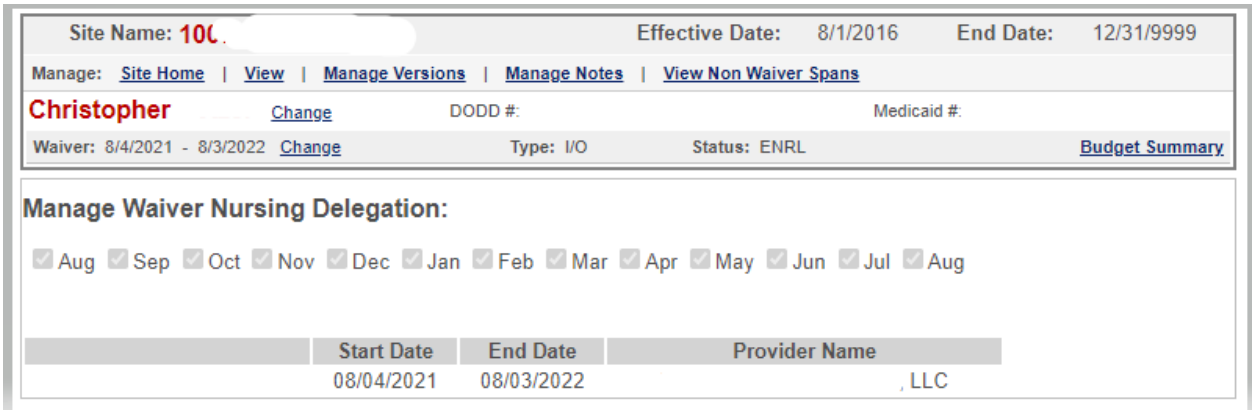
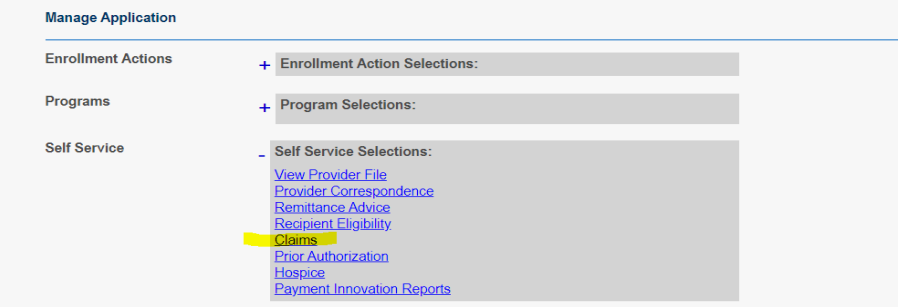
Waiver Nursing & Waiver Nursing Delegation Billing Process

1) Make sure the service is outlined in the service plan.
2) Verify in CPT the service is authorized. County places in CPT and the information translates over to the PNM/MITS system so claims can be applied against the approval.
3) The CPT approval looks like pictured below. Without this approval the PNM/MITS claims will not go through.



