AIDS Waiver Program Billing Examples

Page updated: August 2020

Examples in this section are to help providers bill AIDS Waiver Program services on the *UB-04 claim* form. Refer to the *AIDS Waiver Program* section in this manual for general policy information. Refer to *the UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

AIDS Waiver Services: Adult Claim

Figure 1. AIDS waiver services; adult claim.

This is a sample only. Please adapt to your billing situation.

In this case, an adult woman receives in-home AIDS Waiver services for the month of October 2015. The attendant care and homemaker services are billed using the "from-through" format. The administrative expenses, case management, skilled nursing, equipment/home adaptation and nutritional counseling services are billed per-line.

Enter the two-digit facility type code "33" (Home Health – Outpatient) and one-character claim frequency code "1" as "331" in the *Type of Bill* field (Box 4).

On claim line 1, enter the recommended revenue code (0552) in the *Revenue Code* field (Box 42). Enter a description of the service rendered (skilled nursing care – RN) in the *Description field* (Box 43) and the corresponding HCPCS procedure code (G0299) in the *CPCS/Rate* field (Box 44). Enter the date of service (October 4, 2015) in the *Service Date* field (Box 45) as 100415. A 16 is entered in the *Service Units* field (Box 46). Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

Claim lines 2 and 3 illustrate how to bill the "from-through" method for attendant care. On claim line 2 enter the description of the service rendered (attendant care) in the *Description* field (Box 43) and the amount of time the service was rendered daily. Enter the beginning date of service (October 1, 2015) in the Service Date field (Box 45) as 100115. No other information is entered on this claim line.

On claim line 3, enter the recommended revenue code 0572 in the *Revenue Code* field z (Box 42). Enter the specific days the services were rendered (7/1, 2 and 3) in the *Description* field (Box 43) and the corresponding HCPCS code for the services (G0156) in the *HCPCS/Rate* field (Box 44). Enter the "through" date of service (October 3, 2015) in the *Service Dates* field (Box 45) as 100315.

Enter a 96 in the *Service Units* field (Box 46) for G0156. This is to indicate 8 hours or 32 15-minute increments of attendant care for three (3) days (since G0156 is billed in 15-minute increments, 8 hours x 4 = 32 x 3 days = 96). Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

Complete any remaining attendant care lines, similarly, keeping in mind that the total units per claim line may not exceed 99.

On claims lines 7, 8 and 9, the homemaker services (code S5130) also are billed in the "from-through" method in 15-minute units. In this example, a third claim line (in addition to the service description and specific service dates) has been added to show the total number of hours the homemaker traveled to and from the job (travel 3 hours total). For additional information about billing for travel, refer to the AIDS *Waiver Program Billing Codes and Rates* section in this manual.

