Billing Instructions:

In general, claims submission for the payment to the attendant is the normal process as you currently follow for your normal service EDI procedures except noted below are guidance in certain areas on these claims.

- DMAS requires a taxonomy code on all claims; use the same taxonomy that is used on personal, respite or companion claims.
- Procedure code G2021 is the code to bill. There is no modifier needed.
- To determine the date of service for the claim, select a date when the aide provided care for the member during the period of July 1, 2021 and September 2021. Be sure the date of service does not exceed the date the aide last provided service for the member.
- The reimbursement amount for one unit is $1,117.60. The amount over $1,000 covers the provider's administrative costs, including required payroll taxes.
- One unit equals one aide and each aide can only be billed once regardless of the number of visits the aide had with the one or more member(s).
- The number of units can be from one to five depending on how many attendants the member had for the three month period.
- When billing for two to five aides; the provider can bill a range of dates, that do not cross months, and the number of units would equal the number of aides.
- DMAS is waiving the timely filing requirement for G2021 through October 31, 2022, for claims submitted after twelve months from the original service date.
- Agencies submitting a claim for G2021 with a submission date that is greater than twelve months from the original service date, must attach a Timely Filing Waiver.
- G2021 claims submitted with the Timely Filing Waiver that are received after October 31, 2022, will be denied for timely filing.
- To attach the Timely filing form to the EDI Transaction: In the Loop 2300-Claim Information; Segment - PWK, and Data Element - PWK06– Attachment Control Number: Use if PWK02 = "BM", "EL", "EM", or "FX"
  - The Attachment Control Number is a composite of three specific fields and can be up to 33 positions with no embedded spaces or special characters (i.e., slashes, dashes, etc.):
  - The first field is the Patient Account Number (Provider assigned) and can be a maximum of 20 positions.
  - The second field is the From Date of Service (DOS) associated with the first line on the claim - MMDDCCYY.
  - The third field is a sequential number (5 positions, numeric) established/incremented by the Provider for every electronic claim submitted. The sequence # is right justified, zero filled.
  - The Attachment Control Number should be the same for every attachment associated with a specific claim. EX: 5551BC1230710202198741

EXAMPLES:

*Example of billing for one member with less than 5 multiple aides:* Member: Jane Richmond has three aides during the entire period of July 1 thru September 30, 2021. Provider would bill submit the Dates of Service July 1 thru July 30th for 3 units, total charge amount would be = $3,511.80.

*Example of billing for one member with greater than 5 aides:* Member: Susan Jones has 6 aides during the entire period of July 1 thru September 30, 2021. In order to submit a G2021 claim for more than 5 aides, the provider would bill for Dates of Service July 1 thru July 15th for 5 units total charge amount would be = $5,588.00. Then submit another claim for dates of service July 16th thru July 30 for 1 unit, charge amount would be - $1117.60