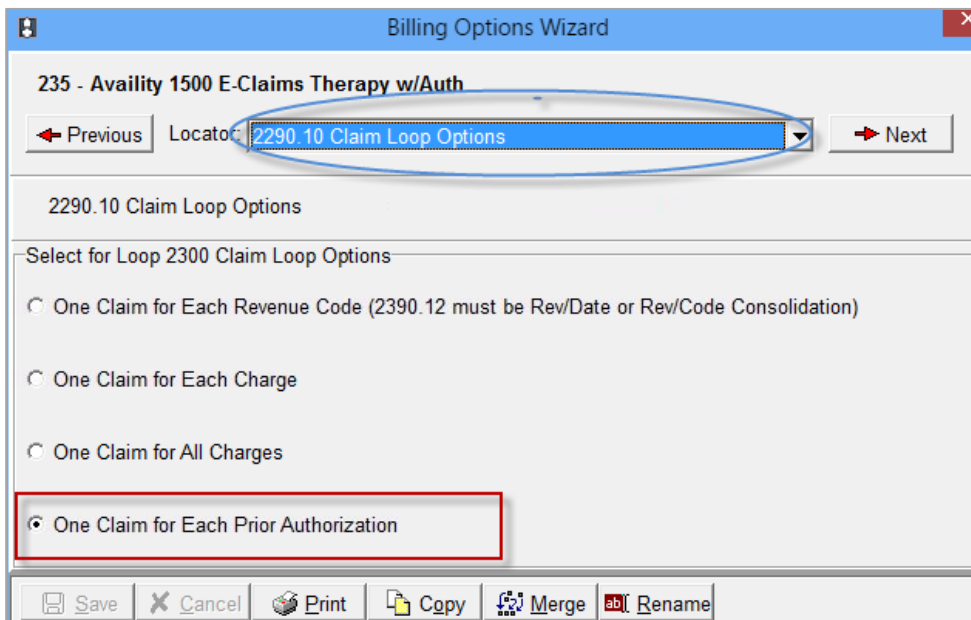 - o **Billing Unit Overrides**: Therapy modalities are set to "***FL PPEC**."

- 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.

Charge-Description	Charge-Code	Start-Date	End-Date	Type	Rate	Allow
COTA Visit	COTAVISIT	1/1/2001		F	57.20	☐
PPEC Full Day	PPECFD	1/1/2001		F	0.00	☐
PT Visit	PTVISIT	1/1/2001		F	71.44	☐

Entity Maintenance: Insurance 60002 - CMS MMA Specialty Plan Title XIX - Bro... — Name/Address | Phone | Insurance | Ins-Rate | Notes

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:
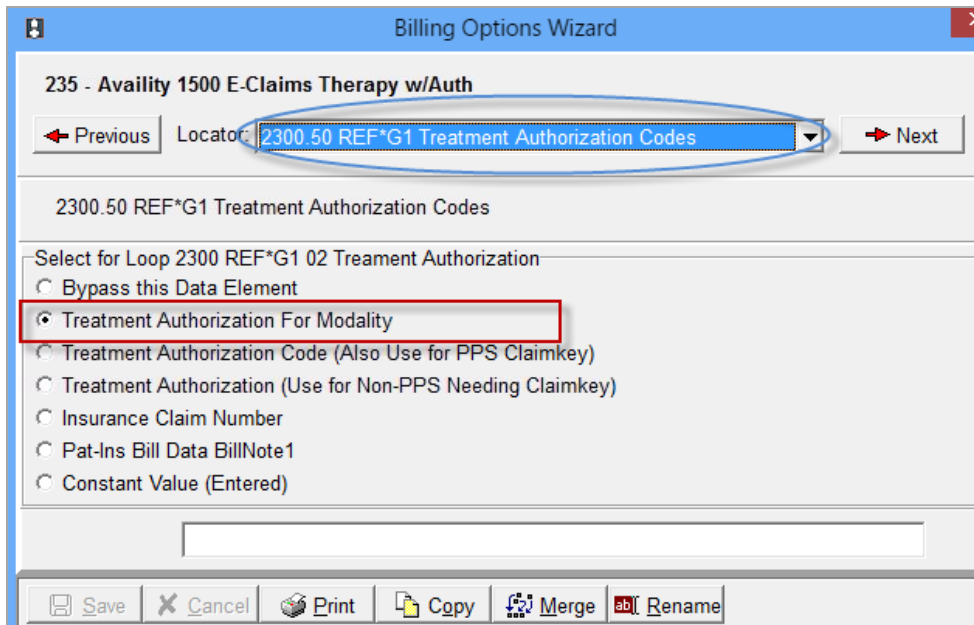
Billing Options Wizard

