



Aetna Better Health® of Illinois

Home and Community-Based Services (HCBS) Waivers - Reminder

Aetna Better Health® of Illinois follows Illinois Department of Healthcare and Family Services (HFS) guidelines for Home and Community-Based Services (HCBS) Waiver providers, effective 11/1/2020.

We're reminding providers **to ensure that billing includes the appropriate taxonomy and Medicaid ID number and does NOT include an NPI number**. Our systems are configured to accept submissions using these guidelines. Claims will not process appropriately if billing is not done as directed by Illinois Association of Medicaid Health Plans (IAMHP) guidelines.

The billing guidelines are available in the Billing Manual on the [IAMHP website](#). All HCBS services can be found in the Home and Community Based Services section of the IAMHP Billing Guidance for HCBS Providers. An example is shown below.

Coding Requirements

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	376I00000X--Homemaker 251E00000X--Home health
Agency Services C N A	T1004		15 minutes 1 hour = 4 units	12		Y	Y	Y	92	251E00000X--Home Health 251J00000X--Nursing Care
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

Some important reminders

- When billing T2003, each round-trip service (2 units) must be billed on a separate line for each trip date. Multiple dates of service cannot be rolled onto one line. We developed a notice regarding this specification and posted on our [provider website](#).
- If you're using any type of billing software or portal, please validate that the system is configured to process the Medicaid ID number and not the NPI number.
- Beginning February 2024, waiver claims that are not billed according to proper billing guidelines will be subject to front-end rejections.