

Waiver Services Billing Guide

When billing Molina Healthcare of Ohio, Inc. for waiver services, providers need to use the appropriate Healthcare Common Procedural Coding System (HCPCS) code and modifier combination based on the type of service and, when applicable, the waiver of origin of the member. All claims should be billed on a CMS 1500 claim form, including Assisted Living claims. Please use the waiver billing guide below, which outlines procedure codes, required modifiers and unit increments.

| Procedure/ HCPCS Code | Type of Service | Required Modifier | Waiver of Origin | Unit Increment |
|--|--|----------------------|--------------------------------|-----------------------------|
| Adult Day Services (ADS) 1/2 Day | | | | |
| S5101 | Intensive ADS | U2 | All | 1/2 day |
| | Enhanced ADS | | All | 1/2 day |
| Adult Day Services (ADS) Full Day | | | | |
| S5102 | Intensive ADS | U3 | All | 1 day |
| | Enhanced ADS | | All | 1 day |
| Adult Day Services (ADS) 15 Minutes | | | | |
| S5100 | Intensive ADS | U1 | All | 1/4 Hour (15 minutes) |
| | Enhanced ADS | | All | 1/4 Hour (15 minutes) |
| Adult Day Services (ADS) Transportation (Trans) | | | | |
| A0080 | ADS Trans/Mile | | All | 1 mile |
| | ADS Trans/Mile - 2 nd Person | U2 | All | 1 mile |
| T2003 | ADS Trans 1 Way | | All | 1-way trip |
| | ADS Trans 1 Way - 2 nd Person | U2 | All | 1-way trip |
| T2025 | ADS Trans Round | U5 | All | 1 round trip |
| | ADS Trans Round - 2 nd Person | U2 | All | 1 round trip |
| Assisted Living Services | | | | |
| T2031 | Base Assisted Living Service | U1 | All | 1 day |
| | Critical Access Assisted Living Service | U2 | All | 1 day |
| | Memory Care Assisted Living Service | U3 | All | 1 day |
| Choices Home Care Attendant Services (CHCAS) | | | | |
| T2025 | CHCAS - Employer & Budget Authority | | All | 15 minutes |
| Community Transition Services (CTS) | | | | |
| T2038 | CTS | | ICDS, Ohio Home Care, PASSPORT | 1 complete order or deposit |
| | CTS | U4 | Assisted Living | 1 complete order or deposit |
| Emergency Response Services (ERS) | | | | |
| S5160 | ERS Install | | All | Installation |
| S5161 | ERS Rental - Monthly | | All | 1 month |
| Enhanced Community Living Services (ECLS) | | | | |

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|---|---|----------------------|--|--------------------|
| T2025 | ECLS | | All | 15 minutes |
| Home Care Attendant - Nursing (HCAS/N) / Home Care Attendant - Personal Care Services (HCAS/PC) | | | | |
| S5125 | HCAS/N | | All | 15 minutes |
| | HCAS/PC | U8 | All | 15 minutes |
| | HCAS/PC 1/4 hour - OT | U4 | All | 15 minutes |
| Home Delivered Meals (HDM) | | | | |
| S5170 | HDM | | All | 1 meal |
| | Therapeutic Meal | U6 | All | 1 meal |
| | Kosher Meal | U7 | All | 1 meal |
| Alternative Meals Service (AMS) | | | | |
| S5170 | AMS | U3 | All | 1 meal |
| Homemaker Services | | | | |
| S5130 | Homemaker Services | | All | 15 minutes |
| Home Modification Services (HM) | | | | |
| S5165 | Home Modification Services | | ICDS, Ohio Home Care, Assisted Living | 1 completed job |
| | Home Modification Services | UA | PASSPORT | 1 completed job |
| Home Medical Equipment & Supplies (HME) / Supplemental Adaptive & Assistive Devices (SA&AD) | | | | |
| T2029 | HME & SA&AD | | ICDS, Ohio Home Care, Assisted Living | per item |
| T1999 | HME | | PASSPORT | per item |
| Nutritional Consultation Services (NCS) | | | | |
| S9470 | NCS | | All | 15 minutes |
| Out-of-Home Respite (OOHR) Services | | | | |
| H0045 | OOHR Services | | All | 1 day |
| Personal Care Aide Services (PCAS) | | | | |
| T1019 | PCAS | | All | 15 minutes |
| | PCAS 2 nd Visit Same Day | U2 | All | 15 minutes |
| | PCAS - Consumer Directed | U1 | All | 15 minutes |
| | PCAS - Consumer Directed 1/4 hour - OT | U4 | All | 15 minutes |
| | PCAS - Group | HQ | All | 15 minutes |
| Home Maintenance and Chore Services | | | | |
| S5121 | Home Maintenance and Chore Services | | All | 1 completed job |
| Social Work Counseling Services (SWCS) | | | | |
| G0155 | SWCS | | All | 15 minutes |
| Structured Family Caregiving | | | | |
| S5136 | Structured Family Caregiving - 1 day | | All | 1 day |
| S5136 | Structured Family Caregiving - ½ day | UD | All | ½ day |
| Waiver Transportation Services (Trans) | | | | |
| S0215 | Waiver Trans | | ICDS, Ohio Home Care, Assisted Living | 1 mile |

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|------------------------------------|---|----------------------|------------------|-------------------|
| A0100 | Non-Medical Trans 1 Way | | PASSPORT | 1 one-way trip |
| | Non-Medical Trans 1 Way - 2 nd Person | U2 | PASSPORT | 1 one-way trip |
| A0200 | Non-Medical Trans Round Trip | | PASSPORT | 1 round trip |
| | Non-Medical Trans Round Trip - 2 nd Person | U2 | PASSPORT | 1 round trip |
| Waiver Nursing Services (RN & LPN) | | | | |
| T1002 | RN | | All | 15 minutes |
| T1003 | LPN | | All | 15 minutes |