

# Provider Memorandum

## Reminder Waiver Billing Guidelines Effective January 1, 2020

This is a reminder that as of January 1, 2020, Molina Healthcare of Illinois (Molina) requires providers submitting waiver claims to use their HFS Legacy Provider Number (Medicaid ID) instead of their National Provider Identifier (NPI). This change is required by the Illinois Department of Healthcare and Family Services (HFS).

### Waiver Services Overview

The waiver program provides services that allow individuals to remain in their own homes or live in a community setting instead of in an institution. Home and Community-Based Services (HCBS) may also be referred to as “waivers.” This is a collaborative effort between the Illinois Department on Aging (IDoA), the Department of Human Services/Division of Rehabilitation Services (DHS/DRS), and HFS; it is administered by the Managed Care Organizations (MCOs). Molina offers services to members of the following waiver programs:

- Persons who are elderly
- Persons with disabilities
- Persons with HIV or AIDS
- Persons with brain injury
- Persons in Supportive Living Facilities (SLFs)—refer to the [Illinois Association of Medicaid Health Plans \(IAMHP\) Billing Manual](#) section for SLF providers.

### Waiver Services and Provider Types (PT)

The following HFS Provider Types are considered HCBS waiver providers that may bill Molina for services rendered under the waiver program:

HFS Provider Type	HFS Description
090	Waiver service provider—Elderly (IDoA)
092	Waiver service provider—Disability (DHS/DRS)
093	Waiver service provider—HIV/AIDS (DHS/DRS)
098	Waiver service provider—TBI (DHS/DRS)

Waiver services include:

- Adult day service
- Adult day service transportation
- Automatic medication dispenser
- Day habilitation
- Environmental accessibility adaptations
- Home delivered meals
- Homemakers

- Personal Emergency Response System (PERS)
- Respite
- Skilled nursing services RN/LPN
- Specialized medical equipment and supplies
- Supported employment
- Personal care services
- Home health aide
- Nursing, intermittent
- Therapies
- Prevocational services
- Assisted living (supportive living)
- Behavioral health services (M.A and Ph.D.)

### **Billing With the Medicaid ID**

Providers should use the enrolled Medicaid ID with the corresponding provider type and category of services for waiver services. Providers who also have a registered NPI, should bill **only** with their registered Medicaid ID. Providers should **not** bill with both their NPI and Medicaid ID.

Molina will add Medicaid IDs supplied by providers into the Illinois Association of Medicaid Health Plans (IAMHP) roster and assign that Medicaid ID to a Molina ID for portal registration and billing.

However, SLFs are required to bill with their NPIs.

Molina requires that the Medicaid ID billed on the claim matches the provider's IMPACT registration. Molina will **not** process the claim if:

- The Medicaid ID used does not match IMPACT.
- The Medicaid ID used is not registered for the appropriate provider types, categories of service, specialties, etc.
- The Medicaid ID used was not previously reported to the plan for loading into the IAMHP roster.

The Medicaid ID used on the claim must also match the corresponding member's waiver type. For example, a Medicaid ID registered as "provider type 090: Waiver service provider – Elderly" should **not** be billed on a claim for a member who has a Traumatic Brain Injury (TBI) waiver.

### **Waiver Billing**

Molina will only accept waiver claims billed electronically either through a clearinghouse (EDI) or the Molina Provider Portal. Claims billed via EDI should include the Molina payer ID 20934, and a valid Medicaid ID should be present in the G2 segment of the claim.

Claims billed via the Provider Portal will not require the provider to physically enter the Medicaid ID. Instead, the provider should choose the billing provider option that does **not** display the NPI in the name. This will automatically link the claim to the Medicaid ID in the Molina system.

If the provider has multiple IMPACT registrations for provider types outside of the HCBS service realm, the provider should include the NPI on the claim for all **non-HCBS** services.

- For example, if the provider is registered in IMPACT as a home health provider (PT 050) in addition to the elderly waiver (PT 090), the provider will submit the NPI on all home health (PT 050) claims **without** the Medicaid ID.
- When billing for services rendered under the elderly waiver (PT 090), the provider will submit the Medicaid ID on the claim **without** the NPI.

Please refer to the Waiver Billing Grid beginning on the following page.

Note: Refer to the online [IAMHP Comprehensive Billing Guide](#) for additional information:

### **Questions**

Providers who have questions, concerns, or would like additional training—including how to use the Molina Provider Portal—may contact their Provider Network Manager (PNM) or email the Provider Network Management department at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

For help identifying your Provider Network Manager, visit Molina's Service Area page at [MolinaHealthcare.com](http://MolinaHealthcare.com).

### **Join Our Email List**

Join Molina's provider email list! Be the first to receive news and updates about Molina services delivered automatically to your inbox. [Simply click here](#), fill out the form, and submit to get started.



