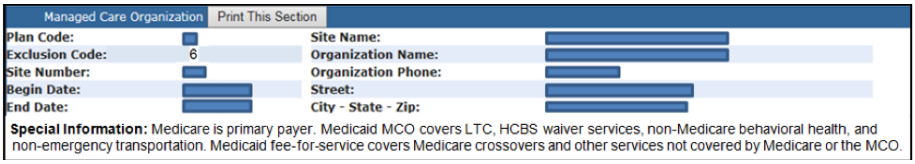
Managed Long Term Supports and Services (MLTSS) Provider Billing Guidelines

MLTSS is a dual eligibility program under the Illinois Department of Healthcare and Family Services (HFS). Members who have full Medicaid and Medicare benefits and have opted out of the Medicare Medicaid Alignment Initiative (MMAI) are enrolled in the Medicaid Managed Long Term Services and Supports (MLTSS) program. The following information addresses the billing needs for this population. MLTSS covers LTSS, non-Medicare covered behavioral health, and non-emergency transportation. Other benefits are covered by Medicare and Medicaid Fee for Service.

The goal of the CountyCare Long-Term Services and Supports (LTSS) Program is to help members improve their well-being, avoid readmissions, and return to and/or remain living in the community residence of their choice. Therefore, every MLTSS member is assigned a Care Coordinator who is charged with coordinating the member's medical/behavioral health care and LTSS services. The Care Coordinator is responsible for engaging the member in the development of their Individualized Plan of Care (IPOC). Providers are vital to the process of member's achieving the desired goals and outcomes outlined in their IPOC.

Identifying a MLTSS Member & Coverage

Providers should always use MEDI to determine eligibility. MLTSS enrollees will have an Exclusion Code of "6" and a "Special Information" message at the bottom of the Managed Care Organization section with billing instructions. As a best practice, Medicaid eligibility should be checked every month using one of the following methods:


Managed Care Organization | Print This Section

Plan Code:	[redacted]	**Site Name:**	[redacted]
Exclusion Code:	6	**Organization Name:**	[redacted]
Site Number:	[redacted]	**Organization Phone:**	[redacted]
Begin Date:	[redacted]	**Street:**	[redacted]
End Date:	[redacted]	**City - State - Zip:**	[redacted]

Special Information: Medicare is primary payer. Medicaid MCO covers LTC, HCBS waiver services, non-Medicare behavioral health, and non-emergency transportation. Medicaid fee-for-service covers Medicare crossovers and other services not covered by Medicare or the MCO.

1. HFS MEDI or Passport system (see above screenshot)
2. CountyCare eligibility line: **312-864-8200 or 855-444-1661**
3. CountyCare Provider Portal: http://www.countycare.com/providers/portal


CountyCare HEALTH PLAN Managed Long-Term Service & Supports

Member Name: John Doe
Medicaid ID#: 123456789
Effective Date: 01/01/2018

If you have an emergency, call 911 or go to the nearest emergency department (ED). You do not have to contact CountyCare for an okay before you get emergency services. If you are not sure whether you need to go to the ED, call your PCP or CountyCare's nurse line at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). The nurse line is open 24 hours a day.

Know Who to Bill (Medicare, Medicaid FFS, or the Medicaid MCO)

Medicare remains the primary payer for dual-eligible beneficiaries enrolled in HealthChoice Illinois MLTSS. Please use the following helpful tips when submitting claims:

- Medicare-covered services must be billed to the patient's Medicare carrier.
- Non-Medicare covered long-term-care services, home and community-based waiver services, non-Medicare behavioral health services, and non-emergency transportation services must be billed to the Medicaid MLTSS MCO.
- All other non-Medicare covered services covered by Medicaid (e.g., non-Medicare Durable Medical Equipment, prescription drugs, inpatient hospital, dental services, vision services, Medicare rollover services, etc.) should be billed to Medicaid FFS unless they are covered as part of a long-term-care facility per diem.
- Claims questions or appeals should be sent to the entity responsible for covering the service (Medicare, HealthChoice Illinois MLTSS MCO or the Medicaid FFS).

