

## Social Services ProviderOne Billing Supplement for Providers of Private Duty Nursing for Adults

### Who should use this billing supplement?

The purpose of this billing supplement is to assist social services providers to properly bill for services provided to eligible clients age 18 and older when properly authorized by a case worker.

### What procedure codes may I bill HCA?

HCPCS Procedure Code	Appropriate Modifier(s)	Description of Services
<b>T1000</b>	TD	RN, per 15 min.
<b>T1000</b>	TD, TV	RN, per 15 min., <b>holiday*</b>
<b>T1000</b>	TE	LPN, per 15 min.
<b>T1000</b>	TE, TV	LPN, per 15 min., <b>holiday*</b>

#### Key to Modifiers:

TD = RN

TE = LPN

TV = Holiday

*\*Paid holidays are limited to New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans' Day, Native American's Heritage Day, Thanksgiving Day, and Christmas Day.*

- HCA pays for private duty nursing services per unit. 1 unit = 15 minutes.

- HCA does not pay for the second client premium or overtime for clients age 18 and older.
- Your social services authorization in ProviderOne will not include modifiers. When billing HCA, use the appropriate modifier(s).

## How do I bill for services?

- Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers and Providers](#) web page, under [Webinars](#).
- For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) web page
- Also, see HCA's [ProviderOne Billing and Resource Guide](#) for general billing information.

**Note:** To prevent billing denials, check the client's eligibility for other coverage **before** scheduling services and at the **time of the service**. See HCA's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility and how to request a limitation extension or exception to rule. Providers must exhaust other coverage before submitting a request for payment to HCA under a social services authorization. To reduce payment issues, providers must ensure an error-free authorization is in ProviderOne prior to completing a service when it will be paid for by social services.

## Who do I contact if I have questions?

Visit HCA's [website](#) for further information about program coverage, how to bill, or who to contact with questions.