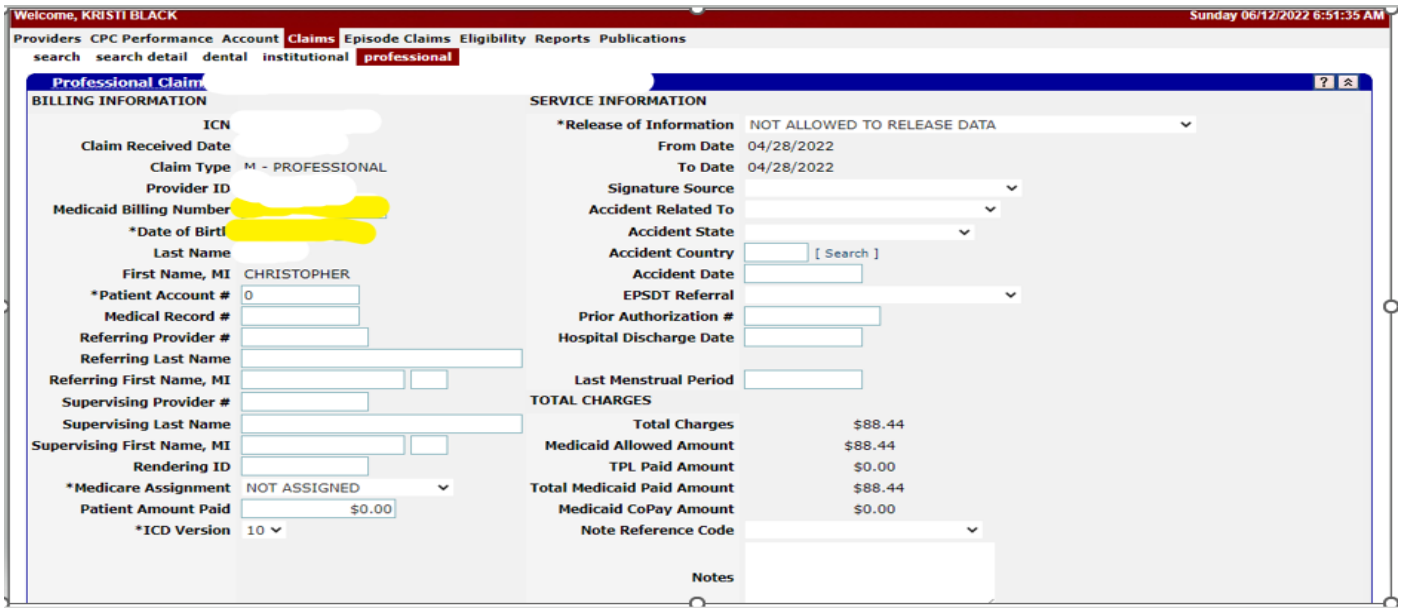
4) When billing for a month, gather all the data required for a billing claim. If a new person with a new claim, you will also need, diagnosis code & referring physician.
5) Log into PNM and navigate to Provider Management Home, go to "self-service", click on the + sign and go to "claims".



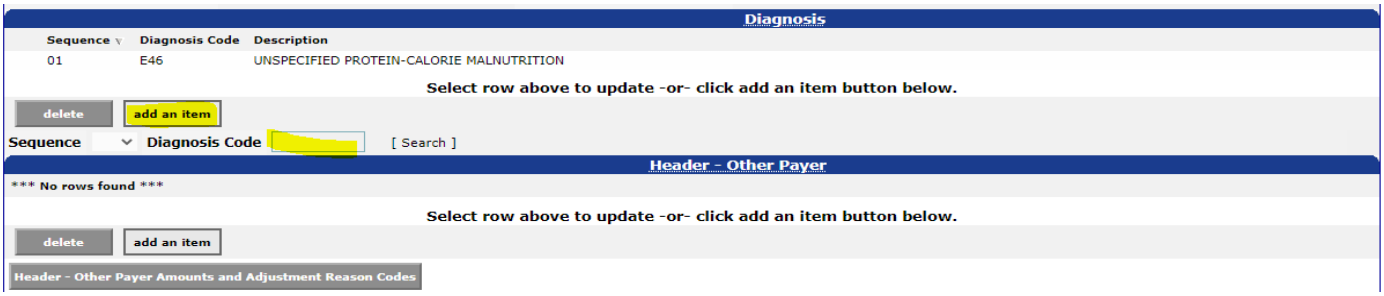
Waiver Nursing & Waiver Nursing Delegation Billing Process

6) To process a New Claim
7) From the menu, choose, CLAIMS, then PROFESSIONAL.
8) You only have certain boxes that are required. See below for highlighted ones.

This is where you will need, name, birthday, Medicaid number, diagnosis code (which relates to why the person needs waiver delegated nursing). You will also need ordering physician and their NPI number. (for additional provider information)



