



## Long Term Services and Supports Billing Guidelines

The State of Illinois has altered its approach to providing Medicaid funding to members who require long-term care services. Instead of providing care in institutions, such as nursing homes, hospitals or intermediate care facilities, the State of Illinois is providing more services and care in home or other community based settings. Certain Molina Healthcare Members are eligible for these alternate services not typically covered by Medicaid. These services are called Long Term Services and Supports (LTSS).

The State determines eligibility in this service program through performing a Determination of Need (DON) analysis and scoring for the Member. When eligible, the Member is placed into a specific waiver program which defines the additionally covered alternate services. All LTSS are coordinated through Molina Healthcare's Medical Management Program.

There are five different waiver programs a Member can qualify for:

**Elderly Waiver:** The Illinois Department on Aging administers this waiver population for persons age 60 or older, who are otherwise eligible for nursing facility as evidenced by a DON.

**Supported Living Facilities (SLF) Waiver:** The Illinois Department of Healthcare and Family Services (HFS) administers this waiver population for persons ages 65 and older, or persons with disabilities (as determined by the Social Security Administration) age 22 and older; Screened by HFS and found to be in need of nursing facility level of care and SLF is appropriate to meet needs of the individual; Be without a primary or secondary diagnosis of developmental disability or serious and persistent mental illness; Income equal to or greater than current SSI and contribute all but \$90 toward lodging, meals, and services. Food stamp benefits may be used toward meal costs.

**Persons with Disabilities Waiver:** The Department of Rehabilitative Services (DRS) administers this waiver population for persons (age 0-59) with disabilities (those 60 or older, who began services before age 60, may choose to remain in this waiver). (Molina waiver eligibility age requirement is 19 or older); Have a severe disability which is expected to last for at least 12 months or for the duration of life; Persons otherwise eligible for nursing facility as evidenced by the DON.

**Traumatic Brain Injury (TBI) Waiver:** DRS administers this waiver population for persons of any age with brain injury; Have functional limitations directly resulting from an acquired brain injury; Includes traumatic brain injury, infection (encephalitis, meningitis), anoxia, stroke, aneurysm, electrical injury, malignant or benign, neoplasm of the brain, and toxic encephalopathy; Have a severe disability which is expected to last for at least 12 months or for the duration of life; Persons otherwise eligible for nursing facility as evidenced by the DON.

**Persons with HIV/AIDS Waiver:** DRS administers this waiver population for persons of any age diagnosed with HIV or AIDS. Molina waiver eligibility age is 19 years and older; Persons otherwise eligible for hospital level of care or nursing facility as evidenced by the DON.

## Long Term Services & Supports Available

| Service                        | Elderly Waiver | Disability Waiver | HIV/AIDS Waiver | Traumatic Brain Injury Waiver |
|--------------------------------|----------------|-------------------|-----------------|-------------------------------|
| Adult Day Service              | √              | √                 | √               | √                             |
| Adult Day Service              | √              | √                 | √               | √                             |
| Environmental Modification     |                | √                 | √               | √                             |
| Supported Employment           |                |                   |                 | √                             |
| Home Health Aide               |                | √                 | √               | √                             |
| Nursing, Intermittent          |                | √                 | √               | √                             |
| Nursing, Skilled               |                | √                 | √               | √                             |
| Occupational Therapy           |                | √                 | √               | √                             |
| Physical Therapy               |                | √                 | √               | √                             |
| Speech Therapy                 |                | √                 | √               | √                             |
| Prevocational Services         |                |                   |                 | √                             |
| Day Habilitation               |                |                   |                 | √                             |
| Homemaker                      | √              | √                 | √               | √                             |
| Home Delivered Meals           |                | √                 | √               | √                             |
| Emergency Home Response System | √              | √                 | √               | √                             |
| Respite                        |                | √                 | √               | √                             |
| Adaptive Equipment             |                | √                 | √               | √                             |
| Behavioral Services            |                |                   |                 | √                             |

## SLF Services Available

Apartment-style housing with the following menu of services:

- Temporary nursing care
- Social/recreational programming
- Health promotion and exercise
- Medication oversight
- Ancillary services
- 24-hour response/security
- Personal care
- Laundry
- Housekeeping
- Maintenance

## LTSS Provider Billing Information

Providers are required to bill Molina Healthcare of Illinois for all LTSS waiver services using the professional claim form (HCFA 1500/837p). HCFA 1500 samples are available on the Centers for Medicare and Medicaid Services (CMS) website at [www.cms.gov](http://www.cms.gov) and are available for purchase from vendors.

Claims may be submitted by mail or filed electronically (EDI). For Members assigned to a delegated medical group/IPA that processes its own claims, please verify the "Remit To" address on the Member's Molina Healthcare ID card. Providers billing Molina Healthcare directly via mail should send claims to:

Molina Healthcare of Illinois, Inc.  
P.O. Box 540  
Long Beach, CA 90801

Providers billing Molina Healthcare electronically should use current HIPAA compliant ANSI X12N format (e.g., 837P for professional claims) and use electronic payor ID number: 20934. Providers must use good-faith effort to bill Molina for services with the most current diagnostic and procedural coding available.

