## Prior Authorization

* All Inclusa funded services must be prior authorized by the member’s Care Managers.
* Respite services must be on your contract in order for them to be authorized and funded by Inclusa.

## Timeframe Limitations

* If respite is authorized, the following limitations apply:
  + 1-2 bed certified AFHs can provide 28 consecutive days of respite for a member and no more than 90 days of respite total in a calendar year.
  + 3-4 bed licensed AFHs can provide no more than 14 consecutive days of respite for a member.
  + A CBRF can provide no more than 28 consecutive days of respite for a member.

## Billing Differences between Respite Services and Residential Care & Supervision

* Respite claims are considered “Professional” vs “Institutional”
  + This is especially important to note, when using Move it Spreadsheet or PC-ACE for claims submissions.
* Respite services are billed with a HCPC/Procedure code and 1 modifier VS Care and Supervision which is billed with a 4-digit Revenue code + a HCPC/Procedure code + up to 4 modifiers.

A HCPC/Procedure code is a 5-character code that starts with a letter and ends with 4 numbers. Most HCPC/Procedure codes are also followed by at least one Modifier. The code and modifier (if applicable) are indicated on your authorization.

* + - The most common HCPC/Procedure code & Modifier used for Residential for respite is: ***S9125 UA***. 1 unit = 1 day.
    - **As shown on authorization:**

Text

Description automatically generated with medium confidence

* + - Some Residential providers may have code T1005. I unit = 15 minutes. This HCPC/Procedure code does not have a modifier.
    - **As shown on authorization:**



## Claim Submission via Paper Claim Form (Form can be used by any provider at any time)

When using the paper claim, use one claim form per member. Cannot submit claims for multiple members on the same paper claim form.

* **Example #1 – Clean Correct Claim:** Screenshot below shows a claim for 1 day of respite under code S9125 UA. 1 day = 1 unit under code S9125 UA. This claim is completed correctly.

Graphical user interface, application, table

Description automatically generated

* **Example #2: Clean Correct Claim**: Screenshot below shows a claim for 1 hour of respite under code T1005. 1 unit of T1005 = 15 minutes, therefore 4 units are billed for 1 hour of respite. This claim is completed correctly.

Graphical user interface, application, table

Description automatically generated

## Claim Submission via Move It Spreadsheet (Provider must be registered with EDI to use Move it)

Providers can include multiple members on the same spreadsheet claim.

* **Example #1 – Clean Correct Claim:** Screenshot below shows a claim for 1 day of respite under code S9125 UA. 1 day = 1 unit under code S9125 UA. This claim is completed correctly.

Graphical user interface, application, Word, Excel

Description automatically generated

* **Example #2: Clean Correct Claim:** Screenshot below shows a claim for 1 hour of respite under code T1005. 1 unit of T1005 = 15 minutes, therefore 4 units are billed for 1 hour of respite. This claim is completed correctly.

Graphical user interface, application

Description automatically generated

## Claim Submission via PC-ACE (Providers must be registered to use PC-ACE)

* When billing Respite in PC-ACE, it must be billed as a “Professional” Claim

Graphical user interface, text, application, email

Description automatically generated

* Please refer to the PC-ACE Professional Claim Quick Start Guide for assistance with the setup for professional claims and completing the claim in PC-ACS
  + <https://www.wpshealth.com/resources/files/pcace_pro32_familycare_prof_quickstart.pdf>
* If additional assistance is needed, please outreach to the EDI help desk: **800-782-2680 (Option 1)**

## Additional Considerations

* If a member goes absent while under a respite stay, the respite authorization ends the day prior to the date of absence.
* Day of Discharge is not a paid day for respite. Example: Member enters respite on Friday for the weekend. Member discharges on Sunday. 2 days of respite are authorized, as Sunday is not a paid day.
* If a member’s short-term respite stay transitions to a longer-term placement, the respite authorization will end. A new authorization number will be issued for Care & Supervision and Room and Board.
* This tip sheet references the most commonly used claim submission options (Paper Claim, Move it, and PC ACE). Though less common, respite can also be billed on a UB-04 & CMS-1500 Claim form as well as through other billing clearinghouses.
* Nursing Home providers can follow this same tip sheet for Respite Billing. Nursing Home respite is contracted under code and modifier: S9125 UB – 1 unit = 1 day

## Resources

* Fillable Family Care Paper Claim Form: <https://www.wpshealth.com/resources/files/fc-inclusa-claim-form-fillable.pdf>
* Family Care Paper Claim Form Outline: <https://www.wpshealth.com/resources/files/33226-famc-claim-form-outline.pdf>
* Self-Register to use Move It spreadsheet/EDI: <https://communitymanager.wpsic.com:16811/tcm/>
* Move It Spreadsheet Instructions: <https://www.inclusa.org/wp-content/uploads/MoveIT-Claim-Instructions.pdf>
* PC ACE Software Download and User Guides for Professional and Institutional Claims: [PC-ACE Claim Filing Options | WPS (wpshealth.com)](https://www.wpshealth.com/resources/provider-resources/edi/software.shtml#edi-installs)