



Change in Authorization Requirements for Waiver Providers

Posted December 15, 2017

Effective Jan. 1, 2018, all Long term supports and services (LTSS)/Waiver Services for Blue Cross and Blue Shield of Illinois (BCBSIL) members will require authorization (“Authorization(s)”) for Blue Cross Community Health Plans (BCCHP) and Blue Cross Community MMAI (Medicare-Medicaid Plans).

Please note that providers will not be expected to request Authorizations, but rather, Authorizations will be created by the member’s assigned BCBSIL Care Coordinator (based on the member’s Individual Service Plan (ISP) in connection with his or her Health Risk Assessment). Providers will be notified of services where the member’s Care Coordinator has requested an Authorization for benefits. This authorization process only applies to the services listed in the table below. All other requested benefit prior authorizations for services must be made by contacting the BCBSIL Utilization Management (UM) Department for assistance by calling BCCHP: 877-860-2837 and MMAI: 877-723-7702.

Between Dec. 1, 2017, and Dec. 31, 2017, service agencies and LTSS providers will use the ISP previously provided to them by the member’s Care Coordinator for information related to the member’s services. Until you receive an ISP from the Care Coordinator, please continue providing services under the existing ISP that is in effect at the time of the plan transition or until the member becomes effective with BCCHP or MMAI. Benefits for these services will be automatically approved by BCBSIL during the transition period. If there are any questions about the transition service plans and services provided, please call the LTSS support center 877-325-3007.

Service Category Label	Service Category Code	Unit Type	Time Period Name	Notes
Home Delivered Meals	S5170	2 meals = 1 unit	MONTH	2 meals per day and up to 7 days a week
Homemaker/Housekeeper Services	S5130	15 minutes = 1 unit	MONTH	
Adult Day Service	S5100	15 minutes = 1 unit	MONTH	
Environmental Accessibility Adaptations - Home	S5165	Per service		Benefits for Services are limited to Service Cost/Plan Maximum according to member’s need. Benefits for Services limited to \$25,000 within a 5 year period.
Habitation - Day	T2020	Per diem	DAYS	Brain injury waiver only
Personal Care Asst.	S5125, S5126, T1020, T1019	15 minutes = 1 unit	MONTH	

Pre-vocational Services	T2014	Per diem	MONTH	Brain Injury waiver only
Respite - Homemaker	T1005	15 minutes = 1 unit	MONTH	
Respite - Personal Assistant	T1005	15 minutes = 1 unit	MONTH	Available for all waivers except Elderly
Supported Employment	T2019	Per diem / 15 minutes = 1 hour		Brain injury waiver only
Adult Day Service Transportation	T2003	1 way=1 unit	DAYS	Max of 2 visit per day
Electronic Home Response - Installation	S5160	PERI	1/LIFETIME	LTLT 3010
Electronic Home Response - Monthly Rent	S5161	PERS	1/MONTH	Rule 703, SERL PERS

Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.