

# HCBS Quick Reference Guide

## DO NOT SUBMIT CLAIM UNLESS:

- All services have required authorizations
- Confirm authorizations on secure Provider Portal
- Calculate the correct unit measurement (i.e., time vs day)
- Data aligned properly in the fields on the CMS 1500
- Monthly Service Report is submitted
- Submission is within 180 days of service
- Review billing codes on the back of this page

## CLAIMS SUBMISSION

- Submit claims within 180 days of the date of service.
- Register on the secure Provider Portal to submit multiple recurring claims easily. Submit single or batch claims through the secure Provider Portal or Clearinghouse for fastest and most accurate payment. **Payor IDs can be found at IlliniCare.com.**
- Paper claims **MUST:**
  - Be on a red, original CMS 1500 claim form
  - Typed in black or blue ink 9-point or greater font
  - Include all other insurance information (policy holder, carrier name, ID number and address) when applicable
- Request for Reconsideration must be submitted within 180 days of the date of service.
- Appeals can be submitted in writing within 365 days of the date of service once provider has exhausted the Request for Reconsideration.

## REQUIRED FIELDS

### ELIGIBILITY and DON SCORE

- |                          |                   |
|--------------------------|-------------------|
| ▪ Member's Name          | ▪ Days/Units      |
| ▪ Member's Date of Birth | ▪ Total Charges   |
| ▪ Member ID Number       | ▪ Tax ID Number   |
| ▪ Date of Service        | ▪ Taxonomy Code   |
| ▪ CPT/HCPC Code          | ▪ Medicaid Number |
| ▪ Diagnosis Code         | ▪ NPI Number      |

Eligibility is determined by government agencies:

- Department on Aging (DOA)
- Division of Rehabilitation Services (DRS)

If you have any questions please contact IlliniCare Health Provider Services at: **866.329.4701**

Determination of Need (DON) assesses the member's:

- Ability to perform the activities of daily living
- Mental acuity
- Level of impairment
- Level of unmet need

**Please Note:** Members must be assessed and receive a qualifying DON score before services are approved.

## HCBS DOA and/or DRS APPROVED

- Adult Day Service – DOA/DRS
- Adult Day Service Transportation – DOA/DRS
- Behavioral Services – DRS
- Day Habilitation – DRS
- Home Delivered Meals – DRS
- Home Health Aide - DRS
- Home Modifications/Assistive Equipment – DOA/DRS
- Home Care Aide / Homemaker – DRS
- Nursing, Intermittent/Skilled – DRS
- Physical/Occupational/Speech therapy – DRS
- Personal Emergency Response System – DOA/DRS
- Individual Provider/ Personal Assistant – DRS
- Respite Care – DRS
- Specialized medical equipment and supplies – DRS
- Vocational Services – DRS

## SUPPORTIVE LIVING FACILITIES (SLF)

IlliniCare Health pays for services within the SLF.

- All SLF will bill using the same procedure code: T2033
- If there is a temporary absence, use T2033, with modifier U1.
- Claims are paid according to days reported on the State's Patient Credit File (PCF).
- All claims refer to the patient credit file to deduct member funds accordingly.
- Ex code on the Explanation of Payment (EOP):
  - Description: "DENY": Mbr not currently on PT Credit File – will reconsider once on file."
  - Claim does **NOT** need to be resubmitted.
  - Claims will be paid as soon as member appears on patient credit file.