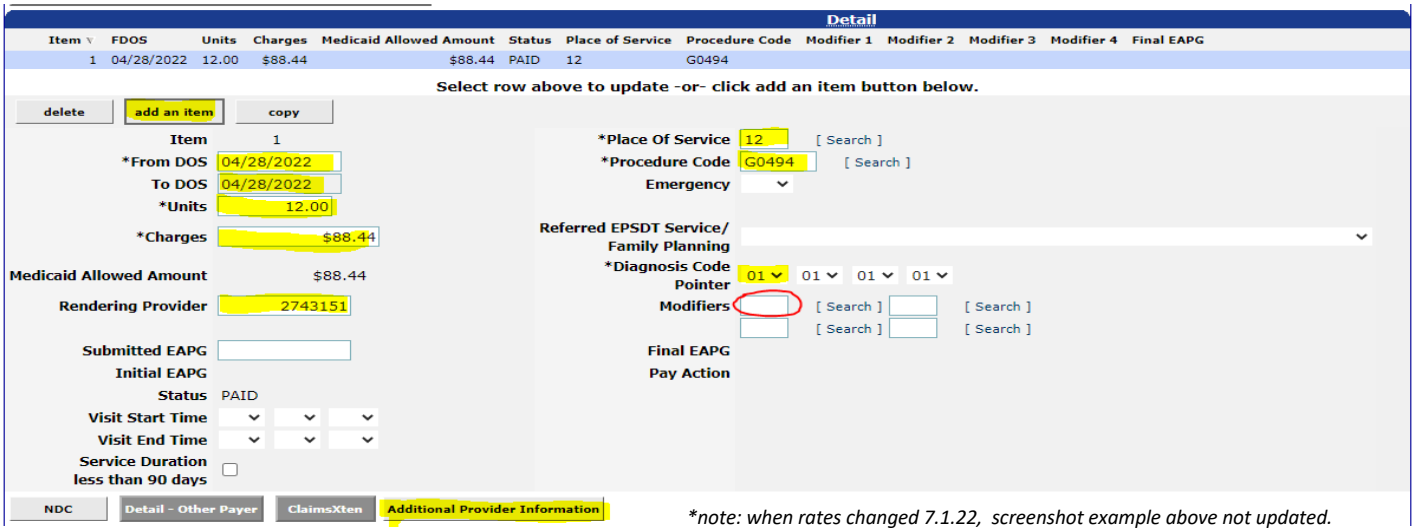
Medicaid # & DOB – When starting a new claim, this is all you need to enter in the first section. The name of the self-advocate will populate.



For the diagnosis section, all you need to do is "add" the diagnosis code related to the reason for the nursing service. (you wouldn't add the DD diagnosis here). Typically see one diagnosis here. You can get the specific diagnosis related to the nursing routine from the nurse or the physician who ordered the routine.

There is nothing to enter under "Header – Other Payer".

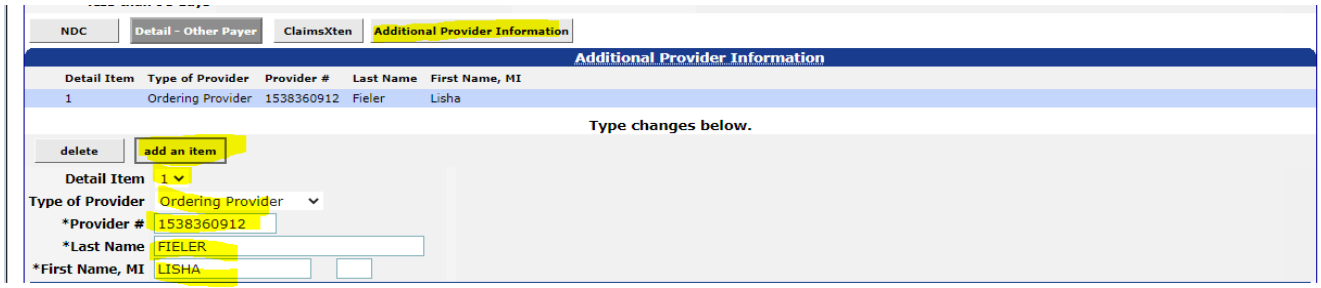
Waiver Nursing & Waiver Nursing Delegation Billing Process



*note: when rates changed 7.1.22, screenshot example above not updated.

On the "Detail" section:

1) Add an item
2) Put in your DOS (you can only do one day at a time)
3) # of units
4) Total charges
5) Agency NPI if it doesn't auto populate for you.
6) Place of service: 12 is "home" or you can search to find appropriate code
7) Procedure code:
   G0494 – Waiver Nursing Delegation/Consultation by LPN (Agency $7.81 – 15 min)
   G0493 – Waiver Nursing Delegation/Consultation by RN (Agency $9.24 – 15 min)
   G0493 – With U9 "modifier" (see red circle above for where to enter) (Agency $39.26 – per assessment)
   Waiver Nursing – (Agency – RN: T1002; 1st 35-60 mins-$50.29, then $9.25 T1002 thereafter)-see rule
   Waiver Nursing – (Agency – LPN: T1003; 1st 35-60 mins - $43.13, then $7.82 T1003 thereafter)-see rule
8) Diagnosis code pointer is "1"
9) Additional Provider Information – this is where you will add the ordering physician name and NPI number.