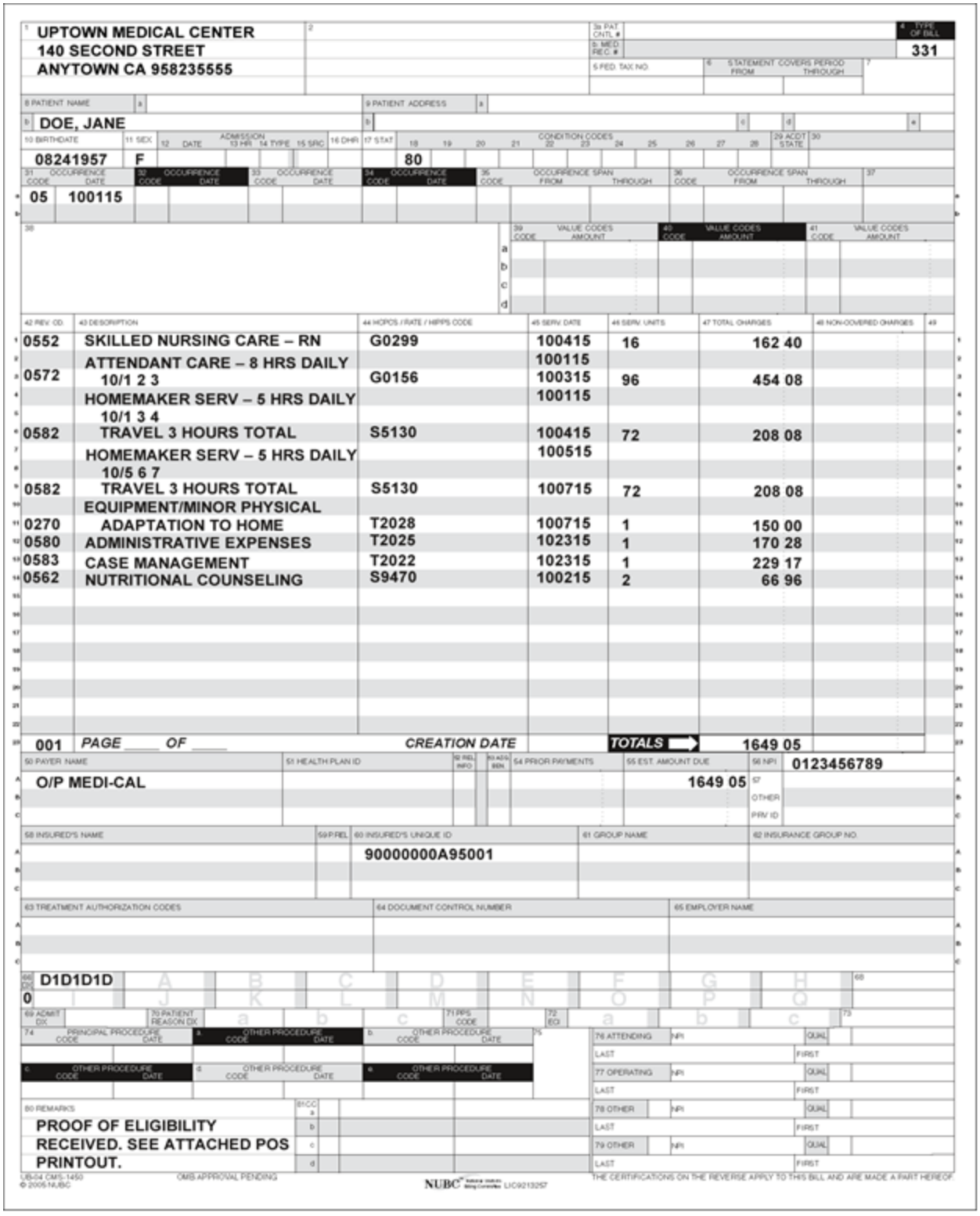
No *Treatment Authorization Request* (TAR) is required for the equipment and minor home adaptation services that are billed on this claim (code T2028) because the services do not meet the criteria for State plan coverage. For additional information, refer to "'Specialized Medical Equipment and Supplies' and 'Physical Adaptations to the Home' (HCPCS Codes S5165, T2028 and T2029)" in the *AIDS Waiver Program* section of this manual.

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Nam*e field (Box 50). The NPI assigned to the AIDS Waiver Program provider number is placed in the *NPI* field (Box 56).

Enter the recipient's identification number as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card in Box 60. Do not enter the Waiver Agency ID number.

In this example, a primary ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. Leave all other diagnosis code fields blank.

In this example, the statement in the *Remarks* field (Box 80) concerning eligibility (Proof of Eligibility Received. See Attached POS Printout) is optional. The provider has attached a Point of Service (POS) printout to the claim to help facilitate payment.



