Aetna Better Health of Illinois HCBS Waiver Training

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Registration and Billing Reminders

Mandatory IMPACT Revalidation

All Medicaid providers must revalidate their enrollment

Important notes

- Starting in September 2024, all providers will be required to revalidate based on their enrollment date.
- Revalidation notices will be sent in rolling stages, and regular every-five-year revalidation will be ongoing. Providers are encouraged to watch their email inbox for revalidation instructions. Currently enrolled Medicaid providers will receive two email notifications: 90 days and 30 days before their Revalidation Due Date.
- Failure to revalidate will result in a provider being removed from Medicaid. When removed, providers will not be able to bill for some of their most vulnerable patients and clients.
- Authorized staff may complete the revalidation on behalf of a provider. Instructions for individuals and organizations are available here.

Need more info?

More information about revalidation — including a list of Frequently Asked Questions — is available from HFS at HFS.Illinois.gov/Impact.

Providers who need assistance completing their revalidation may call HFS Provider Enrollment at: **1-877-782-5565**.

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Registration and Billing Reminders

- Providers must register as an Atypical provider with IMPACT. Prior to rendering services, Atypical providers must ensure that any applicable Medicaid ID(s) are enrolled as Atypical and active. As an Atypical provider, there should **never be an NPI submitted on any claims in any field**.
  - Each unique Medicaid ID will have a specific single Provider Type and the appropriate Category of Service(s) that they are allowed to bill under that unique Medicaid ID.
  - Providers may have multiple active Medicaid IDs. When submitting claims, the provider must ensure they are using the appropriate Medicaid ID for the services being rendered.

Appropriate Provider Types

HFS Provider Type	HFS Description
090	Waiver service provider--Elderly (IDoA)
092	Waiver service provider--Disability (DHS/DRS)
093	Waiver service provider--HIV/AIDS (DHS/DRS)
098	Waiver service provider--TBI (DHS/DRS)

Appropriate Category of Service

HFS Legacy Category of Service	IMPACT Subspecialty
090	Case Management
091	Home Maker
092	Agency Providers PA, RN, LPN, CAN and Therapist
093	Individual Providers PA, RN, LPN, CAN and Therapist
094	Adult Day Service
095	Habilitation Services
096	Respite care
097	Other HCFA approved services
098	Electronic Home Response/EHR installation

HCBS Commonly Billed Services and Requirements

These are not all inclusive but rather the commonly billed HCBS services.

For additional billing guidance, please refer to IAMHP Billing Guide.

- FYI: Providers should not combine CPT codes when each service requires a different taxonomy.
- Example: A provider may not bill a claim with both S5130 and S5170. These should be billed on two separate claims as each service requires a different taxonomy to be present on the claim.

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service	Elderly Waiver HFS Provider Type: 90	Disability Waiver HFS Provider Type: 92	HIV/AIDS Waiver HFS Provider Type: 93	Traumatic Brain Injury Waiver HFS Provider Type: 98	HFS Category of Service/ Specialty/ Subspecialty	Acceptable Taxonomies
Homemaker	S5130		15 minutes 1 hour = 4 units	12	Y	Y	Y	Y	91	376J00000X--Homemaker 251E00000X--Home health
Adult Day Care	S5100		15 minutes 1 hour = 4 units	11, 99	Y	Y	Y	Y	94	261QA0600X--Adult Day Care
Adult Day Care Transportation	T2003*		1 unit is 1 trip maximum of 2 daily	99	Y	Y	Y	Y	94	261QA0600X--Adult Day Care
TBI Day Habilitation	T2020		Per Diem 1 day = 1 unit	11, 99				Y	95	261QR0400X--Specialized Rehabilitation 373H00000X--Day Training Habilitation Specialist 251E00000X--Home Health
Home Modification	S5165		Varies with services Maximum of $25,000.00 in a five-year period	12		Y	Y	Y	97	171WH0202X--Home Modifications 171W00000X--Contractor
Home Delivered Meals	S5170		2 meals = 1 unit Maximum = 1 unit per day	12, 99		Y	Y	Y	97	332U00000X--Home Delivered Meals
Personal Emergency Response Install	S5160		Per Install	12, 99	Y	Y	Y	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Personal Emergency Response Monthly	S5161*		Per Month	12, 99	Y	Y	Y	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Automatic Medication Dispenser	A9901		Per Install	12, 99	Y				98	332B00000X--Medical Equipment & Medical Supplies
Automatic Medication Dispenser Monthly	T1505		Per Month	12, 99	Y				98	332B00000X--Medical Equipment & Medical Supplies

