

Referral Guidelines for Medica Members

Minnesota Senior Health Options (MSHO)/Medica DUAL Solution[®]

Minnesota Senior Care Plus (MSC+)/ Medica Choice CareSM

Special Needs Basic Care (SNBC)/Medica AccessAbility Solution[®]

Special Needs Basic Care Integrated (I-SNBC)/Medica AccessAbility Solution Enhanced[®]

Referrals are required for some services. A Medica member's care coordinator should send the referral to Medica prior to the member receiving certain services. Services marked with a * indicate that a letter is sent to the provider containing details related to the referral.

MSHO/MSC+

The following **Elderly Waiver (EW)** services require specific payment instructions from the care system/care coordinator.

| Service | Code | Information needed on form/notes |
|---|--------------------|--|
| Adult Day Services * (in person and virtual) | S5100 | 15 min. unit, indicate visits per week |
| Adult Day Services Bath * | S5100 TF | 15 min. unit, indicate visits per week |
| Adult Senior Companion* | S5135 | 15 min. unit, indicate hours per week. |
| Consumer Directed Community Supports (CDCS)* | T2028 | Include annual CDCS allowable on referral request form. |
| Customized Living/Residential Service* | T2031 | Include daily rate on referral request form |
| Customized Living/Residential Service- 24 hour* | T2031 TG | Include daily rate on referral request form |
| Enteral Nutrition | Code from provider | Indicate Tube Feeding on request form. See Nutritional Products benefit guideline. Code used CANNOT be T2029 |
| Environmental Accessibility Adaptations/Home Assessment* | T1028 | Include costs on referral request form |
| Environmental Accessibility Adaptations/Home Install* | S5165 | Include costs on referral request form |
| Environmental Accessibility Adaptations/Vehicle Assessment* | T2039 UD | Include costs on referral request form |
| Environmental Accessibility Adaptations/Vehicle Install* | T2039 | Include costs on referral request form |
| Extended Home Health Aid * | T1004 | 15 min. unit, indicate visits per week. |
| Extended Personal Care Assistance (PCA) * | T1019 UC | 15 min unit, indicate hours per day. |
| Homemaking /Assist with Personal Care * | S5130 TG | 15 min. unit, indicate visits per week |
| Homemaking /Cleaning * | S5130 | 15 min. unit, indicate visits per week |
| Homemaking /Home Management * | S5130 TF | 15 min. unit, indicate visits per week |
| Individual Community Living Support: In-person* | H2015 U3 | 15 min. unit, indicate visits per week or per month |
| Individual Community Living Support: Remote* | H2015 U3 U4 | 15 min. unit, indicate visits per week or per month |
| Foster Care-Adult Family* | S5140 | Include daily rate on referral request form |
| Foster Care-Adult Corporate* | S5140 U9 | Include daily rate on referral request form |
| Personal Emergency Response service (PERS) purchase | S5162 | Replacement of a unit or purchase of a PERS "button" only, include cost on referral request form |
| Respite care provided out of home | H0045 | Include RUGS rate/per diem from facility & length of stay. Respite provided in nursing facility, customized living, or hospital swing bed. |

| Service (continued from page 1) | Code | Information needed on form/notes |
|--|-------|---|
| Supplies and Equipment covered under EW (items that do not have an assigned HCPC code) | T2029 | For items over \$30-include brief description of supply/equipment and cost on referral request form. Items under \$30 do not require a referral request form to be sent. Items with an assigned Healthcare Common Procedure Coding System (HCPCS) code are not to be billed under T2029. |
| | | |

MSHO/MS C+

The following services require specific payment instructions from the care system/care coordinator.

