

## Personal Care Services (PCS) ICD-10 Transition Form

*PCS is a Medicaid benefit based on an unmet need for assistance with Activities of Daily Living (ADLs), which means bathing, dressing, toileting, eating, and mobility in the setting of care.*

**ICD-10 compliance means that all Health Insurance Portability and Accountability Act (HIPAA) covered entities are required to use ICD-10 diagnosis and procedure codes for dates of service on or after October 1, 2015. ICD-9 diagnosis and procedure codes can no longer be used for health care services provided on or after this date.**

Completed form should be faxed to Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free) or uploaded by PCS Provider into QiReport Supporting Documents.

This form should be completed by the beneficiary's primary care practitioner\* or the inpatient practitioner.

**Section A:** Please complete the beneficiary's demographic information in Section A, including where the beneficiary currently resides. The beneficiary's name should be the same as appears on their Medicaid card. The Alternate Contact should not be a PCS Provider. The Current PCS Provider should be the entity from which the beneficiary is currently receiving PCS Services.

**Section B:** Please enter the beneficiary's medical diagnoses and ICD-10 codes in Section B. Please print clearly the full medical diagnosis and correct correlating ICD-10 code.

**Section C:** Please complete the practitioner and practice information in Section C in its entirety. The signature in section C. confirms that practitioner completing this form recommends the beneficiary receive an annual assessment to determine the level of need for hands on assistance with ADLs.

All information is required. You may use the practice stamp if applicable. Sign and date once completed. Signature stamps are not allowed.

Completed form should be faxed to Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free) or uploaded by PCS Provider into QiReport to Supporting Documents. Questions: call 855-740-1400 or 919-322-5944 or email PCS\_Program\_Questions@dhhs.nc.gov

*\*If beneficiary does not have a PCP, the practitioner providing care and treatment for the medical, physical or cognitive condition causing the functional limitation may complete the form.*