

## **Requirements for Pre-Admission and Post-Discharge Medicaid Billing in DCFS Contracts**

1. Pre-admission and post-discharge Medicaid billing is allowed **ONLY** for DCFS clients admitted to or discharged from a **Medicaid-contracted substitute care program** that submits Medicaid bills to DCFS on a **fee-for-service** basis (i.e., submits bills using the Medicaid Billing System—MBS, **NOT** CMBS). Thus, the **ONLY** contracts eligible for pre-admission or post-discharge Medicaid billing are as follows:
  - Fee-for-service foster care
  - Fee-for-service independent living
  - Fee-for-service transitional living
  - Fee-for-service institution or group home (I/GH)
2. Pre-admission service billings are limited to services delivered to a client accepted into the substitute care program up to **45** calendar days before the client's admission to the program. Post-discharge service billings are limited to services delivered to a client discharged from the substitute care program up to **45** calendar days after the client's discharge from the program.
3. Pre-admission services can only be billed for DCFS clients who are actually admitted into a DCFS Medicaid-contracted program. The client's admission information must indicate that the client was placed in the DCFS Medicaid substitute care program within 45 calendar days of the billed service.
4. Pre-admission and post-discharge service billings are limited to services provided during the actual term of the contract—i.e., the date range of the contract.
5. Pre-admission and post-discharge service billings are allowed **ONLY** for service days when an "Open" DCFS child or family case status is indicated on DCFS' IMSA/CYSIS system. An error code of 159 (Client Case on CYCIS was Not Open for Service Date Specified) will be returned for any 45-day service billed beyond the case's open date range.

**All services must be delivered and documented as required by 59 Illinois Administrative Code 132 (Part 132). This includes the applicable requirements for recommending services on an ITP and in accordance with subsection 132.148c)10).**

If you have any questions about pre-admission or post-discharge Medicaid billing, please contact your Infant-Parent Institute, Inc. representative at 217-352-4172 (Champaign) or 708-503-8431 (Matteson).

**PLEASE SEE THE TABLE ON NEXT PAGE FOR THE LIST OF ALLOWABLE SERVICES FOR DATES OF SERVICE AUGUST 1, 2004 AND AFTER**

**Part 132 Medicaid Services Eligible for PRE-ADMISSION Billing  
Applicable for Dates of Service August 1, 2004 and After**

Name of Service (includes on and off-site)	HCPCS Code	Modifier(s), if applicable
<b>Evaluation and Planning—132.148</b>		
Mental Health Assessment [MHP Level]	H0031	HN
Mental Health Assessment [QMHP Level]	H0031	
<b>Mental Health Services—132.150</b>		
Crisis Intervention	H2011	
<b>Case Management Services—132.165</b>		
Mental Health Case Management [RSA Level]	T1016	
Mental Health Case Management [MHP Level]	T1016	TF
Case Mgt—Client-Centered Consultation [RSA Level]	T1016	TG
Case Mgt—Client-Centered Consultation [MHP Level]	T1016	HN TG
Case Mgt—Transition Linkage & Aftercare [MHP Level]	T1016	HN
Case Mgt—Transition Linkage & Aftercare [QMHP Level]	T1016	HO

**Part 132 Medicaid Services Eligible for POST-DISCHARGE Billing  
Applicable for Dates of Service August 1, 2004 and After**

Name of Service (includes on and off-site)	HCPCS Code	Modifier(s), if applicable
<b>Case Management Services—132.165</b>		
Mental Health Case Management [RSA Level]	T1016	
Mental Health Case Management [MHP Level]	T1016	TF
Case Mgt—Client-Centered Consultation [RSA Level]	T1016	TG
Case Mgt—Client-Centered Consultation [MHP Level]	T1016	HN TG
Case Mgt—Transition Linkage & Aftercare [MHP Level]	T1016	HN
Case Mgt—Transition Linkage & Aftercare [QMHP Level]	T1016	HO