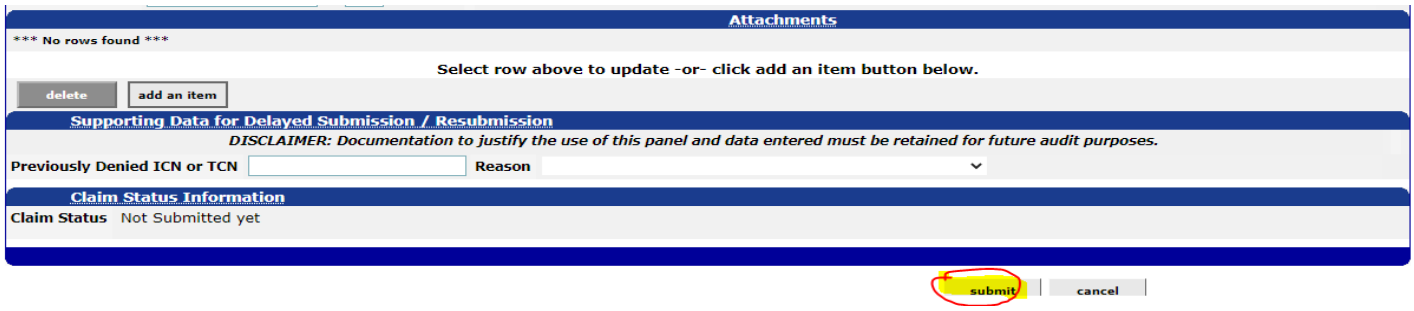
Add an Item, Detail 1, Ordering Provider, NPI, Last and First name of Physician.

Waiver Nursing & Waiver Nursing Delegation Billing Process

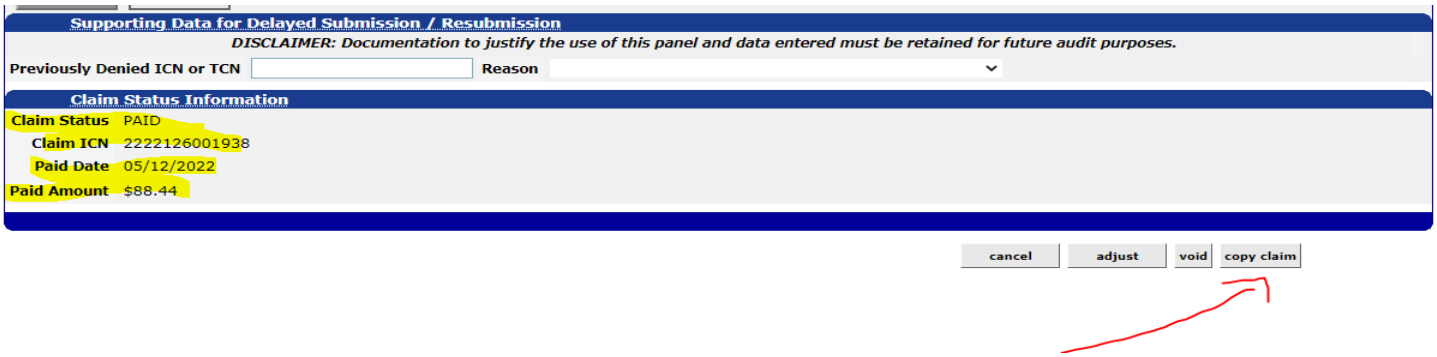
NPI #'s are public information and can be searched at the link below:

https://www.npinumberlookup.org/

Then you "Submit" claim



Payment or Denial details will follow:



If you need to enter another claim for a person, simply click on "copy claim" (see above)

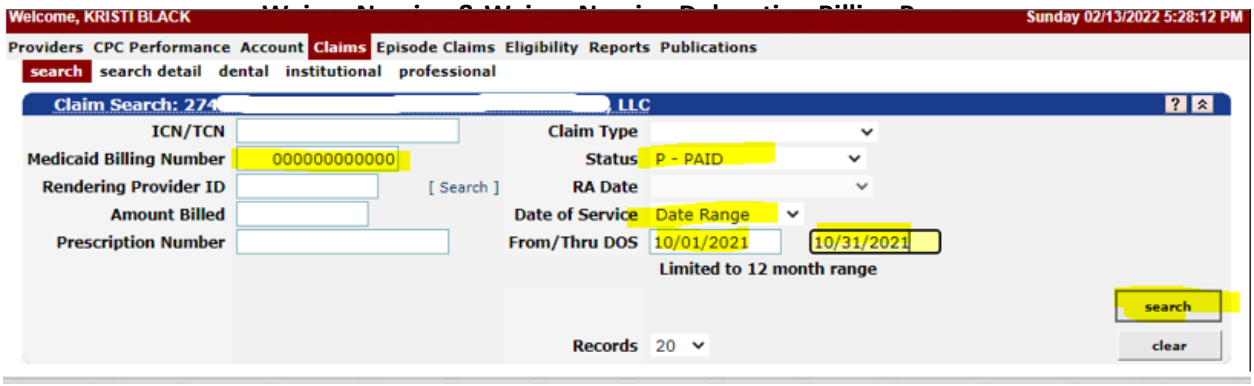
Once you copy the claim, you simply go in and edit the date of service, units, charge, place of service and procedure code (if procedure code differs from previous claim), then submit.

