

Leave of Absence (LOA) Authorizations and Billing Practices for LTSS Residential Providers

Provider Relations Management
September 22, 2025



Background

- On October 1, 2024, My Choice Wisconsin by Molina Healthcare implemented the operational practice of the minimum fee schedule for residential services.
- As part of that change residential providers were instructed to bill the revenue code plus an additional “T” procedure code and applicable modifiers.



Effective October 1, 2024

New “T” Procedure Codes and Modifiers

*Revenue Code	National Definition	Notes	Required Procedure Code**	Required Modifiers
0240	All Inclusive Ancillary General Classification	Use for 1-2 Bed AFH.	T2031 (Assisted Living; Waiver, Per Diem)	-U1, U2, or U3 as the first modifier. -U5 or U6 as the second modifier. -U7 as the third modifier. -U4 as the fourth modifier if applicable.
0241	All Inclusive Ancillary Basic	Use for 3-4 Bed AFH.	T2031 (Assisted Living; Waiver, Per Diem)	-U1, U2, or U3 as the first modifier. -U5 or U6 as the second modifier. -U8 as the third modifier. -U4 as the fourth modifier if applicable.
0242	All Inclusive Ancillary Comprehensive	Use for a CBRF with 8 beds or fewer.	T2033 (Residential Care, Not Otherwise Specified, Waiver; Per Diem)	-U1, U2, or U3 as the first modifier. -U7 as the second modifier. -U4 as the third modifier if applicable.
0243	All Inclusive Ancillary Specialty	Use for a CBRF with more than 8 beds.	T2033 (Residential Care, Not Otherwise Specified, Waiver; Per Diem)	-U1, U2, or U3 as the first modifier. -U8 as the second modifier. -U4 as the third modifier if applicable.
0670	Outpatient Special Residence Charges General Classification	Use for a RCAC.	T2033 (Residential Care, Not Otherwise Specified, Waiver; Per Diem)	-U9 as the first modifier. -U4 as the second modifier if applicable.

Modifier	Notes for Modifier Usage
U1	Use to indicate that the member meets the criteria for Level of Need (Acuity) Tier 1, based on elements from the member’s Long-Term Care Functional Screen.
U2	Use to indicate that the member meets the criteria for Level of Need (Acuity) Tier 2, based on elements from the member’s Long-Term Care Functional Screen.
U3	Use to indicate that the member meets the criteria for Level of Need (Acuity) Tier 3, based on elements from the member’s Long-Term Care Functional Screen.
U4	Use to indicate the member received 24-hour 1-on-1 (or greater) care.
U5	Use to indicate that the Adult Family Home is owner-occupied.
U6	Use to indicate that the Adult Family Home is corporate owned.
U7	For AFH, use to indicate 1-2 bed Adult Family Home. For CBRF, use for Community Based Residential Facilities with 5-8 beds.
U8	For AFH, use to indicate 3-4 bed Adult Family Home. For CBRF, use for Community Based Residential Facilities with 9 or more beds.
U9	For RCAC, use to indicate Residential Care Apartment Complex.

Effective October 1, 2024

Leave of Absence (LOA) code 0180

- When the member is out of the facility for “duplicative services” My Choice Wisconsin only reimburses room and board.
- “Duplicative services” include, but are not limited to:
 - Hospitalization
 - Nursing Home
 - ICF-MR (Intermediate Care Facility for individuals w/ Developmental Disabilities)
 - ITP (Intensive Treatment Program (also for individuals w/ Developmental Delay and Mental Health dual diagnosis))
- **The code for leave of absence for all residential settings is 0180.**



Prior authorization is required for LOA code 0180

- It is the residential facility's responsibility to notify the Care Manager any time the member leaves the facility.
- The member's Care Manager will enter a member leave of absence authorization to allow provider to bill room and board.
 - The original residential placement authorization will be ended on the day before the member left the residential facility.
 - The leave of absence authorization will start on the first day that the member is not in the facility at 11:59 PM.
 - The leave of absence authorization will end on the day prior to discharge.
- **Providers must bill the leave of absence under code 0180 AND associate the claim line with the leave of absence-specific authorization.**
- **If you are unable to locate the leave of absence authorization in MIDAS, please reach out to the member's Care Manager immediately.**



Example:

Member is admitted to the hospital on 2/14 and is discharged on 2/16
Residential authorization ends 2/13

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 241		T2031U3UGU8	2-1-2025	13	2000.00		
2							
3							

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
6 6552348		
7		
8		

Leave of absence authorization starts 2/14 and ends on 2/15

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 180			2-14-2025	2	80.00		
2							
3							

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
6 682225		
7		
8		

New residential authorization begins 2/16

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 241		T2031U3UGU8	2-16-2025	13	2000.00		
2							
3							

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
6 6548881		
7		
8		

Please ensure that number of units equals the number of days billed on that line.



Recap and Important Reminders



Electronic Claims Submissions

Different service codes must be submitted on separate claims.



Paper UB04 Claims Submissions

Providers may bill multiple revenue codes on the same claim form. However, the corresponding auth numbers must be clearly listed next to each applicable service line.



Number of Units Billed

It's important that the number of units billed on each line must equal the number of days being billed as previously shown on the example.



Accurate Billing

Accurate billing helps ensure timely processing and payment of the claims.



Inquiries/Questions/Support

Contact our Central Team inbox at:

MHWIProviderNetworkManagement@MolinaHealthcare.com



Questions?

