

PROVIDER UPDATE

An Update for Highmark Delaware Health Options Providers and Clinicians

BILLING FOR HOME DELIVERED MEALS

The purpose of this information letter is to clarify the claim submission guidelines for Delaware Health Options Home Delivered Meal Benefit.

Standard Meal - Two Per Day In Any Combination with Appropriate Authorization

Procedure Code	Service	Modifier	Unit of Service
S5170	Home-Delivered Meals, Including Preparation: Per Meal	Leave modifier field blank (Frozen)	2 meals, per day maximum
OR			
S5170	Home-Delivered Meals, Including Preparation: Per Meal	-U1 (Fresh)	2 meals, per day maximum

Emergency Meal- One Per Day with Appropriate Authorization

Procedure Code	Service	Modifier	Unit of Service
S5170	Home-Delivered Meals, Including Preparation: Per Meal	ET	Benefit limit based on length of emergency situation

Common Coding Scenarios

Meal Delivery Service is providing a standard meal:

- Report the service with the -U1 modifier to indicate a fresh meal.
- Leave modifier field blank when submitting a claim for a frozen meal.

Meal Delivery Service is providing an emergency meal:

- When Submitting an emergency meal use the ET modifier

Case Managers are required to get the standard meals and the emergency meals authorized.

Services must be provided to the member within ten (10) calendar days the services were determined necessary.

The provider MUST bill the services on a day by day scenario. If Billing for fresh and frozen meals they must be separate lines.

See attached examples.

- During April 2019, 14 regular meals are delivered for 4/1/19-4/07/19 (member is receiving 2 standard meals per day of the same type)

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID #	K. PLAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	PCOUNTER							
1	04	01	19	04	07	19			S5170				14		NPI			
2															NPI			
3															NPI			
4															NPI			
5															NPI			

- If billing for Both fresh and frozen then:
 - one line item for 4/1/19-4/07/19 with 7 units no modifier
 - One line item for 04/01/19-04/07/19 with 7 units U1 modifier

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID #	K. PLAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	PCOUNTER							
1	04	01	19	04	07	19			S5170				7		NPI			
2	04	01	19	04	07	19			S5170	U1			7		NPI			
3															NPI			
4															NPI			
5															NPI			

- During April 2019, 30 regular meals and 3 emergency meals are delivered:
 - Bill one line item for 4/1/19-4/30/19 with 30 units for the regular meal
 - Bill one line item for 4/1/19-4/3/19 with 3 units for the emergency meal

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID #	K. PLAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	PCOUNTER							
1	04	01	19	04	30	19			S5170				30		NPI			
2	04	01	19	04	03	19			S5170	ET			3		NPI			
3															NPI			
4															NPI			
5															NPI			

- During April 2019 the member is hospitalized from 4/6/19 through 4/10/19 and receives home delivery of meals for 25 days.
 - Bill one line item for 4/1/19 -4/5/19 with 5 units
 - Bill a separate line item for 4/11/19-4/30/19 with 20 units

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPBDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID #	K. PLAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	PCOUNTER							
1	04	01	19	04	05	19			S5170				5		NPI			
2	04	11	19	04	30	19			S5170				20		NPI			
3															NPI			
4															NPI			
5															NPI			

For additional information or questions please contact your Provider Account Liaison.