235 - Availity 1500 E-Claims Therapy w/Auth
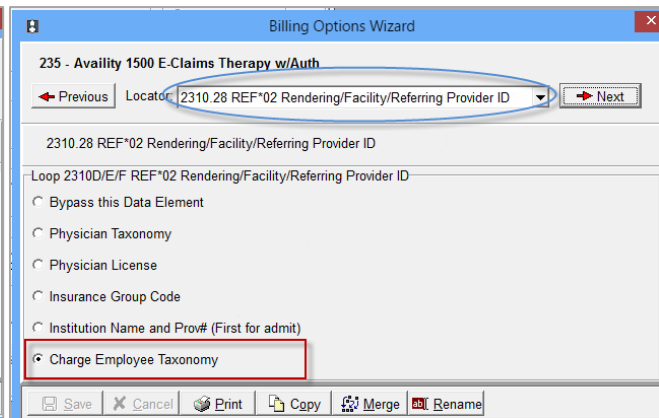
← Previous   Locator: 2290.10 Claim Loop Options   → Next

2290.10 Claim Loop Options

Select for Loop 2300 Claim Loop 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

💾 Save   ✖ Cancel   🖨 Print   📋 Copy   Merge   Rename

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

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 Billingthe **Employee Entity Maintenance** file in the **Other-Info** Tab's **Taxonomy Code** field.

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.

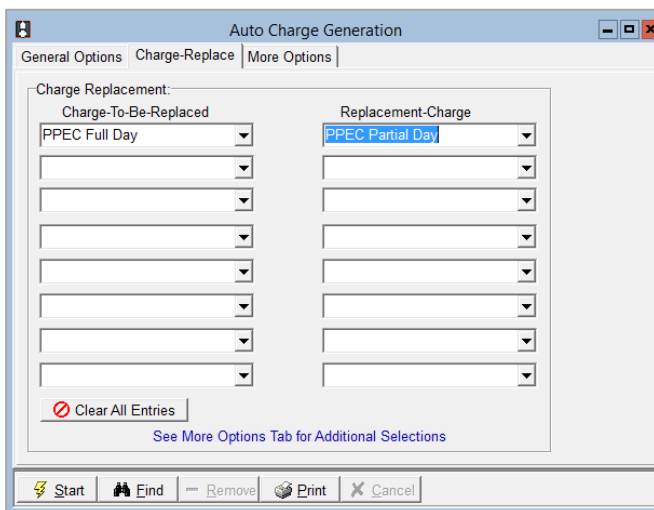- Go to **Charge > Auto Charge Generation** (or File > Report Groups if setup).

