



Aetna Better Health®

All home and community-based waiver services providers are required to bill Aetna Better Health of Illinois on a medical claim form. HCBS and Supportive Living Facilities will need to bill Aetna Better Health of Illinois via our online portal, or on a HCFA 1500 form. We have a variety of resources available to providers to help them bill correctly. Please visit our Waiver Resources page for more information. Below, please find a chart outlining the services, as well as corresponding codes and increments that should be used when billing for services provided to an Aetna Better Health of Illinois member.

SERVICE	CODE	MODIFIER	HFS INCREMENT	AETNA BH INCREMENT	RATE (PER UNIT) FOR CLAIMS	EXAMPLE
Adult Day Service	S5100		per hour	15 min	\$2.26	1 hour = 4 units (4 > \$2.26 = \$9.04)
Adult Day Service Transportation	T2003		1 unit = one way trip	1 unit = one way trip	\$8.30	Round trip = 2 units (2 x \$8.30 = \$16.60)
Environmental Home Adaptations	S5165		per service	per service	varies	varies
Supported Employment	T2019		per diem	15 min	\$11.00	1 hour = 4 units (4) \$11.00 = \$44.00)
Home Health Aide – Agency	T1004		per hour	15 min	\$3.44	1 hour = 4 units (4) \$3.44 = \$13.76)
Home Health Aide – Agency – CNA	T1004	SC	per hour	15 min	\$3.44	1 hour = 4 units (4) \$3.44 = \$13.76)
Home Health Aide – Individual	G0156		per hour	15 min	\$3.63	1 hour = 4 units (4 : \$3.63 = \$14.52)
Home Health Aide – Individual – CNA	G0156	SC	per hour	15 min	\$3.63	1 hour = 4 units (4) \$3.63 = \$14.52)
Home Health – Intermittent Nursing RN, LPN (Agency Provider)	G0154		one visit up to two hours	15 min	\$8.16	2 hour = 8 units (8 x \$8.16 = \$65.28)
Home Health – Intermittent Nursing RN, LPN (Agency Provider)	G0154	SC	one visit up to two hours	15 min	\$8.16	2 hour = 8 units (8 x \$8.16 = \$65.28)
Nursing, Skilled – LPN Agency	T1003	TE	per hour	15 min	\$6.37	1 hour = 4 units (4 : \$6.37 = \$25.48)
Nursing, Skilled – LPN Individual	T1000	TE	per hour	15 min	\$5.50	1 hour = 4 units (4 : \$5.50 = \$22.00)
Nursing, Skilled – Multi- Customer	T1002	TT	per hour	15 min	\$5.91	2 hour = 8 units (8 x \$5.91 = \$47.28)
Nursing, Skilled RN Agency	T1003	TD	per hour	15 min	\$7.39	1 hour = 4 units (4 : \$7.39 = \$29.56)
Nursing, Skilled RN Individual	T1000	TD	per hour	15 min	\$7.13	1 hour = 4 units (4 ± \$7.13 = \$28.52)
Occupational Therapy	G0152	UC	per hour	15 min	\$9.25	1 hour = 4 units (4 : \$9.25 = \$37.00)
Physical Therapy	G0151	UC	per hour	15 min	\$9.25	1 hour = 4 units (4 : \$9.25 = \$37.00)
Speech Therapy	G0153	UC	per hour	15 min	\$7.50	1 hour = 4 units (4 : \$7.50 = \$30.00)
Speech Therapy – Hospital	G0153	UC	per hour	15 min	\$12.50	1 hour = 4 units (4 \$12.50 = \$50.00)
Supportive Living Facilities	T2033	U1	per diem	per diem	-	**Please see SLF section below**
Prevocational Services	T2014		per diem	per diem	\$43.25	\$43.25
Habilitation – Day	T2020		per diem	per diem	\$43.25	\$43.25
Homemaker	S5130		per hour	15 min	\$4.29	1 hour = 4 units (4 : \$4.29 = \$17.16)
Homemaker with Insurance	S5130		per hour	15 min	\$4.69	1 hour = 4 units (4 \$4.69 = \$18.76)
Home Delivered Meals	S5170		one unit = 2 meals	per meal	\$7.50	2 meals delivered at one time – 2 x \$7.50 = \$15.00
Personal Assistant	S5125		per hour	15 min	\$3.25	1 hour = 4 units (4 : \$3.25 = \$13)
Personal Emergency Response – Install	S5160		per install	per install	\$30.00	\$30.00
Personal Emergency Response – Monthly Charge	S5161		per month	per month	\$28.00	\$28.00
Respite – RN	T1005	TD	per hour	15 min	\$7.13	1 hour = 4 units (4 \$7.13 = \$28.52)
Respite – LPN	T1005	TE	per hour	15 min	\$5.50	1 hour = 4 units (4) \$5.50 = \$22.00)
Respite – CNA	T1005	SC	per hour	15 min	\$3.63	1 hour = 4 units (4 \$3.63 = \$14.52)
Respite – Homemaker	T1005	НМ	per hour	15 min	\$3.83	1 hour = 4 units (4 : \$3.83 = \$15.32)
Respite – Personal Assistant	T1005		per hour	15 min	\$3.07	1 hour = 4 units (4 : \$3.07 = \$12.28)
Specialized Medical Equipment	T2028	RR	per service	per service	varies	varies