Provider Memorandum

Waiver Billing Guidelines

Effective January 1, 2020, Molina Healthcare of Illinois (Molina) will require providers submitting waiver claims to use their Medicaid provider 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 Home and Community Based Services waiver program provides services that allow individuals to remain in their own homes or live in a community setting, instead of in an institution. 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
- Supportive Living Facilities

Waiver Services and Provider Types

Waiver services Provider Types are 090-098. Waiver services consist of:

- Adult Day Service
- Adult Day Health Transportation
- Day Habilitation
- Environmental Accessibility Adaptations
- Home Delivered Meals
- Homemaker
- 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, taxonomy 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 load Medicaid IDs supplied by providers in the Illinois Association of Medicaid Health Plans (IAMHP) roster and assign that Medicaid ID to a Molina ID for portal registration and billing.

Note: Supportive living facilities are required to bill with their National Provider Identification (NPI).

Waiver Billing
Below is an example of a completed claim for waiver services.

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
02 01 19	02 15 19	12		S5130		A	$891 78	178.0	N	NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
987654321	☐ ☐	111111111	X YES ☐ NO	$ 891 78	$	$0 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) XYZ HomeCare SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION a. b.	33. BILLING PROVIDER INFO & PH # ( ) XYZ HomeCare 123 Main St Somewhere, IL 60000 ª987654321001 ᵇ376J00000X

Questions
Providers with questions, may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page at www.molinahealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx.

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