General Options tab
- **Auto Generation Type:** Charge Replace
- **Selection Type**: Insurances (select Florida Medicaid PPEC payer on the 'Specific Includes' tab)
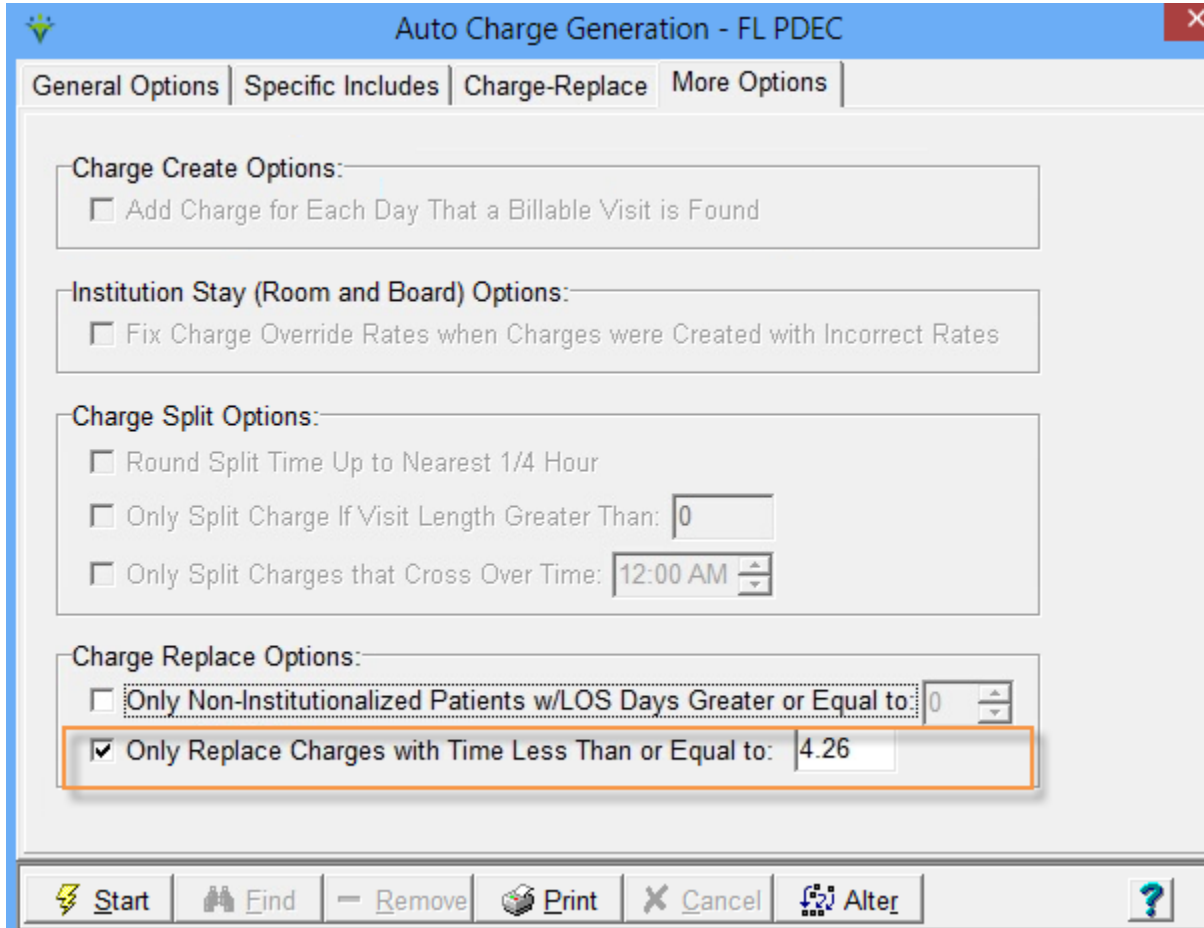- **Date Selection:** current billing period
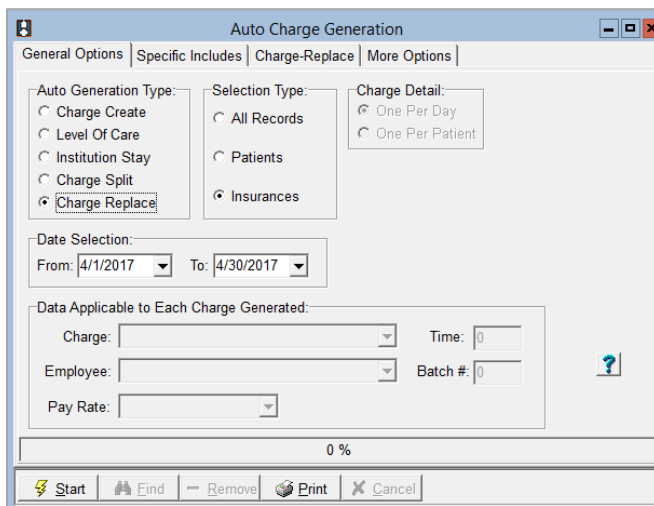
Charge-Replace Tab
- **Charge-To-Be-Replaced:** PPEC Full Day
- **Replacement Charge**: PPEC Partial Day

'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.

- 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.