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HFS Waiver Programs

HFS Waiver Provider Types

Waiver programs that are supported and billed to the members' assigned to Aetna Medicaid (DRS will communicate when they combine their waivers)

- Persons who are Elderly Waiver
- Person with Disabilities Waiver
- Person with HIV or AIDS Waiver
- Persons with Brain Injuries (BI) / Traumatic Brain Injury (TBI) Waiver

All waiver services require a prior authorization to be obtained from the MCO. If a member enrolls with the MCO with your services already in place, every effort will be made to get you that authorization within 15 days of enrollment. Please do not stop servicing the member. Email ABH IL Waiver Auth <ABHILWaiverAuth@AETNA.com>

The following is a list of HCPCs Procedure Codes covered with an approved authorization on file which will be based on the members' needs and care plan:

A9901	T2003
S5161	T1505
S5100	S5165
S5130	S5170
T2020	S5160

Depending on the HCPCs service being rendered, the below outlines the acceptable and required:

- Place of service (POS)
- Category of Service (COS) / Specialty / Subspecialty
- Taxonomy

If any one of the required components (COS, POS, and taxonomy) are not aligned, the provider will experience appropriate rejections and/or denials.

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Persons who are Elderly Waiver

Acceptable Provider Types & Categories of Service

HFS Provider Type	HFS Description
90	Waiver service provider--Elderly (IDoA)

HFS Legacy Category of Service (COS)	IMPACT Subspecialty
91	Home Maker
94	Adult Day Service
98	Electronic Home Response/EHR installation

Billable Service Codes for Persons who are Elderly Waiver

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service (POS)	Elderly Waiver HFS Provider Type (PT): 90	HFS Category of Service (COS)/ Specialty/Subspecialty	Acceptable Taxonomies
Homemaker	S5130		15 minutes 1 hour = 4 units	12	Y	91	376J00000X--Homemaker 251E00000X--Home health
Adult Day Care	S5100		15 minutes 1 hour = 4 units	11, 99	Y	94	261QA0600X--Adult Day Care
Adult Day Care Transportation	T2003***		1 unit is 1 trip maximum of 2 daily	99	Y	94	261QA0600X--Adult Day Care
Personal Emergency Response Install	S5160		Per Install	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Personal Emergency Response Monthly	S5161		Per Month	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Automatic Medication Dispenser	A9901		Per Install	12, 99	Y	98	332B00000X--Medical Equipment & Medical Supplies
Automatic Medication Dispenser Monthly	T1505		Per Month	12, 99	Y	98	332B00000X--Medical Equipment & Medical Supplies

Persons with Disabilities Waiver

Acceptable Provider Types & Categories of Service

HFS Provider Type	HFS Description
92	Waiver service provider--Disability (DHS/DRS)

HFS Legacy Category of Service (COS)	IMPACT Subspecialty
91	Home Maker
94	Adult Day Service
97	Other HCFA approved services
98	Electronic Home Response/EHR installation

