

Aging and People with Disabilities

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Number: APD-IM-13-070

Issue date: 10/11/2013

Topic: Long Term Care

Subject: Long Term Care Community Nursing Procedure Code S5115 Modifier

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (please specify): |

Message: The Medicaid Management Information Systems (MMIS) payment system has recently denied or adjusted claims submitted by Long Term Care (LTC) Community nurses (Provider) using S5115 and S5116 to bill nursing services provided on the same date of service.

S5115 procedure code under the LTC Community Nursing program is used to bill nursing delegation services. S5116 procedure code under the LTC Community Nursing program is used to bill Teaching Non-Family nursing services.

Effective immediately any time the LTC Community Nurses use S5115 to submit claims or adjustments for nursing delegation services, modifier code 59 must be entered on the S5115 detail item.

S5115 claims Already Denied or Adjusted: If MMIS denied or automatically adjusted on S5115 claim because an S5116 claim was paid for the same date of service, the provider needs to enter modifier code 59 on the denied S5115 detail item, then adjust the claim.

S5116 will not require adding a modifier code.

Example: The following is an example of a web claim adjustment using Modifier 59:

Web Claim Adjustment: Adding a Modifier

Search for and display the claim with the denied detail item.

Inter Change
Government Health Portals

Home Contact Us Directory Search Clients Account **Claims** Eligibility Prior Authorization Providers POC Portal Admin Security Help
home search dental institutional pharmacy **professional** roster billing

Professional Claim

Billing Information		Service Information	
ICN	22132620000	From Date*	07/20/201
Provider ID	NPI	To Date*	07/20/201
Client ID*	[Search]	Expected Delivery Date	
Last Name		Medical Record Number	
First Name, MI		Accident Related To	
Date of Birth	12/07/1961	Charges	
Patient Account #		Total Charges	\$90.00
Referring Phys	[Search]	TPL Amount	\$0.00
Insurance Denied		Plan Payment Amount	
		CoPay Amount	\$0.00

Add the modifier in the 'Detail' section

Detail

Item	Procedure	Units	Charges	Status	Allowed Amount
1	S5116	3.00	\$45.00	PAID	\$45.00
2	S5115	3.00	\$45.00	DENIED	\$45.00

Type changes below.

Item	2	Emergency	No
From DOS*	07/20/201	Pregnancy	
To DOS*	07/20/201	EPSTD Ref	None
Units*	3.00	EPSTD Family Planning	
Units Qualifier		Allowed Amount	\$45.00
Charges*	\$45.00	CoPay Amount	\$0.00
Rendering Physician	1619043395 [Search]	Adjustment Reason Code	[Search]
Taxonomy		Adjustment Amount	\$0.00
Zip+4		Medicare Paid Date	
Status	DENIED	Deductible Amount	\$0.00
Diagnosis Code Pointer		Coinsurance Amount	\$0.00
Modifiers	59 [Search]	Medicare Paid Amount	\$0.00
POS*	12 [Search]	Medicare Psych Amount	\$0.00
Procedure*	S5115 [Search]		
NDC			
NDC UOM			
NDC Quantity	0		
Tpl Amount	\$0.00		
Plan Payment Amount			

1 Click on the Denied detail item

2 Click in the first Modifiers field and type '59'

Add the modifier in the 'Detail' section

Item	Procedure	Units	Charges	Status	Allowed Amount
1	SS116	3.00	\$45.00	PAID	\$45.00
2	SS115	3.00	\$45.00	DENIED	\$45.00

Type changes below.

<p>Item: 2</p> <p>From DOS*: 07/20/2011</p> <p>To DOS*: 07/20/2011</p> <p>Units*: 3.00</p> <p>Units Qualifier: [Dropdown]</p> <p>Charges*: \$45.00</p> <p>Rendering Physician: 1619043395 [Search]</p> <p>Taxonomy: [Text]</p> <p>Zip+4: [Text]</p> <p>Status: DENIED</p> <p>Diagnosis Code Pointer: [Text]</p> <p>Modifiers: 59 [Search] [Search]</p> <p>POS*: 12 [Search]</p> <p>Procedure*: SS115 [Search]</p> <p>NDC: [Text]</p> <p>NDC UOM: [Dropdown]</p> <p>NDC Quantity: 0</p> <p>Tpl Amount: \$0.00</p> <p>Plan Payment Amount: [Text]</p>	<p>Emergency: No [Dropdown]</p> <p>Pregnancy: [Dropdown]</p> <p>EPSDT Ref: None [Dropdown]</p> <p>EPSDT Family Planning: [Dropdown]</p> <p>Allowed Amount: \$45.00</p> <p>CoPay Amount: \$0.00</p> <p>Adjustment Reason Code: [Search]</p> <p>Adjustment Amount: \$0.00</p> <p>Medicare Paid Date: [Text]</p> <p>Deductible Amount: \$0.00</p> <p>Coinsurance Amount: \$0.00</p> <p>Medicare Paid Amount: \$0.00</p> <p>Medicare Psych Amount: \$0.00</p>
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1 Click on the Denied item

2 Click in the first Modifiers field and type '59'

If you have any questions about this information, contact:

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