# Home and Community Based Services (HCBS) Increment Grid

Service	Code	Modifier	HFS Increment	IlliniCare Health Increment	Rate (per unit) for Claims	Example
Adult Day Service	S5100		per hour	15 min	\$2.26	1 hour = 4 units (4 x \$2.26 = \$9.04)
Adult Day Service Transportation	T2003		1 unit = one way trip	1 unit = one way trip	\$8.30	Round trip = 2 units (2 x \$8.30 = \$16.60)
Environmental Home Adaptations	S5165		per service	per service	varies per service	varies per service
Supported Employment	T2019		per diem	15 min	\$11.00	1 hour = 4 units (4 x \$11.00 = \$44.00)
Home Health Aide – Agency	T1004		per hour	15 min	\$3.44	1 hour = 4 units (4 x \$3.44 = \$13.76)
Home Health Aide – Agency – CNA	T1004	SC	per hour	15 min	\$3.44	1 hour = 4 units (4 x \$3.44 = \$13.76)
Home Health Aide – Individual	G0156		per hour	15 min	\$3.63	1 hour = 4 units (4 x \$3.63 = \$14.52)
Home Health Aide – Individual – CNA	G0156	SC	per hour	15 min	\$3.63	1 hour = 4 units (4 x \$3.63 = \$14.52)
Home Health – Intermittent Nursing RN, LPN (Agency Provider)	G0154		one visit up to two hours	15 min	\$8.16	2 hour = 8 units (8 x \$8.16 = \$65.28)
Home Health – Intermittent Nursing RN, LPN (Agency Provider)	G0154	SC	one visit up to two hours	15 min	\$8.16	2 hour = 8 units (8 x \$8.16 = \$65.28)
Nursing, Skilled – LPN Agency	T1003	TE	per hour	15 min	\$6.37	1 hour = 4 units (4 x \$6.37 = \$25.48)
Nursing, Skilled – LPN Individual	T1000	TE	per hour	15 min	\$5.50	1 hour = 4 units (4 x \$5.50 = \$22.00)
Nursing, Skilled – Multi-Customer	T1002	TT	per hour	15 min	\$5.91	2 hour = 8 units (8 x \$5.91 = \$47.28)
Nursing, Skilled RN Agency	T1003	TD	per hour	15 min	\$7.39	1 hour = 4 units (4 x \$7.39 = \$29.56)
Nursing, Skilled RN Individual	T1000	TD	per hour	15 min	\$7.13	1 hour = 4 units (4 x \$7.13 = \$28.52)
Occupational Therapy	G0152	UC	per hour	15 min	\$9.25	1 hour = 4 units (4 x \$9.25 = \$37.00)
Physical Therapy	G0151	UC	per hour	15 min	\$9.25	1 hour = 4 units (4 x \$9.25 = \$37.00)
Speech Therapy	G0153	UC	per hour	15 min	\$7.50	1 hour = 4 units (4 x \$7.50 = \$30.00)
Speech Therapy – Hospital	G0153	UC	per hour	15 min	\$12.50	1 hour = 4 units (4 x \$12.50 = \$50.00)
Supportive Living Facilities	T2033	U1	per diem	per diem	-	**Please see SLF section below**
Prevocational Services	T2014		per diem	per diem	\$43.25	\$43.25
Habilitation – Day	T2020		per diem	per diem	\$43.25	\$43.25
Homemaker	S5130		per hour	15 min	\$4.29	1 hour = 4 units (4 x \$4.29 = \$17.16)
Homemaker with Insurance	S5130		per hour	15 min	\$4.69	1 hour = 4 units (4 x \$4.69 = \$18.76)
Home Delivered Meals	S5170		one unit = 2 meals	per meal	\$7.50	2 meals delivered at one time – 2 x \$7.50 = \$15.00
Personal Assistant	S5125		per hour	15 min	\$3.07	1 hour = 4 units (4 x \$3.07 = \$12.28)
Personal Emergency Response – Install	S5160		per install	per install	\$30.00	\$30.00
Personal Emergency Response – Monthly Charge	S5161		per month	per month	\$28.00	\$28.00
Respite – RN	T1005	TD	per hour	15 min	\$7.13	1 hour = 4 units (4 x \$7.13 = \$28.52)
Respite – LPN	T1005	TE	per hour	15 min	\$5.50	1 hour = 4 units (4 x \$5.50 = \$22.00)
Respite – CNA	T1005	SC	per hour	15 min	\$3.63	1 hour = 4 units (4 x \$3.63 = \$14.52)
Respite – Homemaker	T1005	HM	per hour	15 min	\$3.83	1 hour = 4 units (4 x \$3.83 = \$15.32)
Respite – Personal Assistant	T1005		per hour	15 min	\$3.07	1 hour = 4 units (4 x \$3.07 = \$12.28)
Specialized Medical Equipment	T2028	RR	per service	per service	varies	varies

**\*\*Supportive Living Facility rates are based upon geographic area.\*\***

**Please note, rates are subject to change. All rates reflect the current Medicaid fee schedule for the services listed.**