When billing for the first time, follow the "new claim" steps for each self-advocate you need to enter billing for.

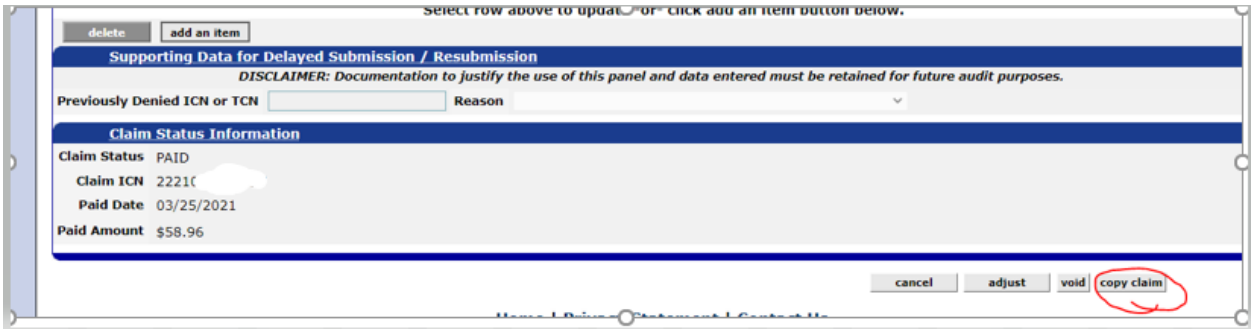
THE NEXT MONTH -

If you are in a new month and need to enter claims, follow steps 1 -13, then:

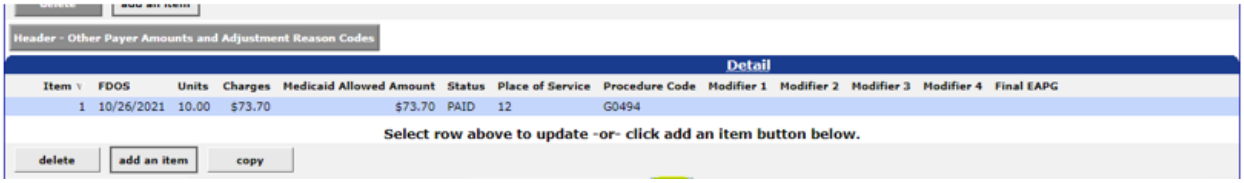
1) Go to "claims" and then "search". (if you have a previous paid claim)
2) Enter in the Medicaid number, PAID status and DATE RANGE so you can find, copy and edit previous claims for new submission.



When you see the person you associated with the Medicaid number you entered, **IMMEDIATELY** scroll the bottom and click on **"copy claim".** Don't start editing or you will write over a previously paid claim. Once you scroll down to the bottom and "copy claim", you can then edit. 😊