MLTSS coverage under CountyCare Health Plan will **ONLY** be for the following benefits and services:

- HCBS Waiver Services
- Mental Health Services
- Methadone Medication Assistance
- Nursing Facilities/Supportive Living Facility
- Hospice room and board (revenue code D0658)
- Non-Emergency Transportation
- Care Coordination

MEDICARE	COUNTYCARE	MEDICAID FFS
○ **Hospital** ○ **Doctors** ○ **Home Health** ○ **Lab tests** ○ **Emergent Ambulance** ○ **Prescription Drugs** ○ **Durable Medical Equipment (DME)**	○ **Long Term Services and Supports (LTSS)** ○ **Non-Emergency Transportation** ○ **Mental/Behavioral Services not covered by Medicare**	○ **Dental** ○ **Vision** ○ **Medicare Rollover services**

ACTION NEEDED	AGING WAIVER	DISABILITY WAIVER	HIV/AIDS WAIVER	BRAIN INJURY WAIVER	SUPPORTIVE LIVING FACILITY WAIVER
Adult Day Service	✓	✓	✓	✓	
Adult Day Service Transportation	✓	✓	✓	✓	
Assisted Living					✓
Automated Medication Dispenser	✓				
Behavioral Services				✓	
Day Habilitation				✓	
Home Delivered Meals		✓	✓	✓	
Home Health Aide		✓	✓	✓	
Home Modification		✓	✓	✓	
Homemaker	✓	✓	✓	✓	
Nursing, Intermittent		✓	✓	✓	
Nursing, Skilled		✓	✓	✓	
Occupational Therapy		✓	✓	✓	
Personal Assistant		✓	✓	✓	
Personal Emergency Response System	✓	✓	✓	✓	
Physical Therapy		✓	✓	✓	
Prevocational Services				✓	
Respite		✓	✓	✓	
Speech Therapy		✓	✓	✓	
Specialized Medical Equipment and Supplies		✓	✓	✓	
Supported Employment				✓	

OTHER COVERED CATEGORY OF SERVICE	DEFINITION	SERVICE TYPE
51	Non-Emergency Ambulance Transportation	Transportation
52	Medicare Transportation	Transportation
53	Taxicab Services	Transportation
54	Service Car	Transportation
55	Auto transportation (private)	Transportation
56	Other Transportation	Transportation
34	Mental Health Rehab Option Services	Behavioral Health
35	Alcohol and Substance Abuse Rehab Services	Behavioral Health
38	Exceptional Care – LTC Vent services (after the Medicare spend-down)	LTC
47	Targeted case management service (mental health)	Behavioral Health
58	Social work service	Behavioral Health
59	Psychologist service	Behavioral Health
60	Hospice room and board (revenue code D0658)	Hospice
64	Other Behavioral Health Services	Behavioral Health
71	LTC – Intermediate (IMD services or SMRHFs)	LTC
75	LTC Mental Illness Members age 21-64	LTC
77	State Operated Facilities – Mental Illness over 64	LTC
78	State Operated Facilities – Mental Illness under 21	LTC
79	State Operated Facilities – Mental Illness Non-Matchable Recipient	LTC
86	LTC SLF Dementia Care	LTC
87	LTC - Supportive Living Facility (Waivers)	LTC
88	Licensed Clinical Professional Counselor (LCPC)	Behavioral Health
91	Homemaker	Waiver
92	Agency Providers RN, LPN, CNA, and Therapies	Waiver
93	Individual Providers PA, RN, LPN, CNA, and Therapies	Waiver
94	Adult Day Health	Waiver
95	Habilitation Services	Waiver
96	Respite Care	Waiver
97	Other HCFA Approved Services	Waiver

OTHER COVERED CATEGORY OF SERVICE	DEFINITION	SERVICE TYPE
98	Electronic Home Response/EHR Installation (MARS), MPE Certification (Provider)	Waiver
106	Methadone Medication Assistance	Medication-Assisted Treatment
117	Medical Assisted Transport	Transportation

Continuity of Care and Prior Authorization

For new members to CountyCare, we offer a 90-day transitional period for enrollees switching from another health plan. After 90 days, all covered services under MLTSS outside of the continuity of care are considered new episodes of care and would require prior authorization if applicable.

Services marked in blue above in the services chart may require prior authorization or prior approval from the care coordination team. To determine if a service requires prior authorization we encourage our providers to contact us using the following tools:

- CountyCare Prior Authorization Page: http://www.countycare.com/providers/prior-authorizations
- CountyCare Authorization Portal: https://www.myidentifi.com/
- CountyCare: 312-864-8200, option 4
- Member's Care Coordinator, call 312-864-8200 Option 5 or send a secure, encrypted email to countycarewaivers@cookcountyhhs.org.