| Service | Code | Information needed on form/notes |
|---|---|---|
| Chore Services (per unit)* | S5120 | 15 min. unit Include brief notation about the chore task (ex: grocery delivery, snow removal, lawn maintenance, packing belongings, moving furniture to clear exits, deep cleaning, etc.). The Care Coordinator must receive email confirmation of entered authorization BEFORE services are started |
| Chore Services (per diem)* | S5121 | Include brief notation about the chore task (ex: grocery delivery, snow removal, lawn maintenance, packing belongings, moving furniture to clear exits, deep cleaning, etc.). The Care Coordinator must receive email confirmation of entered authorization BEFORE services are started. |
| Community Companion * (also known as the Readmission prevention benefit through Lutheran Social Services-see Benefit Guideline for more information) Available for MSHO members only | S5135HC & T2028 | Referral is to include the following for all MSHO members receiving this service: 4 units under S5135HC, and 1 unit under T2028 (\$0). |
| Home Care Nursing (formerly known as Private Duty Nursing)* | T1002 T1003 Available modifiers: TT and TG | <ul style="list-style-type: none"> Indicate for each HCPCS code and applicable modifier a line on the RRF Include number of hours or units per day or month for each HCPCS code Also include "Flex" for each HCPCS code if requested by the provider The "cost" is the DHS Medical Assistance home care rate for each HCPCS with applicable modifier. Authorization cannot exceed one year Include with the Referral Request Form the DHS-4071A and DHS-4071C and, the Medical Assistance (MA) home care rating obtained from the provider Include any other home care services the member is receiving, including the amount of PCA and the total monthly cost of the member's service plan If the member is on the waiver, include the case mix and services received under the wavier and the monthly cost of the member's service plan Use the comments section of the Referral Request Form for this and any other additional information |
| Home Health Aid * | T1021 | Per visit, indicate visits per week |
| Independent Living Skills (ILS)* | H2032 | 15 min. unit, hours per month |
| Personal Care Assistant (PCA)* | T1019 | Include Units or Hours <u>PER DAY</u> on form. Members transitioning to Medica with a current PCA authorization using an out of network provider, please note this in the comments section. |
| Relocation Service Coordination* | T1017 | Service can be authorized to be done by someone other than the assigned Care Coordinator in rare instances to include members who are new to Medica already approved/receiving the service as well as members who are experiencing a complex discharge and this service is needed. This does not pertain to Moving Home Minnesota (MHM). |

| Service (continued from page 2) | Code | Information needed on form/notes |
|---|-------|--|
| Skilled Nursing Facility (SNF) admissions & Nursing Facility (NF) liability stays | --- | Authorizations for payments to the nursing home entered into our system. The <u>facility provider</u> is to follow SNF/NF admissions/notification process. |
| Transitional Services* | T2038 | Include cost on referral request form. Include current housing setting and setting member moving to. The Care Coordinator must receive email confirmation of entered authorization BEFORE services are started. |

SNBC/I-SNBC

The following services require specific payment instructions from the care system/care coordinator.

| Service | Code | Information needed on form/notes |
|--|--------------------|--|
| Community Companion * (also known as the Readmission prevention benefit through Lutheran Social Services-see Benefit Guideline for more information) Available for I-SNBC members only. | S5135HC & T2028 | Referral is to include the following for I-SNBC members receiving this service: 4 units under S5135HC, and 1 unit under T2028 (\$0). |
| Home Health Aid* (I-SNBC only) | G0156 | Visits per week |
| Home Health Aid* (SNBC only) | T1021 | Visits per week |
| Nutrition Products (tube feeding and oral nutritional supplement) | Code from provider | Include brief description about item and frequency. See Nutritional Products benefit guideline. Code used can NOT be T2029. |
| Skilled Nursing Facility admissions & Nursing Facility liability stays | ---- | Authorizations for payments to the nursing home entered into our system. The <u>facility provider</u> is to follow SNF/NF admissions/notification process. |
| Reminder- The health plan does not cover the following services under SNBC: Personal Care Assistance (PCA), Home Care Nursing and Waiver Services. Refer members and providers to the county case managers as needed. | | |