



## 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.