

**Volume 7 No. 43**

**July 1997**

**TO:** Personal Care Assistant (PCA) Providers not under contract with the Division of Mental Health Services

**APPLICABLE:** Home Health Agencies and Homemaker Agencies Providing Personal Care Assistant (PCA) Services

**SUBJECT:** Interim Billing Procedures for Multiple Providers of Personal Care Assistant (PCA) Services to the Same Beneficiary within the same Calendar Work Week(s)

**EFFECTIVE:** Immediately

**PURPOSE:** To allow for prior authorization for less than 25 hours within a calendar work week(s). This Newsletter does not pertain to providers of PCA services under contract with the Division of Mental Health Services.

**BACKGROUND:** Please refer to Newsletter, Volume 6 No. 48 September 1996. As of September 15, 1996, personal care assistant providers rendering more than 25 hours and up to 40 hours of service to a beneficiary within a calendar work week have been required to have the hours above 25 approved and prior authorized at the Division of Medical Assistance and Health Services' Medicaid District Office (MDO) responsible for the county of residence of the beneficiary.

On September 15, 1996, the claim processing edits were put into effect which resulted in the denial of provider payments for claims of more than 25 hours in a calendar work week without a prior authorization number.

Subsequently, a system limitation has been identified which occurs when two or more providers working together exceed 25 hours of service within a calendar work week. In this instance, each provider gives less than 25 hours each but the total number of hours provided to the Medicaid beneficiary exceeds the twenty-five hour limit. Prior authorization for these services will not be accepted by the automated prior authorization (PA) system. The PA system will only process a prior authorization segment for a single provider if the hours are greater than 25 in a calendar work week.

**ACTION:** Until the prior authorization module used in the claims processing system is modified to accept less than 25 hours on behalf of multiple providers for the same beneficiary, the Division is taking interim measures to assure that providers will be reimbursed. Providers should follow these procedures:

Submit a completed Prior Authorization Request Form (FD365 /rev 9/91) and PCA Socio-Medical Evaluation Form, a copy of the form is attached, to the MDO requesting a prior authorization number.

The MDO will return the FD365 with a (PA) number in the top right hand corner. This will serve as your approval letter. You will not receive a letter from Unisys.

These claims **cannot** be electronically submitted. Hard copy claims must be submitted on a completed HCFA 1500 to the Division's Bureau of Home and Community Services (BHCS). The PA number assigned by the MDO must be in box 23. The address for submitting these claims is:

Bureau of Home and Community Services  
P.O. Box 712  
Mail Code #35  
Trenton, New Jersey 08625-0712

It continues to be the responsibility of the providers to coordinate these services. Failure to do so may result in denial of payment.

Questions regarding this Newsletter are to be directed to the local Medicaid District Office (MDO).

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**