Provider Bulletin
November 2020

Personal Home Helper FAQ

Personal Home Helper provides in-home support for caregiver respite, home-based chores and activities of daily living (ADL) to address needs while recovering from injury or illness. It covers up to four hours per day for up to 62 days or 248 hours of care in a calendar year. Prior authorization is required. Benefit levels may vary by plan. This benefit may be a standard benefit on some plans or part of Essential/Everyday Extras. If you are a provider who is also contracted to provide services through a long-term services and supports (LTSS) plan, please be aware some of these benefits may overlap.

Note: For those plans that used to have in-home support and/or respite care, those benefits have been replaced with Personal Home Helper.

What does the Personal Home Helper benefit cover?

The Personal Home Helper benefit covers an in-home personal care attendant to provide respite for caregivers and assist with home-based chores and ADL as dictated by the member's health issues.

The help provided under the Personal Home Helper benefit is not covered under any other Medicare benefit. The benefit covers up to 248 hours of care in a calendar year (up to four hours per day) with a maximum of up to 62 days in the calendar year. If fewer than four hours are used, it is still considered a day toward the total day maximum. The member has the entire calendar year to fully use the benefit.

In-home support services include:

- Help with bathing and showering.
- Help with dressing and grooming.
- Transferring or mobility help in the home.
- Light housekeeping (for example, cleaning, laundry, dishes).
- Meal preparation.
- Assistance with incontinence/bathroom assistance.

What provider agency or person can a member use?

Members must use a plan-approved provider for services. Plans from Healthy Blue have contracted directly with providers to supply these services to members. If you are interested in providing this benefit, please contact your contract manager or Provider Relations representative.

Does the Personal Home Helper benefit require an authorization?

Yes, Healthy Blue will be responsible for establishing member eligibility. Eligibility is based on the member requiring assistance with two ADL as certified by the member's physician. On approval, Healthy Blue will set up an authorization for these services for the requested provider. The authorization is valid for the remainder of the calendar year.

Please note that all of these steps will occur before the member can reach out to the requested Personal Home Helper provider.

* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

Once the member has been approved for this benefit, they will be given authorization information in a letter. The Personal Home Helper provider can request the information from the member in order to verify eligibility with Healthy Blue. It is highly recommended that the Personal Home Helper provider contact the Provider Services department to ensure that the authorization has been established properly on behalf of the member.

Does my patient's authorization transfer across plan year?

Your patient's supplemental benefit for Personal Home Helper will reauthorize for calendar year 2021. There are some other benefits similar to Personal Home Helper that will also reauthorize for 2021:

- If your patient had the Respite Care benefit in 2020, they will be reauthorized for Personal Home Helper for 2021 automatically.
- Patients with in-home support in NJ, CT and VA in 2020 will also reauthorize automatically for 2021.
- For patients with in-home support in CA and AZ, this benefit was defined as requiring post-discharge for authorization. These benefits will not renew automatically for 2021. If you feel your patient still qualifies for this benefit in 2021, please request a new precertification.

For billing purposes in 2021, please use the new authorization number that was provided to the member. Sign in to the Availity Portal* for the new authorization number or call Provider Services at **1-800-499-9554**.

How is the Personal Home Helper provider contacted for services?

The member will contact the provider directly to schedule services once they have been notified by Healthy Blue that they are approved. For LTSS providers, this process may differ.

Is the provider required to report back to Healthy Blue regarding changes to the member's condition that could affect eligibility?

No, the Personal Home Helper is not required to contact Healthy Blue to report changes in the member's condition that could affect benefit eligibility. Once the medical requirement has been approved by Healthy Blue, the member is eligible for the full benefit up until the end of the calendar year so long as they remain an active plan member.

Does the Personal Home Helper provider need to include the authorization number on the claim submission?

The authorization number is not required. However, it is helpful to ensure proper processing.
Please note, the authorization is required to be on file with Healthy Blue under the provider or organization's NPI for proper payments to be made.

How does this impact other Medicare or Medicaid benefits?

This is a separate benefit from what may be offered under traditional Medicare (home health care) and Medicaid. It is not intended to replace or augment those benefits.

How are claims to be filed?

The submission of Personal Home Helper claims should follow the same general processes as other claim submissions made to Healthy Blue. For questions on the general submission process, please reference documentation on claims submission or contact your contract manager or Provider Relations representative. However, the below can be used as a guide.

Claims for Personal Home Helper must use the following guidelines:

State(s)	Arizona	California	Iowa	Texas	All other
Manual form	CMS-1500	CMS-1500	Either UB-04 or CMS-1500	UB-04	UB-04
Electronic submission	837 Professional	837 Professional	Either 837 Institutional or 837 Professional	837 Institutional	837 Institutional
Bill type	N/A	N/A	034X for UB-04/ Institutional or N/A for 1500/Professional	034X	034X
Revenue code	N/A	N/A	570 for UB-04/ Institutional or N/A for 1500/Professional	570	570
Diagnosis code	R69	R69	R69	R69	R69
CPT® code	S9122	S9122	S5125	S5125	T1019
Modifier[1]	U2	U2	UD	UD	UD

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Note: Use of the modifier is essential as an identifier for Medicare claims. If the modifier is not present, the claim processing system will deny the claim.

Availity serves as our electronic data interchange (EDI) partner for your electronic claims. Ways you can exchange EDI transmissions with Availity:

- Use your existing clearinghouse or billing company for your electronic claims. *Please work with them to ensure connectivity to the Availity EDI Gateway.*
- Become a Direct Trading Partner with the Availity EDI Gateway and submit your own electronic claims. Visit **http://www.availity.com** > Register.

Already registered with Availity?
Use your existing login and select My Providers > Enrollments Center.

Payer ID
The Payer ID (26375) must be used for your electronic submissions to Availity.

Contacting Availity
If you have any questions, please contact Availity Client Services at **1-800-AVAILITY** (**1-800-282-4548**), Monday through Friday 8 a.m. to 7:30 p.m. ET.