Non-Emergency Transportation

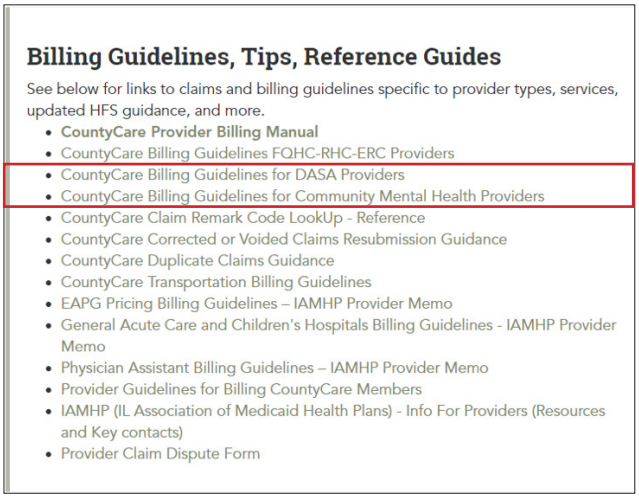
Non-emergency transportation is administered by our transportation broker, First Transit. For Members who are receiving care at one of our Cook County Health facilities they also have the option to receive dedicated transportation services.

- Transportation to Cook County Health: Call 312-864-0200
- Transportation to all other Medical Appointments: Call First Transit 630-403-3210

CountyCare car service has limited capacity and we request our Providers whenever possible to encourage our Members to contact Member Services at 312-864-8200 to obtain Ventra bus cards for all medical appointments when there is not a medical or physical ability prohibiting public transportation. Ventra bus cards are available 5-7 days in advance of each appointment and are mailed to the Members preferred address at no cost to the Member.

Behavioral Health Billing Guidelines

CountyCare has a comprehensive list of billing guides posted to our Website for both Community Mental Health Services or Behavioral Health Services and Substance Abuse Services (DASA – Rule 140). They can be located at: http://www.countycare.com/providers/provider-billing-resources. This page also contains other useful link related to current claims projects, other billing guides, and HFS guidance.



Billing Guidelines, Tips, Reference Guides

See below for links to claims and billing guidelines specific to provider types, services, updated HFS guidance, and more.

- **CountyCare Provider Billing Manual**
- CountyCare Billing Guidelines FQHC-RHC-ERC Providers
- CountyCare Billing Guidelines for DASA Providers
- CountyCare Billing Guidelines for Community Mental Health Providers
- CountyCare Claim Remark Code LookUp - Reference
- CountyCare Corrected or Voided Claims Resubmission Guidance
- CountyCare Duplicate Claims Guidance
- CountyCare Transportation Billing Guidelines
- EAPG Pricing Billing Guidelines – IAMHP Provider Memo
- General Acute Care and Children's Hospitals Billing Guidelines - IAMHP Provider Memo
- Physician Assistant Billing Guidelines – IAMHP Provider Memo
- Provider Guidelines for Billing CountyCare Members
- IAMHP (IL Association of Medicaid Health Plans) - Info For Providers (Resources and Key contacts)
- Provider Claim Dispute Form

HCBS Waiver Billing Guidelines

FORM REQUIREMENTS

Professional services must be submitted on the professional claim form:

- 837p for electronic claims
- CMS 1500 for paper claims
  - Providers are expected to submit claims with appropriate NPI, taxonomy, and provider category of service for services rendered on the submitted claim. Information on appropriate taxonomy and category of service can be found at the following link: https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/5010.aspx

LTC Billing Guidelines

FORM REQUIREMENTS

Room and board services must be submitted on the institutional claim form:

- 837i for electronic claims
- UB-04 for paper claims

TAXONOMY CODES

Illinois Healthcare and Family Services (HFS) requires long-term care (LTC) claims to use the following taxonomy codes:

- 310400000X – Assisted Living Facility – used by Provider Type 028 (Supported Living Facility)
- 311500000X – Dementia Special Care – used by Provider Type 028 (Supported Living Facility-Dementia Care Unit) or by
  Provider Type 038
- 314000000X – Skilled Nursing Facility – used by Provider Type 033 and 034 (Nursing Facility and State Operated Long
  Term Care Facility)
- 313M00000X – Nursing Facility/Intermediate Care Facility – used by Provider Type 033 and 034 (Nursing Facility and State Operated Long Term Care Facility)