1	UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555						
4 TYPE OF BILL							331
b PATIENT NAME	DOE, JANE						
10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
08241957	F						80
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	
0552	SKILLED NURSING CARE – RN	G0299	100415	16	162 40		
	ATTENDANT CARE – 8 HRS DAILY		100115				
0572	10/1 2 3	G0156	100315	96	454 08		
	HOMEMAKER SERV – 5 HRS DAILY		100115				
	10/1 3 4						
0582	TRAVEL 3 HOURS TOTAL	S5130	100415	72	208 08		
	HOMEMAKER SERV – 5 HRS DAILY		100515				
	10/5 6 7						
0582	TRAVEL 3 HOURS TOTAL	S5130	100715	72	208 08		
	EQUIPMENT/MINOR PHYSICAL						
0270	ADAPTATION TO HOME	T2028	100715	1	150 00		
0580	ADMINISTRATIVE EXPENSES	T2025	102315	1	170 28		
0583	CASE MANAGEMENT	T2022	102315	1	229 17		
0562	NUTRITIONAL COUNSELING	S9470	100215	2	66 96		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	1649 05		
50 PAYER NAME	51 HEALTH PLAN ID	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	0123456789		
O/P MEDI-CAL			1649 05				
58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.			
		90000000A95001					
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME					
66 DX	D1D1D1D						
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73			
74 PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI QUAL			
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE		LAST FIRST			
				77 OPERATING NPI QUAL			
				LAST FIRST			
80 REMARKS				78 OTHER NPI QUAL			
PROOF OF ELIGIBILITY				LAST FIRST			
RECEIVED. SEE ATTACHED POS				79 OTHER NPI QUAL			
PRINTOUT.				LAST FIRST			

UB-04 CMS-1450 © 2005 NUBC — OMB APPROVAL PENDING — NUBC LIC9213257 — THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 1: AIDS Waiver Services: Adult Claim

AIDS Waiver Services: Pediatric Claim

This is a sample only. Please adapt to your billing situation.

In this case, a boy receives in-home AIDS Wavier services for the month of October 2015.

Enter the two-digit facility type code “33” (Home Health – Outpatient) and one-character claim frequency code “1” as “331” in the *Type of Bill* field (Box 4).

On claim line 1, enter the recommended revenue code 0583 in the *Revenue Code* field (Box 42). Enter the description of the service rendered (case management) in the *Description* field (Box 43) and the corresponding HCPCS procedure code (T2022) in the *HCPCS/Rates* field (Box 44). Enter the date of service (October 1, 2015) in the *Service Date* field (Box 45) as 100115. A “1” is entered in the *Service Units* field (Box 46) for T2022 because case management is reimbursed once at a flat calendar month rate. Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23). Complete the remaining claim lines similarly.

