



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD. FAAFP, SECRETARY

November 1, 2001

Dear Home Health Services Provider:

This letter is to inform you of three (3) changes in procedures for recipients who are enrolled in both Medicaid and Medicare (dually eligible) and receive home health visit services.

#### 1. CHANGE IN PROCEDURE CODES

Effective January 1, 2002, a 99 modifier must be added to the current home health procedure codes to identify home health visit services provided to a dually eligible recipient. The procedure codes will be W9611-99, W9612-99, W9613-99, and W9620-99. The service description of each procedure code remains the same. For example, W9611-99 is a RN visit for a dually eligible recipient. If a claim is submitted for a dually eligible recipient and modifier 99 is not added, the claim will deny.

Beginning January 1, 2002, the current procedure codes W9611, W9612, W9613 and W9620 must be used only for recipients who are NOT dually eligible. If a recipient is not dually eligible and a claim is submitted with a modifier 99, the claim will deny.

#### 2. CHANGE IN PRECERTIFICATION REQUEST

Effective January 1, 2002, precertification and modification requests for dually eligible recipients submitted to KePRO, must include the 99 modifier. It is the home health provider's responsibility to determine the dual eligibility status of the recipient and use the correct procedure code when submitting precertification and modification requests. KePRO is unable to determine the dual eligibility status of a recipient and, therefore, the precertification or modification response from KePRO will reflect the procedure code requested by the home health provider. This may cause a denial during claim processing if the wrong procedure code was requested.

If a plan of care for a dually eligible recipient overlaps the years 2001 and 2002, send two precertification or modification requests to KePRO. One request should list the visit procedure code(s) without the 99 modifier for services through December 31, 2001. The second request should list the procedure code(s) with the 99 modifier for services from January 1, 2002, through the end of the certification period. In subsequent years it will not be necessary to split precertification and modification requests for overlapping years.

2727 Mahan Drive • Mail Stop 20  
Tallahassee, FL 32308



Visit AHCA Online at  
[www.fdhc.state.fl.us](http://www.fdhc.state.fl.us)

Home Health Service Provider  
November 1, 2001  
Page Two

### 3. CHANGE IN BILLING PROCEDURE

Effective January 1, 2002, home health visit claims for dually eligible recipients should be submitted electronically to Consultec-ACS for payment. After December 31, 2001, do not submit paper claims to the area Medicaid office for "Force Pay" of the "Medicare Present" edit 237 denial code. Use the following procedure for electronic submission.

- On each claim line, enter the visit procedure code followed by the 99 modifier in the modifier field. The 99 modifier is applicable for all the home health visit codes: W9611, W9612, W9613, and W9620.
- The home health agency is responsible for retaining documentation in the recipient's record that the service is not Medicare reimbursable.
- For recipients who have exceeded their 60 visits per lifetime, precertification by KePRO is required.

Medicaid Program Integrity will target reviews of home health services provided to dually eligible recipients in order to assure that Medicare reimbursable services are not reimbursed by Medicaid. You may receive requests to submit records to Medicaid Program Integrity for these reviews.

If you have questions, please contact your local area Medicaid office.

Sincerely,



Bob Sharpe  
Deputy Secretary for  
Medicaid