LONG TERM CARE GUIDELINES - SLF PROVIDER TYPE 28 (SUPPORTIVE LIVING FACILITY)

Taxonomy Code

311500000X- Dementia Special care= legacy COS 086

310400000X- Assisted living facility= Legacy COS 087

Type of Bill

Must be 89X – Special Facility Other - Outpatient Claim

Frequency Codes:

- Admit through Discharge
- Interim- First claim
- Interim- Continuing claim
- Interim- Last claim
- Late Charges (s) Only

Revenue Codes:

0240- All-inclusive Ancillary, general classification= legacy COS 086 or 087 based on Taxonomy code

0180- leave of absence days, general classification= legacy BR codes 70 & 71

0182- leave of absence days, patient Convenience =Legacy BR codes 70 &71

0185- leave of absence days, Hospitalization= Legacy BR codes 60 & 61

Occurrence Span Codes and dates

74-NON-Covered level of care/leave of absence dates

Value codes

80- Covered days

81- NON-Covered days

23- Recurring Monthly income (patient credit amount)

Leave of Absence days (LOA) or Bed Reserve (BR) Days:

LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered occurrence span code 74 with the appropriate LOA dates even though some bed reserve days may be payable. The total of "non-covered" days must also be reflected with a value code of 81.

LOA days 1 – 30 in FY - Payable at 100% of facility daily Per Diem (Legacy BR codes 60 and 70)

LOA days 31 or over in FY – Non-payable (Legacy BR codes 61 and 71)

The count of LOA days reported on prior claims will be utilized to determine if the LOA days reported on each submitted claim for services within the fiscal year are payable or non-payable.

Nursing Facilities (NF)- Provider Type 033

Type of Bill

- 011X Hospital Inpatient (Including Medicare Part
- 021X Skilled Nursing Inpatient (Including Medicare Part A)
- 022X Skilled Nursing Facilities (Including Medicare Part B)
- 065X Intermediate Care - Level I – Inpatient claim
- 066X Intermediate Care - Level II – Inpatient Claim
- 079X Clinic-Other (Developmental Training) - Outpatient Claim

Frequency Code

- Admit through Discharge
- Interim- First claim
- Interim- Continuing claim
- Interim- Last claim
- Late Charges (s) Only

Rev Codes

- 0110 - 0160 – Priced as General Room & Board = Legacy COS 065, 070, 071 or 072 based on Taxonomy Code & Bill Type
- 0180 - Leave of Absence Days, General Classification = Legacy BR code 21
- 0182 – Leave of Absence Days, Patient Convenience = Legacy BR code 21
- 0183 – Leave of Absence Days, Therapeutic = Legacy BR code 21
- 0185 – Leave of Absence Days, Hospitalization = Legacy BR code 11
- 0191 – Sub acute Care Level I = Legacy COS 038 (TBI I)
- 0192 – Sub acute Care Level II = Legacy COS 038 (TBI II)
- 0193 – Sub acute Care Level III = Legacy COS 038 (TBI III)
- 0194 – Sub acute Care Level IV = Legacy COS 038 (Vent)
- 0942 – Education/Training = Legacy COS 082
- 0022 – Skilled Nursing Facility – PPS (RUG)

Notes:

- RUG Score is required to be reported as a Revenue Code 0022 with 5-digit RUG Score in Procedure Code field.
- Revenue Code 0022 must report the total number of days and a zero charge. This is not to be treated as an accommodation revenue line and will have no bearing on the covered day calculation.
- Revenue Code 0022 can be repeated multiple times on the claim.