Billable Service Codes for Persons with Disabilities Waiver

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service (POS)	Disability Waiver HFS Provider Type (PT): 92	HFS Category of Service (COS)/ Specialty/Subspecialty	Acceptable Taxonomies
Homemaker	S5130		15 minutes 1 hour = 4 units	12	Y	91	376J00000X--Homemaker 251E00000X--Home health
Adult Day Care	S5100		15 minutes 1 hour = 4 units	11, 99	Y	94	261QA0600X--Adult Day Care
Adult Day Care Transportation	T2003***		1 unit is 1 trip maximum of 2 daily	99	Y	94	261QA0600X--Adult Day Care
Personal Emergency Response Install	S5160		Per Install	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Personal Emergency Response Monthly	S5161		Per Month	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Home Modification	S5165		Varies with services Maximum of $25,000.00 in a five-year period	12	Y	97	171WH0202X--Home Modifications 171W00000X--Contractor
Home Delivered Meals	S5170		2 meals = 1 unit Maximum = 1 unit per day	12, 99	Y	97	332U00000X--Home Delivered Meals

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Persons with HIV/AIDS Waiver

Acceptable Provider Types & Categories of Service

HFS Provider Type	HFS Description
93	Waiver service provider--HIV/AIDS (DHS/DRS)

HFS Legacy Category of Service (COS)	IMPACT Subspecialty
91	Home Maker
94	Adult Day Service
97	Other HCFA approved services
98	Electronic Home Response/EHR installation

Billable Service Codes for Persons with HIV/AIDS Waiver

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service (POS)	HIV/AIDS Waiver HFS Provider Type (PT): 93	HFS Category of Service (COS)/ Specialty/Subspecialty	Acceptable Taxonomies
Homemaker	S5130		15 minutes 1 hour = 4 units	12	Y	91	376J00000X--Homemaker 251E00000X--Home health
Adult Day Care	S5100		15 minutes 1 hour = 4 units	11, 99	Y	94	261QA0600X--Adult Day Care
Adult Day Care Transportation	T2003***		1 unit is 1 trip maximum of 2 daily	99	Y	94	261QA0600X--Adult Day Care
Personal Emergency Response Install	S5160		Per Install	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Personal Emergency Response Monthly	S5161		Per Month	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Home Modification	S5165		Varies with services Maximum of $25,000.00 in a five-year period	12	Y	97	171WH0202X--Home Modifications 171W00000X--Contractor
Home Delivered Meals	S5170		2 meals = 1 unit Maximum = 1 unit per day	12, 99	Y	97	332U00000X--Home Delivered Meals

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Persons with Brain Injuries/Traumatic Brain Injury Waiver

Acceptable Provider Types & Categories of Service

HFS Provider Type	HFS Description
98	Waiver service provider--TBI (DHS/DRS)

HFS Legacy Category of Service (COS)	IMPACT Subspecialty
91	Home Maker
94	Adult Day Service
95	Habilitation Services
97	Other HCFA approved services
98	Electronic Home Response/EHR installation

Billable Service Codes for Persons with Brain Injuries/Traumatic Brain Injury Waiver

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service (POS)	Traumatic Brain Injury Waiver HFS Provider Type (PT): 98	HFS Category of Service (COS)/ Specialty/Subspecialty	Acceptable Taxonomies
Homemaker	S5130		15 minutes 1 hour = 4 units	12	Y	91	376J00000X--Homemaker 251E00000X--Home health
Adult Day Care	S5100		15 minutes 1 hour = 4 units	11, 99	Y	94	261QA0600X--Adult Day Care
Adult Day Care Transportation	T2003***		1 unit is 1 trip maximum of 2 daily	99	Y	94	261QA0600X--Adult Day Care
Personal Emergency Response Install	S5160		Per Install	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Personal Emergency Response Monthly	S5161		Per Month	12, 99	Y	98	146D00000X--Personal Emergency Attendant 333300000X--Emergency Response System
Home Modification	S5165		Varies with services Maximum of $25,000.00 in a five-year period	12	Y	97	171WH0202X--Home Modifications 171W00000X--Contractor
Home Delivered Meals	S5170		2 meals = 1 unit Maximum = 1 unit per day	12, 99	Y	97	332U00000X--Home Delivered Meals
TBI Day Habilitation	T2020		Per Diem 1 day = 1 unit	11, 99	Y	95	261QR0400X--Specialized Rehabilitation 373H00000X--Day Training Habilitation Specialist 251E00000X--Home Health

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Transportation Billing

Transportation Billing - T2003

Aetna Better Health® of Illinois has specific billing requirements when billing T2003 for a round trip. The Illinois Association of Medicaid Health Plans (IAMHP) billing manual includes the following Aetna Better Health of Illinois requirements.