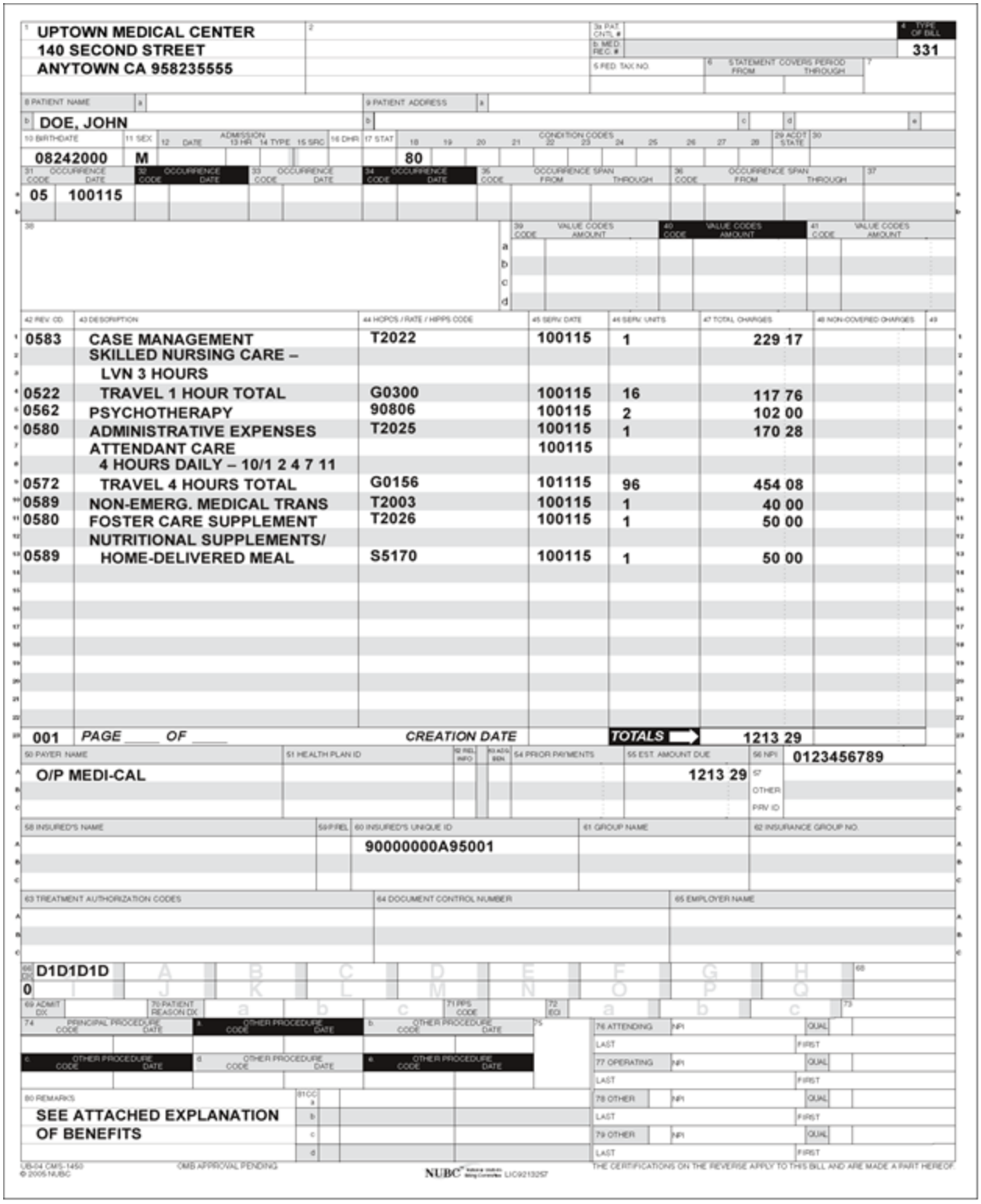
Note also that the skilled nursing care code – LVN (G0300) entry includes the number of hours in 15-minute increments the service was rendered and the total travel time in the *Description* field (Box 43).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50).

The NPI assigned to the AIDS Waiver Program provider number is placed in the *NPI* field (Box 56).

Enter the recipient’s identification number as it appears on the plastic Benefits Identification Card (BIC) or paper Medi-Cal ID card in Box 60. Do not enter the Waiver Agency ID number.

In this example, a primary ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. Leave all other diagnosis code fields blank.



UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 331

8 PATIENT NAME: DOE, JOHN
10 BIRTHDATE: 08242000
11 SEX: M
17 STAT: 80

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0583	CASE MANAGEMENT	T2022	100115	1	229 17	
	SKILLED NURSING CARE –					
	LVN 3 HOURS					
0522	TRAVEL 1 HOUR TOTAL	G0300	100115	16	117 76	
0562	PSYCHOTHERAPY	90806	100115	2	102 00	
0580	ADMINISTRATIVE EXPENSES	T2025	100115	1	170 28	
	ATTENDANT CARE		100115			
	4 HOURS DAILY – 10/1 2 4 7 11					
0572	TRAVEL 4 HOURS TOTAL	G0156	101115	96	454 08	
0589	NON-EMERG. MEDICAL TRANS	T2003	100115	1	40 00	
0580	FOSTER CARE SUPPLEMENT	T2026	100115	1	50 00	
	NUTRITIONAL SUPPLEMENTS/					
0589	HOME-DELIVERED MEAL	S5170	100115	1	50 00	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	1213 29	

50 PAYER NAME: O/P MEDI-CAL
55 EST. AMOUNT DUE: 1213 29
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

67 D1D1D1D
67A 0

80 REMARKS: SEE ATTACHED EXPLANATION OF BENEFITS

Figure 2: AIDS Waiver Services: Pediatric Claim

‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.