# Welcome!

The webinar will begin soon.

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# Residential Authorizations and Leaves of Absence

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September 22, 2025

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# Background

On October 1, 2024, The Wisconsin Department for Health Services (DHS) implemented a 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.<br>-U5 or U6 as the second modifier.<br>-U7 as the third modifier.<br>-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.<br>-U5 or U6 as the second modifier.<br>-U8 as the third modifier.<br>-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.<br>-U7 as the second modifier.<br>-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.<br>-U8 as the second modifier.<br>-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.<br>-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. |

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# Effective October 1, 2024
# New 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
  - ITP

- **The code for leave of absence for all residential settings is 0180.**

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# 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.**

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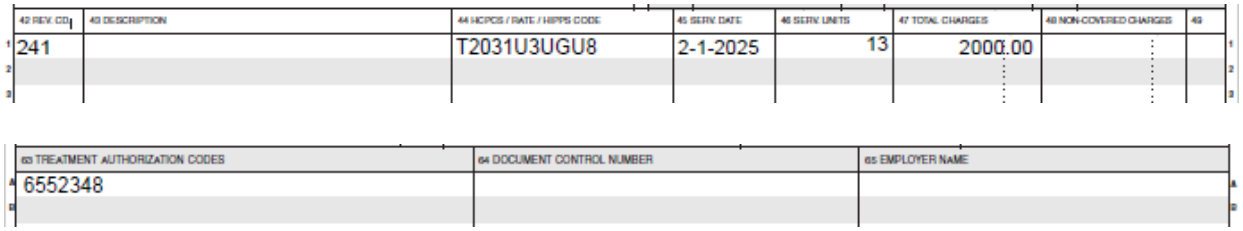
# Example:

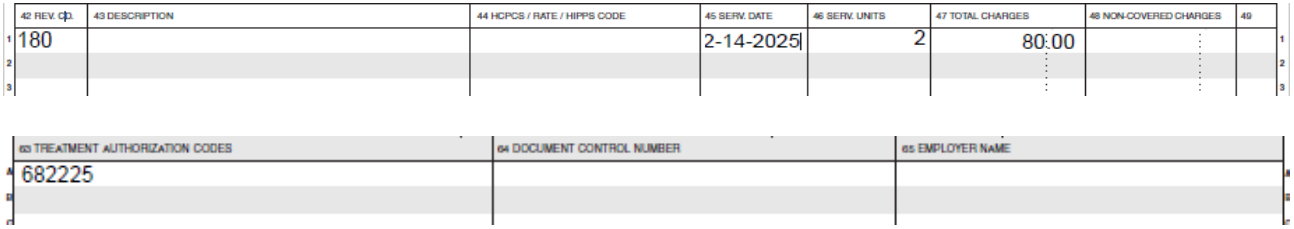
Member is admitted to the hospital on 2/14 and is discharged on 2/16
Residential authorization ends 2/13



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

| 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME |
|---|---|---|
| 6552348 | | |

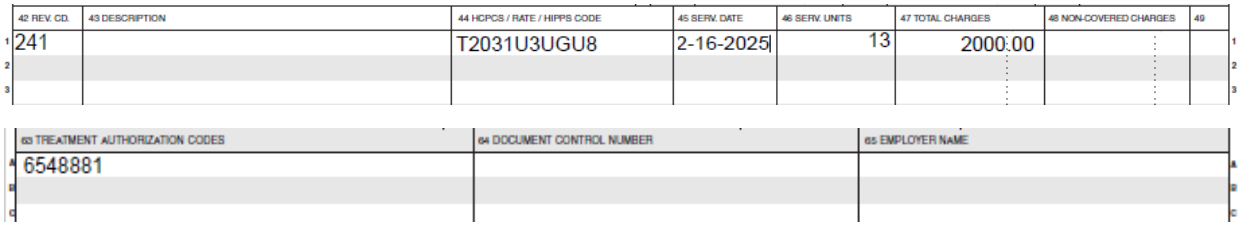
Leave of absence authorization starts 2/14 and ends on 2/15



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

| 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME |
|---|---|---|
| 682225 | | |

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 |
|---|---|---|---|---|---|---|---|
| 241 | | T2031U3UGU8 | 2-16-2025 | 13 | 2000.00 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME |
|---|---|---|
| 6548881 | | |

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

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# Questions?

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