- Claims must be billed with a maximum of 2 units per line for each date of service provided.
- When submitting corrected claims, please include any additional services that were billed on the original claim.
- T2003: when billing a round trip, the round-trip service must be billed on one line for each trip date.

HFS Provider Type	HFS Description
90	Waiver service provider--Elderly (IDoA)
92	Waiver service provider--Disability (DHS/DRS)
93	Waiver service provider--HIV/AIDS (DHS/DRS)
98	Waiver service provider--TBI (DHS/DRS)

HFS Legacy Category of Service (COS)	IMPACT Subspecialty
94	Adult Day Service

Correct Billing Example

DOS From	DOS To	POS	HCPCS	Units
7.1.22	7.1.22	99	T2003	2
7.2.22	7.2.22	99	T2003	2
7.3.22	7.3.22	99	T2003	2

Incorrect Billing Example

DOS From	DOS To	POS	HCPCS	Units
7.1.22	7.3.22	99	T2003	6
7.1.22	7.30.22	99	T2003	60

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service (POS)	Elderly Waiver HFS Provider Type (PT): 90	Disability Waiver HFS Provider Type (PT): 92	HIV/AIDS Waiver HFS Provider Type (PT): 93	Traumatic Brain Injury Waiver HFS Provider Type (PT): 98	HFS Category of Service (COS)/ Specialty/Subspecialty	Acceptable Taxonomies
Adult Day Care Transportation	T2003		1 unit is 1 trip maximum of 2 daily	99	Y	Y	Y	Y	94	261QA0600X--Adult Day Care

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Home Modification Billing

Home Modification-S5165

S5165- is priced based on your authorization approval letter, this process differs from the other waiver services.

- Please be sure to upload your authorization approval letter and invoice for more accurate and expedient claims processing.

HFS Provider Type	HFS Description
92	Waiver service provider--Disability (DHS/DRS)
93	Waiver service provider--HIV/AIDS (DHS/DRS)
98	Waiver service provider--TBI (DHS/DRS)

HFS Legacy Category of Service (COS)	IMPACT Subspecialty
97	Other HCFA approved services

HCBS Service	HCPCS Procedure Code	Modifier	Unit Value Definition	Allowable Place of Service (POS)	Disability Waiver HFS Provider Type (PT): 92	HIV/AIDS Waiver HFS Provider Type (PT): 93	Traumatic Brain Injury Waiver HFS Provider Type (PT): 98	HFS Category of Service (COS)/ Specialty/Subspecialty	Acceptable Taxonomies
Home Modification	S5165		Varies with services Maximum of $25,000.00 in a five-year period	12	Y	Y	Y	97	171WH0202X--Home Modifications 171W00000X--Contractor

