



IMPORTANT NOTICE TO HOME HEALTH PROVIDERS

Effective with date of service February 22, 2010 forward, Louisiana Medicaid will begin accepting two additional modifiers for Home Health services and billing for recipients under 21:

- Modifier U2 must be used when billing for two visits per day for the same recipient.
- Modifier U3 must be used when billing for three visits per day for the same recipient.

These modifiers are acceptable only when multiple visits are made for the same recipient on the same date of service. Multiple visits will only be authorized for recipients under 21 years of age.

Currently, Home Health providers must submit claims for multiple visits to the Louisiana Medicaid Home Health Program staff for consideration and approval of a claim override for processing. With the transition to the use of these new modifiers, multiple visits must be prior authorized through the Unisys Prior Authorization Unit. The new prior authorization process and use of these new modifiers on claims to identify multiple visits will replace submitting claims to the Home Health Program.

The instructions for the new prior authorization process follow. Providers must submit the correct, appropriate procedure code(s) and modifiers for prior authorization. When submitting requests and claims, the TD modifier (RN) or the TE modifier (LPN) must be entered as the first modifier followed by the correct U2 and/or U3 modifier for multiple visits.

Questions concerning the new prior authorization process should be directed to the Unisys Prior Authorization Unit at (800) 488-6334. Questions concerning billing should be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

**Louisiana Medicaid
Home Health Program
Procedures for Requesting Prior Authorization for Multiple Daily Visits
For Recipients Under 21 Years of Age**

1. The Physician must issue orders detailing how many visits should be provided per day and the duration of time to provide the multiple visits (i.e. 10 days, 2 weeks, 60 days, etc.).
2. When the agency receives the orders, they must obtain a letter of medical necessity on the treating physician's letterhead documenting the medical need for multiple daily visits, along with the Plan of Care (POC) signed by the physician, and submit them with a completed PA-07 form to the Unisys Prior Authorization Unit. The PA-07 form must include the modifier codes U2 for second visits or U3 for third visits in the second position of the modifiers. Modifier TD or TE must be the primary modifier.
3. The request shall be reviewed for medical necessity, and once a decision is rendered Unisys will forward a notice of the decision to the provider. If the PA is approved, a prior authorization number will be assigned and will be included in the prior authorization notice.
4. When billing for the second visit, the claim should have each visit listed on a separate line with the correct procedure code and modifier(s), where applicable, to reflect the multiple daily visits. The prior authorization number assigned must be included in Form Locator 63 A of the UB-04 claim form or in the Prior Authorization Loop for EDI transmissions (see EDI Companion Guide for details). Below is an example of what one day of three visits, (one RN visits and two LPN visits), would look like on the UB-04 claim form:

<u>Description</u>	<u>HCPSC/Modifier</u>	<u>Service Date</u>	<u>Units</u>	<u>Total Charges</u>
Skilled Nursing Visit	G0154 TD	01/01/2099	1	\$68.65
Skilled Nursing Visit	G0154 TE U2	01/01/2099	1	\$54.92
Skilled Nursing Visit	G0154 TE U3	01/01/2099	1	\$54.92