



## Assisted Living Billing Guideline

Effective Feb 1, 2022

This document is for reference purposes only. This is not intended to be a comprehensive billing handbook, but rather to answer the most asked questions from the Assisted Living industry.

Certified Medicaid Assisted Living providers care for Medicaid eligible beneficiaries. Each person residing in a Certified Medicaid Assisted Living setting has been assigned a tier level based on their care needs. Each Assisted Living building has been certified to provide Tier A, and/or B, and/or C level of service.

The Assisted Living claims processing procedure includes:

- Electronically billing as an 837 Professional Waiver or the paper Waiver claim form
- Assisted Living services are billed as a daily per diem
- Billing is done monthly with the units representing the numbers of days the client was in the building
- Procedure Code T2031 is for basic assisted living services also referred to as Tier A
- Procedure Code T2031 plus the modifier UB is for Tier B assisted living services provided to Tier B designated beneficiaries
- Procedure Code T2031 plus the modifier UC is for Tier C assisted living services provided to Tier C designated beneficiaries
- Diagnosis should be the clinical diagnosis from the physician or providers can use Z742 – Need for assistance at home and no other household member able to render care
- Clients must be on either the RI Housing Waiver or the DEA Assisted Living Waiver to be eligible

### Reimbursement Rates

Note: Historically the rate was \$69.00 per day effective 10/1/2018 – 10/31/2021. Prior to 10/1/18, the rate was \$42.16

Effective November 1, 2022

- Tier A is \$78.00 per day
- Buildings Certified to be Tier B providers, can be bill for providing Tier B services to Tier B designated beneficiaries using the UB modifier for a reimbursement rate of \$113.00 per day



Effective February 1, 2022

- Buildings Certified to be Tier C providers, can be bill for providing Tier C services to Tier C designated beneficiaries using the UC modifier for a reimbursement rate of \$136.00 per day

Example of Medicaid Recipient in the RI Housing Waiver:

The screenshot displays the 'Eligibility Verification Response' page. At the top, there is a navigation bar with 'My Home', 'Eligibility', 'Claims', and 'Files Exchange'. The page title is 'Rhode Island Executive Office of Health and Human Services Medicaid'. The breadcrumb trail is 'Eligibility > Verify Eligibility Response'. The date and time are 'Friday 05/06/2016 03:16 PM EST'. The main content area shows a 'Verification Response ID' of 201612706386. Below this is a 'Recipient Information' section with fields for Recipient ID, Birth Date, Date Of Death, Recipient Name, and Gender (Female). The 'Benefit Plan Details' section contains a table with columns for Plan Name, Effective From Date, Effective To Date, Base Deductible, and Message. The table lists 'Categorically Needy Services' and 'RI Housing Assisted Living'. Below the table are expandable sections for 'Service Type Code Details - Covered', 'Medicare Details', and 'Demographic Details'. The footer includes 'R4.2.70' and '© 2016 Hewlett Packard Enterprise. All rights reserved. | Privacy Notice'.

Executive Office of Health & Human Services  
Medicaid

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response Friday 05/06/2016 03:16 PM EST

**Eligibility Verification Response** [Back to Eligibility Verification Request](#)

Verification Response ID 201612706386 [Expand All](#) | [Collapse All](#)

**Recipient Information**

Recipient ID	[Redacted]	Recipient Name	[Redacted]
Birth Date	[Redacted]	Gender	Female
Date Of Death	-		

**Benefit Plan Details**

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	04/20/2016	05/06/2016	\$0.00	Limitations apply to Vision and Dental services
RI Housing Assisted Living	04/20/2016	05/06/2016	\$0.00	Recipient may be subject to cost for patient share

**Service Type Code Details - Covered**

**Medicare Details**

**Demographic Details**

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