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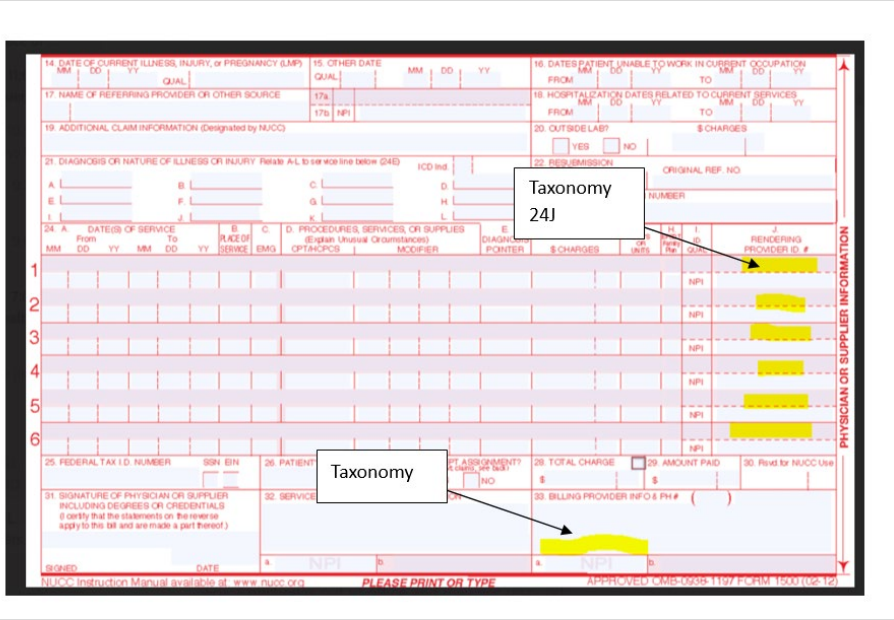
Rejections and Denials

Top 5 Waiver Provider Rejections

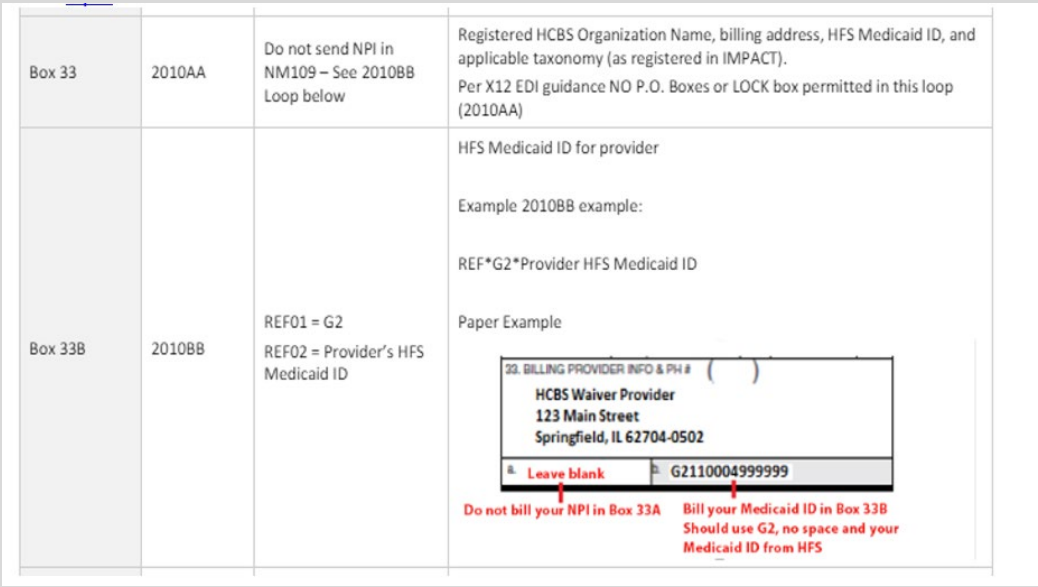
These rejection codes and the corresponding description can be used to explain the rejection code to the provider and how to resolve for successful adjudication.

Provider Facing Rejection Code	Description	Explanation
A3	Claims submitted to incorrect payer	Incorrect payor ID
A3	Rendering Medicaid ID not on State File	Rendering Medicaid ID not on State File
A3 **QC Patient 26**	Acknowledgement/Returned as processable claim-The claim/encounter has been rejected and has not been entered into the adjudication system Entity not found. Usage: This code requires use of an Entity Code	Member's information entered does not match information in the health plan system (Incorrect ID, DOB, SS, etc)
A3 **.25**	Acknowledgement/Returned as processable claim-The claim/encounter has been rejected and has not been entered into the adjudication system Entity not approved. Usage: This code requires use of an Entity Code250 - Type of service	HCBS is not an acceptable provider type for the service billed (Incorrect Medicaid ID/ provider type)
A3 **562 -**	-Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system. Entity's National Provider Identifier (NPI). Usage: This code requires use of an Entity Code.	Provider set-up needs to be reviewed. Confirm set-up as Atypical with Clearinghouse and confirm ABHIL has set-up correctly.

