



Informational Packet

Billing Unanticipated Emergencies: Using the ET Modifier

ODP Communication Number: Packet 026-10

Audience: Direct Service Providers

Purpose: This Office of Developmental Programs Informational (ODP) Packet is intended to educate ODP providers in regard to how to bill for approved unanticipated emergency services.

Your ODP Regional Waiver Capacity Manager (WCM) is responsible for the approval of short-term funding and the number of units associated with unanticipated emergency requests. After an unanticipated emergency request is approved, the WCM will forward the approval to the provider. Once the provider receives this approval, they are permitted to render and bill for the service or services detailed on the **Draft** DP 1025 form titled, “*Unanticipated Emergency Funding Request and Approval Form*”. Any unanticipated emergency service billed that is not found on the **Draft** DP 1025, will result in a claim denial.

When a provider is ready to submit a claim for an unanticipated emergency, there are two billing rules that apply:

1. The provider is required to submit the procedure code(s) for the service(s) displayed on the **Draft** DP 1025 form **only**.
2. The provider is required to include the ET modifier on each claim detail line that represents an approved service found on the **Draft** DP 1025 form. If the ET modifier is not present on the claim detail line that represents an approved service for an unanticipated emergency, the claim will deny. See the error status code (ESC) chart that begins on page 2 for the specific edit that applies to the situation just described.

All claims that contain an “ET” modifier will suspend. Once the claim suspends, the ODP Claim’s Resolution Section will make the determination to “pay” or “deny” the entire claim. A “pay” determination will be based on whether the ODP Claims Resolution Section has an ODP

Regional Approval on file. It is the responsibility of the ODP Regional WCM to forward unanticipated emergency approvals to the ODP Claims Resolution Section using the **Edit/Audit Limit Exception Approval Form**. If your claim denies on ESC 784 and you have a copy of the approved **Draft DP 1025** form, please contact your ODP Regional WCM to discuss.



Please Note: Currently all new edits that apply to unanticipated emergencies are set to suspend until the production validation period has been completed. After the production validation period has been completed, all new ESCs that apply to unanticipated emergencies will return to their original intended disposition. Future correspondence will alert providers when the final disposition has been set.

The following chart lists all new ESCs that apply to unanticipated emergency claims:

ESC	SHORT DESCRIPTION	REASON(S) ESCs WILL SET	HOW TO CORRECT ESCs
783	Service Program Flipped to WAV14 Due to ET Mod	This edit is an informational edit that will set anytime the ET Modifier is used unless the service program for the consumer is already assigned Base eligibility. When this edit sets, the claim detail line will show as paid which will serve to inform the user that PROMISE™ flipped the service program from Medical Assistance (MA) with no Waiver Eligibility or the P/FDS service program to a Base service program.	No correction needed. The service programs are flipped so PROMISE™ can process the claim.
784	ET Modifier Indicated on Claim	This edit will set and your entire claim will suspend anytime the system determines that an Unanticipated Emergency service, identified by the “ET” modifier”, was submitted on your claim submission. During the post production validation period, this edit will remain at suspend.	DO NOT ATTEMPT TO ADJUST OR RESUBMIT A SUSPENDED CLAIM. When a claim is set to suspend, staff at ODP manually review the claim, then make a determination whether to "pay" or "deny" the claim detail line (service line). Please view pages 4 - 9 for a list of valid procedure codes eligible to be billed using the “ET” modifier. The Draft DP 1025 form that the provider receives from the ODP Regional WCMs contains the specific services approved to be rendered and billed by the provider.

ESC	SHORT DESCRIPTION	REASON(S) ESCs WILL SET	HOW TO CORRECT ESCs
785	Not Allowed to Bill for an Emergency Service	This edit will set and your entire claim will deny when the system finds that an individual has Consolidated or any other Waiver eligibility attached to their eligibility file other than P/FDS or Base.	Confirm that the service program assigned to the individual on the eligibility file is something other than P/FDS or Base. If so, the edit set correctly and the individual is not eligible to receive any services approved as an unanticipated emergency. If the eligibility file is not correct, please contact the individual's Supports Coordinator (SC) to resolve.
5564	Service Prgm Conflict Void Base Svcs Separately	This edit will set and the entire claim will deny when the system determines that a claim detail line, without an ET modifier, is authorized under Base <u>and</u> another claim detail line has an ET modifier and is being paid through Treasury. A record of this claim denial will appear on both your Remittance Advice and Provider Payment File.	Any services approved for an unanticipated emergency are not permitted to be reimbursed by both the Administrative Entity (County) <u>and</u> through the Pennsylvania Treasury. Please contact your designated ODP Regional WCM with any questions regarding this edit.
5565	Svc Prg Conflict Void Orig Claim & Rebill	The edit will set and the entire claim will suspend when the system determines that the original claim paid through the County and the adjustment claim now indicates an ET modifier that is to be paid through Treasury (WAV14).	In order to correct this claim, please void the original claim and resubmit the claim as it should have been submitted to begin with, which will include the adjustment.
5598	ET Modifier and Non ET Modifier Billed on Same DOS	This ESC will set and the entire claim will suspend when the system determines that a procedure code with an ET modifier and the same procedure code without the ET modifier is billed for the same dates of service, the same individual, and for the same or different provider.	In order for you to receive payment for the service that has the ET modifier, the original claim will need to be voided. If a different provider rendered the service, please contact your ODP Regional WCM to discuss.
5721	No Rate For Service	This edit will set and the claim detail line will deny when no rate is found for the procedure code and/or modifier combination being billed. This edit is currently set to suspend . After the production validation period has been completed, the edit disposition will be changed to deny as originally intended.	To correct this error, the provider should contact their ODP Regional WCM and explain that ESC 5721 set which indicates that no rate was found for the service billed.

