



INDEPENDENT CARE HEALTH PLAN

iCare is a wholly-owned subsidiary of Humana

***iCare's* Personal Care Worker (PCW) Services Claim Guide**

Disclaimer:

- This information is provided as a courtesy from *iCare* to assist you with claims submission and billing. This does not replace Forward Health and CMS Guidelines. *iCare* relies upon Forward Health and CMS for payment rules and regulations for claim submission.

Define Personal Care Worker (PCW)

- Accompany member to medical appointments, Assist with daily living activities. i.e., toileting, bathing, feeding, mobility, skin care. Limited assistance with services incidental to daily living, i.e., changing bedding, cleaning, meal prep.

For full details see:

- <https://www.forwardhealth.wi.gov/WIPortal> >Online Handbook>BadgerCare Plus and Medicaid>Personal Care

Define Long Term Care (LTC)

Include PCW services, but also include a broader range of waiver services such as (not a complete list):

- Care Management
- Residential care (community based residential facility, residential care apartment complex or adult family home)
- Home Modifications
- Home Delivered Meals
- Pre-Vocation Services
- Respite
- Support Employment
 - List of Waiver Services:
<https://www.dhs.wisconsin.gov/familycare/mcos/contract.htm>

For full details see:

- <https://www.forwardhealth.wi.gov/WIPortal> >Online Handbook>Family Care

Coverage

- PCW - Badger Care+ and Medicaid SSI Recipients Only
- LTC – Medicaid Family Care Partnership (FCP) Recipients

Authorizations

PCW Services are approved by *i*Care's Prior Authorization (PA) Team

- PCW Providers must complete the Personal Care Screening Tool
- Upon approval providers will received a faxed PA with a number i.e., OP112345678

LTC Services are approved by the Member's Inter-Disciplinary Team (IDT)

- Upon approval providers will be faxed a Service Request with a number i.e., SR001234567

Service approved under a PA or an SR must be billed separately and cannot combine units approved

See our website for complete details on the Prior Authorization process: <https://www.icarehealthplan.org/Prior-Authorization.htm>

Contract (Signed paperwork/Claim system):

- Personal Care Agencies and LTC provider must both be credentialed and contracted with *iCare*.
- If an agency performs both PCW and LTC services, they will have two separate signed contracts with *iCare*
 - PCW & LTC Providers will also have two separate Provider Identification Numbers in our claim system for claim processing and payment

Claims:

- PCW – Claims must be submitted on a UB04 electronically or by mailing hardcopy. See our PCW Guide for full details: <https://www.icarehealthplan.org/Education/Resources.htm>
>Personal Care Worker Claims
- LTC – Claims must be submitted hardcopy via mail using *iCare* specific LTC Professional (supportive home care, attendant care, respite care) or LTC Residential (CBRF, RCAR, AFH) claim forms.
 - Only LTC Professional claims can also be submitted via *iCare*'s Provider PortalFor full details
<https://www.icarehealthplan.org/Education/Resources.htm>
>Long Term Care Claims

Coding:

PCW:

- T1019 -Personal Care Service - Assist w/Daily living, housekeeping, accompany to medical appointments, medical oriented tasks
- T1019, U3 Modifier – Travel Time
- T1019, KX Modifier – Live-in Caregiver *FCP ONLY
- 99509 TD – Home Visit for Assistance; Registered Nurse

Coding Cont.:

*LTC **Professional** Service Code:

- S5125 – Attendant Care Services (15 minute/unit) –attending to the Member (grooming, bathing, toileting, etc)
- S5130 – Homemaker services (15 minute/unit) – home care (cleaning, meal prep, laundry, etc)

*LTC **Residential** Revenue Code:

- 0120, 0150, 0159, 0249 – Room and Board
- 0240, 0242, 0243 T2031– Support and Supervision
- S9125 – Respite Care

*Service codes to bill will be indicated on the Service Request (SR) approving services. The services on the claim submitted for reimbursement must match the services on the SR

iCare Provider Portal Access

Your time is valuable.

This portal provides you with access to current member eligibility information, claims status and authorization status at your convenience.

A PIN letter containing your unique PIN number is provided by iCare and is required to access the Provider Portal. You can request a PIN number by emailing the completed [Portal Access Request Form](#) to netdev@icarehealthplan.org.

The [iCare Portal User Guide](#) provides step by step instructions for registration and outlines existing functionalities. If you have any questions, please contact ProviderOutreach@icarehealthplan.org.

To access the portal, click here: [Provider Portal](#).

GENERAL CONTACT/INDIVIDUAL DEPARTMENT PHONE AND FAX NUMBERS

MAIN NUMBER

414-223-4847 or 800-777-4376

Claims/Appeals/Reconsiderations

Local: 414-231-1029

Fax: 414-231-1094

Out of Area: 877-333-6820

Email: department-providerservices@icarehealthplan.org

Eligibility and Provider Services

Local: 414-231-1029

Fax: 414-231-1094

Out of Area: 877-333-6820

Prior Authorization

Local: 414-299-5539

Out of Area: 855-839-1032

Fax: 414-231-1026

Provider Contracting

414-225-4741

Fax: 414-272-5618