Licensed Specialized Mental Health Rehabilitation facilities (SMHRFS)

Type of Bill

- 065X Intermediate Care - Level I – In Patient Claim
- 066X Intermediate Care - Level II – In Patient Claim

Taxonomy Code

- 310500000X – Intermediate Care Facility, Mental Illness with Bill Types 065X or 066X
- Legacy COS 071

Frequency Code

- Admit Through Discharge
- Interim –First Claim
- Interim – Continuing Claim
- Interim – Last Claim
- Late Charge(s) Only

Revenue Codes

- 0110 -0160 – Priced as General Room & Board = Legacy COS 071
- 0180 - Leave of Absence days, General Classification = Legacy BR codes 21
- 0182 – Leave of Absence Days, Patient Convenience = Legacy BR codes 21
- 0183 – Leave of Absence Days Therapeutic = Legacy BR codes 21
- 0185 – Leave of Absence Days Hospitalization = Legacy BR codes 11

Value Codes

- 80 – Covered Days
- 81 – Non-Covered Days
- 23 – Recurring Monthly Income (Patient Credit Amount)
- 24 – Medicaid Rate Code (DT Agency Code)

Leave of Absence Days (LOA) or Bed Reserve (BR) Days

LOA days will be reported with LOA Revenue Codes and must have a corresponding non-covered occurrence span code 74 with the appropriate LOA dates. The total of "Non-covered" days must also be reflected with a value code of 81.

Long-Term Services and Supports Billing Chart

SERVICE	CODE	MODIFIER	UNIT INCREMENT
Physical Therapy	G0151	UC	15 Minutes
Occupational Therapy	G0152	UC	15 Minutes
Speech Therapy	G0153	UC	15 Minutes
Speech Therapy Hospital	G0153	GN	15 Minutes
Nursing– Intermittent Nursing RN, LPN (Agency Provider)	G0154		One visit up to 2 hours
Nursing – Intermittent Nursing RN, LPN (Individual Provider)	G0154	SC	One visit up to 2 hours
Home Health Aide – (CNA) Agency Provider	T1004		15 Minutes

SERVICE	CODE	MODIFIER	UNIT INCREMENT
Home Health Aide – (CNA) Individual Provider	G0156	SC	15 Minutes
Adult Day Service	S5100		15 Minutes
Adult Day Service Transportation	T2003		1 unit = one-way trip
Personal Assistant	S5125		15 Minutes
Homemaker	S5130		15 Minutes
Homemaker with Insurance	S5130		15 Minutes
Personal Emergency Response – Install	S5160		Per install
Personal Emergency Response – Monthly Charge	S5161		Per month
Environmental Home Adaptations	S5165		Per service
Home Delivered Meals	S5170		1 unit = 2 meals per day
Nursing, Skilled – LPN Individual	T1000	TE	15 Minutes
Nursing, Skilled RN Individual	T1000	TD	15 Minutes

SERVICE	CODE	MODIFIER	UNIT INCREMENT
Nursing, Skilled – Multi-Customer	T1002	TT	15 Minutes
Nursing, Skilled – LPN Agency	T1003	TE	15 Minutes
Nursing, Skilled RN Agency	T1003	TD	15 Minutes
Home Health Aide – Agency	T1004		15 Minutes
Respite/Home Health Aide CNA	T1004	SC	15 Minutes
Respite – RN	T1005	TD	15 Minutes
Respite – LPN	T1005	TE	15 Minutes
Respite – CNA	T1005	SC	15 Minutes
Respite – Homemaker	T1005	SE	15 Minutes
Respite – Personal Assistant	T1005		15 Minutes
Respite/Adult Day Health	T1005	HQ	15 Minutes
Respite/Adult Day Service Transport	T1005	HB	1 unit= one-way trip

SERVICE	CODE	MODIFIER	UNIT INCREMENT
Prevocational Services	T2014		Per diem
Supported Employment	T2019		Per Diem
Habilitation – Day	T2020		Per diem
Specialize Medical Equipment / Supplies (Rental)	T2028		
Specialized Medical Equipment (Purchase/Repair)	T2028	RR	Per service
Behavioral Services (MA)	H0004	HO	
Behavioral Services	H0004	HP	
Supportive Living Facilities	T2033		Per diem
Supportive Living Facilities - Bed Hold	T2033	U1	Per diem
Automatic Medication Dispense	A9901		Installation
Automatic Medication Dispense	T1505		Monthly
Nursing Facilities	190		
Nursing Facilities - Vent	194		

MLTSS Provider Support

PROVIDER CARE COORDINATION SUPPORT

Marcy Elamin, Director of LTSS/MLTSS

Email: CountyCareWaivers@cookcountyhhs.org

PROVIDER BILLING AND CLAIMS SUPPORT

Chyanne Jones, Network Manager

Email: chjones@countycare.com