Common Waiver Provider Denials and Resolution

Denial Code Description	Resolution
8 –THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY) **N94** - Claim/Service denied because a more specific taxonomy code is required for adjudication. **N255** - Missing/incomplete/invalid billing provider taxonomy.	The taxonomy needs to map to the correct provider type and service being rendered. The taxonomy should also be listed in Box 24J or Box 33. To view the appropriate taxonomy please review the IAMHP Billing Guide for the mapping of taxonomy to provider type and HCPC / CPT code.  ***The taxonomy is **required** on all claims

Common Waiver Provider Denials and Resolution Cont.

Denial Code Description	Resolution
185 – THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED **299** - THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENT FOR THE SERVICE BILLED	Provider may receive this denial if claim is being submitted with an NPI or the incorrect Medicaid ID is being used. IAMHP Billing Guidelines Pg. 223 - 233, Home and Community Based Health (HCBS) Waiver Providers: Click Here 

Box 33	2010AA	Do not send NPI in NM109 – See 2010BB Loop below	Registered HCBS Organization Name, billing address, HFS Medicaid ID, and applicable taxonomy (as registered in IMPACT). Per X12 EDI guidance NO P.O. Boxes or LOCK box permitted in this loop (2010AA)
Box 33B	2010BB	REF01 = G2 REF02 = Provider's HFS Medicaid ID	HFS Medicaid ID for provider Example 2010BB example: REF*G2*Provider HFS Medicaid ID Paper Example

***The NPI **should not** be present anywhere on the claim, HCBS provider can only bill using their appropriate Medicaid ID.

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Common Waiver Provider Denials and Resolution Cont.

Denial Code Description	Resolution
M62 – Missing/incomplete/invalid treatment authorization code. **198** –PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED **197** – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT **N54** - CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. **39** - SERVICES DENIED AT THE TIME AUTHORIZATION/PRE-CERTIFICATION WAS REQUESTED **N758** - ADJUSTED BASED ON THE PRIOR AUTHORIZATION DECISION	These codes are all related to an authorization denial, please review the authorization and confirm the services being billed were authorized for the dates of service being billed on the claim. HCBS services are authorized on a monthly basis, if claims are over billed the extra units are denied. For example, if services are authorized for 50 units per month and the provider bills 75 units per month the claim will deny the additional 25 units.
96 -NON-COVERED CHARGE(S)	Non-covered charge(s). Item does not meet the criteria for the category under which it was billed
N767 - THE MEDICAID STATE REQUIRES PROVIDER TO BE ENROLLED IN THE MEMBER'S MEDICAID STATE PROGRAM PRIOR TO ANY CLAIM BENEFITS BEING PROCESSED. **208** - NATIONAL PROVIDER IDENTIFIER - NOT MATCHED	Confirm the correct Medicaid ID is being billed with the correct provider type and that provider is registered in IMPACT appropriately.

Connect Center Billing

Connect Center Billing

CHANGE HEALTHCARE ConnectCenter

ConnectCenter provides the ability to create a CMS 1500 professional claim through the Claims menu, Create a Claim option. There are minimum field requirements to create a basic valid claim.

Here is the link for the Connect Center Keying A Professional Claim this includes information (page 13-15) for A-Typical providers.

ABH of IL Payer ID is 68024. Our **Vendor Code 214568**

Link for Connect Center for Sign In or Registration: ConnectCenter for partners - Connect Center (changehealthcare.com)

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Important Links

Important Links

IAMHP Comprehensive Billing Manual

HFS' IMPACT Provider Registration

HCBS waiver reminders – February 2024 ABHIL Provider Notice

T2003 Billing Update – September 2022 ABHIL Provider Notice

HCBS Waiver Providers Reminder – April 2021 ABHIL Provider Notice

THANK YOU