PROCEDURE CODES THAT MAY BE USED WITH ET MODIFIER



Please note: The ET modifier may be used with the following services and associated procedure codes **when the services are approved on the Draft DP 1025 form you receive from your ODP Regional WCM:**

Home & Community Habilitation (Unlicensed):

Procedure Code	Allowable Modifiers
W7057	
W7058	
W7059	
W7060	
W7061	TD or TE
W7068	
W7069	TD or TE

Unlicensed Residential Habilitation:

Procedure Code	Allowable Modifiers
W7078	
W7079	
W7080	
W7081	
W7082	
W7083	
W7037	
W7038	
W7039	
W7040	

Licensed Residential Habilitation:

Supplemental Habilitation

Procedure Code	Allowable Modifiers
W7070	

Child Residential Services

Procedure Code	Allowable Modifiers
W7010	TD or TE
W7011	
W7012	TD or TE
W7013	

W7014	TD or TE
W7015	
W7016	TD or TE
W7017	
W7018	TD or TE
W7019	
W9591	TD or TE

Community Residential Rehabilitation

Procedure Code	Allowable Modifiers
W7020	TD or TE
W7021	
W7022	TD or TE
W7023	
W7024	TD or TE
W7025	
W7026	TD or TE
W7027	
W7028	TD or TE
W7029	
W9592	TD or TE

Family Living Homes

Procedure Code	Allowable Modifiers
W7291	TD or TE
W7292	
W7293	TD or TE
W7294	
W7295	TD or TE
W7296	
W7297	TD or TE
W7298	
W9593	TD or TE

Community Homes

Procedure Code	Allowable Modifiers
W6090	TD or TE
W6091	
W6092	TD or TE
W6093	
W6094	TD or TE
W6095	
W6096	TD or TE

W6097	
W6098	TD or TE
W6099	
W9594	TE or TD

Companion Services

Procedure Code	Allowable Modifiers
W7124	
W1725	
W1726	
W1727	

Licensed Day Services

Procedure Code	Allowable Modifiers
W7072	
W7073	
W7074	
W7075	
W7076	TE or TD
W7035	
W7036	TE or TD
W7094	

Prevocational Services

Procedure Code	Allowable Modifiers
W7087	
W7088	
W7089	
W7090	
W7091	TE or TD
W7092	
W7093	TE or TD

Therapy Services

Procedure Code	Allowable Modifiers
T2025	GP or GO or GN or HE or HE HQ
W7246	

Nursing Services

Procedure Code	Allowable Modifiers
T2025	TD or TE

Behavior Support

Procedure Code	Allowable Modifiers
W7095	

Transportation Service

Procedure Code	Allowable Modifiers
W7271	
W7272	
W7273	
W7274	
W7275	
W7276	

Home Accessibility Adaptations

Procedure Code	Allowable Modifiers
W7279	

Vehicle Accessibility Adaptations

Procedure Code	Allowable Modifiers
W7278	

Assistive Technology

Procedure Code	Allowable Modifiers
T2028	SE
T2029	SE

Homemaker/Chore Services (temporary only)

Procedure Code	Required Modifiers
W7283	UA

Specialized Supplies

Procedure Code	Allowable Modifiers
W6089	

Base-Funded Respite Care – Out Of Home, 24 Hours

Procedure Code	Allowable Modifiers
W7287	
W7288	
W7290	
W7099	TD or TE
W7100	
W7101	TD or TE

Base-Funded Respite Care – Out Of Home, 15 Minutes

Procedure Code	Allowable Modifiers
W7301	
W7302	
W7304	
W7222	TD or TE
W7223	
W7224	TD or TE

Support (Medical Environment)

Procedure Code	Allowable Modifiers
W7305	
W7306	
W7307	
W7309	
W7321	TD or TE
W7322	
W7323	TD or TE

Base-Funded Licensed Residential Services*Child Residential Services*

Procedure Code	Allowable Modifiers
W7098	

Community Residential Rehabilitation

Procedure Code	Allowable Modifiers
W7203	

Community Homes

Procedure Code	Allowable Modifiers
W7221	

Family Aide

Procedure Code	Allowable Modifiers
W7310	
W7311	
W7312	
W7314	
W7324	TD or TE
W7325	
W7326	TD or TE

Special Diet Preparation

Procedure Code	Allowable Modifiers
W7315	

Home Rehabilitation

Procedure Code	Allowable Modifiers
W7317	

Base Service Not Otherwise Specified

Procedure Code	Allowable Modifiers
W7219	

If you have questions regarding this Informational Packet or ODP billing inquiries, please contact the ODP Claims Resolution Section at:

E-mail: ra-odpclaimsres@state.pa.us

Phone: 1-866-386-8880 Mon – Thurs 8:30am - 12:00pm and 1:00pm - 3:30pm