Providers can register to use the Molina Web Portal to check eligibility, claim status and create/submit claims to Molina Healthcare. To register go to [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) and sign into the Provider Portal.

Providers must submit claims to Molina Healthcare within 180 calendar days after the following have occurred: discharge for inpatient services or the date of service for outpatient services. SLF providers should bill Molina Healthcare on a monthly basis with per diem charges and bed hold charges from the previous month on the same claim. Except as otherwise provided by law or provided by government sponsored program requirements, any claims that are not submitted to Molina Healthcare within these timelines shall not be eligible for payment.

Molina Healthcare contracted providers may not bill Members for any covered benefit. The contract between the provider and Molina Healthcare places the responsibility for verifying eligibility and obtaining approval for those services that require prior authorization on the provider.

Below, please find a chart outlining waiver services, as well as corresponding codes and increments that must be used when billing for services provided to Molina Healthcare Members.

Please note that waiver services do require Prior Authorization for each service and must be approved as a part of the Service Plan developed by Molina Case Management.

# LTSS Provider Billing Chart

| Service                                  | Code  | Modifier | Molina Unit Increment | Example              |
|--|-------|----------|-----------------------|----------------------|
| Adult Day Service                        | S5100 |          | 15 Minutes            | 1 hour = 4 Units     |
| Adult Day Service-Respite                | T1005 | HQ       | 15 Minutes            | 1 hour = 4 Units     |
| Adult Day Service Transportation         | T2003 |          | 1 Unit=1 Way Trip     | Round trip = 2 Units |
| Adult Day Service Transportation-Respite | T1005 | HB       | 1 Unit=1 Way Trip     | Round trip = 2 Units |
| Environmental Home Adaptations           | S5165 |          | Per Service           | Varies               |
| Supported Employment                     | T2019 |          | Per Diem              | 1 day = 1 Unit       |
| Home Health Aide – Agency                | T1004 |          | 15 Minutes            | 1 hour = 4 Units     |
| Home Health Aide – Agency – CNA          | T1004 | SC       | 15 Minutes            | 1 hour = 4 Units     |
| Home Health Aide – Individual            | G0156 |          | 15 Minutes            | 1 hour = 4 Units     |
| Home Health Aide – Individual – CNA      | G0156 | SC       | 15 Minutes            | 1 hour = 4 Units     |
| Home Health–Intermittent RN/LPN (Agency) | G0154 |          | 15 Minutes            | 2 hour = 8 Units     |
| Nursing, Skilled – LPN Agency            | T1003 |          | 15 Minutes            | 1 hour = 4 Units     |
| Nursing, Skilled – LPN Individual        | T1000 | TE       | 15 Minutes            | 1 hour = 4 Units     |
| Nursing, Skilled – Multi-Customer        | T1002 | TT       | 15 Minutes            | 2 hour = 8 Units     |
| Nursing, Skilled RN Agency               | T1002 |          | 15 Minutes            | 1 hour = 4 Units     |
| Nursing, Skilled RN Individual           | T1000 | TD       | 15 Minutes            | 1 hour = 4 Units     |
| Occupational Therapy                     | G0152 | UC       | 15 Minutes            | 1 hour = 4 Units     |
| Physical Therapy                         | G0151 | UC       | 15 Minutes            | 1 hour = 4 Units     |
| Speech Therapy                           | G0153 | UC       | 15 Minutes            | 1 hour = 4 Units     |
| Speech Therapy – Hospital                | G0153 | UC       | 15 Minutes            | 1 hour = 4 Units     |
| Prevocational Services                   | T2014 |          | Per Diem              | Per Diem             |
| Habilitation – Day                       | T2020 |          | Per Diem              | Per Diem             |
| Homemaker                                | S5130 |          | 15 Minutes            | 1 hour = 4 Units     |

|                                     |       |    |             |                              |
|-------------------------------------|-------|----|-------------|------------------------------|
| Homemaker with Insurance            | S5130 |    | 15 Minutes  | 1 hour = 4 Units             |
| Home Delivered Meals                | S5170 |    | Unit        | 1 Unit= 2 meal limit per day |
| Personal Assistant                  | S5125 |    | 15 Minutes  | 1 hour = 4 Units             |
| Personal Emergency Response-Install | S5160 |    | Per Install | Per Install                  |
| Personal Emergency Response-Monthly | S5161 |    | Per Month   | Per Month                    |
| Respite – RN                        | T1005 | TD | 15 Minutes  | 1 hour = 4 Units             |
| Respite – LPN                       | T1005 | TE | 15 Minutes  | 1 hour = 4 Units             |
| Respite – CNA                       | T1005 | SC | 15 Minutes  | 1 hour = 4 Units             |
| Respite – Homemaker                 | T1005 | HM | 15 Minutes  | 1 hour = 4 Units             |
| Respite – Personal Assistant        | T1005 |    | 15 Minutes  | 1 hour = 4 Units             |
| Specialized Medical Equipment       | T2028 |    | Per Service | Per Service                  |

## Questions?

Call Molina Healthcare Provider Network Management at (855) 866-5462.