**Waiver Billing Grid**

HCSB Service	HCPC Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service	Elderly Waiver HFS Provider Type: 90	Disability Waiver HFS Provider Type: 92	HIV/AIDS Waiver HFS Provider Type: 93	Traumatic Brain Injury Waiver HFS Provider Type: 98	HFS Category of Service/ Specialty/Subspecialty	Acceptable Taxonomies
Homemaker	S5130		15 minutes 1 hour = 4 units	12	Y	Y	Y	Y	91	376J00000X—Homemaker 251E00000X—Home health
Agency Services CNA	T1004		15 minutes 1 hour = 4 units	12		Y	Y	Y	92	251E00000X—Home Health 251J00000X—Nursing Care
Adult Day Care	S5100		15 minutes 1 hour = 4 units	11, 99	Y	Y	Y	Y	94	261QA0600X—Adult Day Care
Adult Day Care Transportation	T2003		1 unit is 1 trip maximum of 2 daily	99	Y	Y	Y	Y	94	261QA0600X—Adult Day Care
Respite Adult Day Care	T1005	HQ	15 minutes 1 hour = 4 units	99		Y	Y	Y	96	261QA0600X—Adult Day Care 385H00000X—Respite Care
Respite Adult Day Care Transportation	T1005	HB	1 unit is 1 trip maximum of 2 daily	99		Y	Y	Y	96	261QA0600X—Adult Day Care 385H00000X—Respite Care
Respite Agency Services Home Health Aide (CNA)	T1005	SC	15 minutes 1 hour = 4 units	12		Y	Y	Y	96	385H00000X—Respite Care 376J00000X—Homemaker 251E00000X—Home Health
Respite Homemaker	T1005	SE	15 minutes 1 hour = 4 units	12		Y	Y	Y	96	385H00000X—Respite Care 376J00000X—Homemaker
Respite Agency Services LPN	T1005	TE	15 minutes 1 hour = 4 units	12		Y	Y	Y	96	385H00000X—Respite Care 376J00000X—Homemaker 251E00000X—Home Health
Respite Agency Services RN	T1005	TD	15 minutes 1 hour = 4 units	12		Y	Y	Y	96	385H00000X--Respite Care 376J00000X--Homemaker 251E00000X--Home Health
TBI Day Habilitation	T2020		Per Diem 1 day = 1 unit	11, 99				Y	95	261QR0400X—Specialized Rehabilitation 373H00000X—Day Training Habilitation Specialist 251E00000X—Home Health
Prevocational Services	T2014		Per Diem 1 day = 1 unit	11, 99				Y	95	251S00000X--Community/Behavioral Health 251E00000X—Home Health
Supported Employment No Job Coach Individual	T2019		1 unit = 1 hour	11, 99				Y	95	251S00000X—Community/Behavioral Health 261QR0400X--Specialized Rehabilitation 251E00000X—Home Health
Home Modification	S5165		Varies with services Maximum of \$25,000.00 in a five-year period	12		Y	Y	Y	97	171WH0202X—Home Modifications 171W00000X—Contractor

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Specialized Medical Equipment/Supplies Purchase	T2028		Varies with services. Maximum of \$25,000.00 in a five-year period	12, 99		Y	Y	Y	97	332B00000X—Medical Equipment & Medical Supplies
Specialized Medical Equipment/Supplies Rental	T2028	RR	Varies with services. Maximum of \$25,000.00 in a five-year period	12, 99		Y	Y	Y	97	332B00000X—Medical Equipment & Medical Supplies
Agency Services— Individualized service provided to more than one patient in the same setting	T1002	TT	15 minutes 2 hours = 8 units	12		Y	Y	Y	92	251E00000X—Home Health 251J00000X—Nursing Care 282N00000X—General Acute Hospital 253Z00000X—In Home Supportive Care
Agency Services LPN	T1003		15 minutes 1 hour = 4 units	12		Y	Y	Y	92	251E00000X—Home Health 251J00000X—Nursing Care 282N00000X—General Acute Hospital 253Z00000X—In Home Supportive Care
Agency Services RN	T1002		15 minutes 1 hour = 4 units	12		Y	Y	Y	92	251E00000X—Home Health 251J00000X—Nursing Care 282N00000X—General Acute Hospital 253Z00000X—In Home Supportive Care
Behavioral Services Master's Degree Level (M.A.)	H0004	HO	Per visit with a 2-hour maximum	11, 12				Y	97	251S00000X—Community/Behavioral Health
Behavioral Services Doctoral Level (Ph.D.)	H0004	HP	Per visit with a 1-hour maximum	11, 12				Y	97	251S00000X—Community/Behavioral Health
Physical Therapy	G0151		15 minutes 1 hour = 4 units Maximum = 4 hours per day	11, 12		Y	Y	Y	97	225100000X—Physical Therapist 251E00000X—Home Health
Occupational Therapy	G0152		15 minutes 1 hour = 4 units Maximum = 4 hours per day	11, 12		Y	Y	Y	97	225X00000X—Occupational Therapist 251E00000X—Home Health
Speech Therapy	G0153		Per visit with a 4-hour max	11, 12		Y	Y	Y	97	235Z00000X—Speech Therapist 251E00000X—Home Health

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Speech Therapy— Services delivered under an outpatient hospital speech/language pathology plan of care	G0153	GN	Per visit	11, 19, 22		Y	Y	Y	97	235Z00000X—Speech Therapist 282N00000X—General Acute Hospital
Home Delivered Meals	S5170		2 meals = 1 unit Maximum = 1 unit per day	12, 99		Y	Y	Y	97	332U00000X—Home Delivered Meals
Personal Emergency Response Install	S5160		Per Install	12, 99	Y	Y	Y	Y	98	146D00000X—Personal Emergency Attendant 3333300000X—Emergency Response System
Personal Emergency Response Monthly	S5161*	*	Per Month	12, 99	Y	Y	Y	Y	98	146D00000X—Personal Emergency Attendant 333300000X—Emergency Response System
Automatic Medication Dispenser	A9901		Per Install	12, 99	Y				98	332B00000X—Medical Equipment & Medical Supplies
Automatic Medication Dispenser Monthly	T1505		Per Month	12, 99	Y				98	332B00000X—Medical Equipment & Medical Supplies

\*Exception for Molina: When services are provided on a cellular platform versus a landline, S5161 should include the U2 modifier.