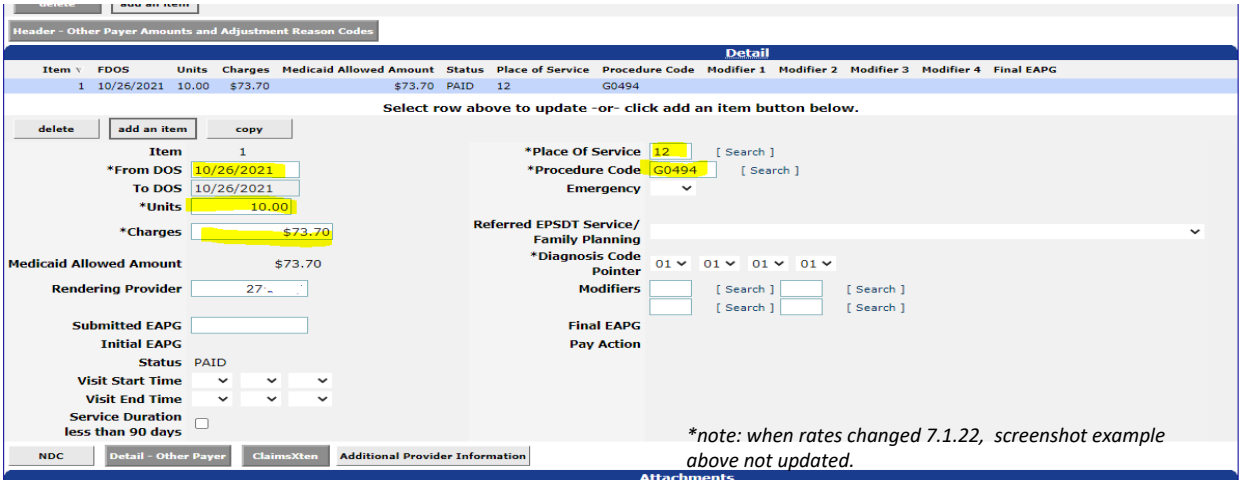


3) Next, go to middle of page click on date of service, not the words, but the actual date.



4) bill for. Edit the date of service, units, place of service, procedure code (if applicable).
5) Special NOTE: If the code is G0494 it was, the service was performed by an LPN under the direction of a nurse. The rates are different for G0494 and G0493. (as of 7/1/22)
6) G0494: $7.81 per unit (LPN)
7) G0493: $9.24 per unit (RN)
8) G0493: $39.26 (assessment) U9 Modifier

**note: when rates changed 7.1.22, screenshot example above not updated.*

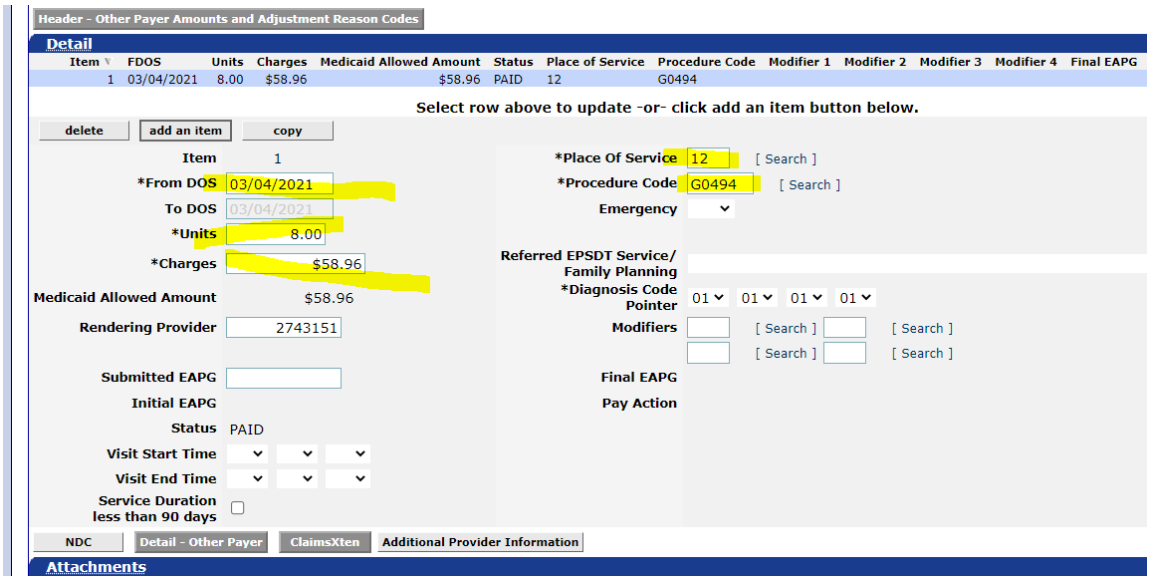


**note: when rates changed 7.1.22, screenshot example above not updated.*

Waiver Nursing & Waiver Nursing Delegation Billing Process

Once you have edited the boxes as applicable, click on submit at the bottom and verify PAID

9) Continue this process for each person until you have submitted all the claims.



**note: when rates changed 7.1.22, screenshot example above not updated.*

Notes: Claims are due by Friday at 5pm to be paid out the following week. The Monday following claims entry, the remittance advice report will be available in the reports section of the MITS menu.

The following Monday, you can navigate to the reports section to view the "remittance advice" to confirm billed, paid and denied.