



MEMORANDUM

TO: Managed Care Program Oversight
Enrollment Resolution Services
Program Support and Utilization Review
Managed Care Organizations

FROM: Office of Policy
Medicaid and CHIP Services

SUBJECT: STAR+PLUS Long-Term Services and Supports (LTSS) Billing Matrix
Effective December 1, 2022

ISSUANCE DATE: 06/01/2022

HHSC: 22-06-001

EFFECTIVE DATE: 12/01/2022

**Title: STAR+PLUS Long-Term Services and Supports (LTSS) Billing Matrix
Effective December 1, 2022**

Background:

In 2019, CMS directed HHSC to update the long-term services and supports (LTSS) billing to comply with the National Correct Coding Initiative (NCCI) by changing community-based LTSS billing in STAR+PLUS from one hour to 15-minute billing units. This change required revisions to be made to the STAR+PLUS LTSS Codes and Modifiers.

HHSC shared draft revisions of the STAR+PLUS LTSS Codes and Modifiers with the managed care organizations (MCOs) in October 2021, March 2022, and discussed final changes in the May 18, 2022 meeting.

HHSC delayed the implementation date for the revised LTSS Codes and Modifiers to December 1, 2022. This new implementation date was coordinated with the HHSC Electronic Visit Verification (EVV) team and ensures MCOs and Medicare-Medicaid Plans (MMPs) adequate lead time to make appropriate system changes.

Summary of Request or Key Details:

HHSC comprehensively updated the STAR+PLUS LTSS Codes and Modifiers and incorporated NCCI-related revisions to be effective December 1, 2022. The updated matrix will be posted in the STAR+PLUS Handbook Policy Updates until December 1, 2022, at which time it will officially replace the LTSS Codes and Modifiers appendix.

For services that will be provided on or after December 1, 2022, MCOs must ensure necessary system changes are made to allow issuing updated service prior authorizations

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with new code and modifier combinations no later than October 17, 2022. After this date, prior authorizations for services to be rendered on or after December 1, 2022, using old codes will not be accepted. MCO system changes must be completed in time to process claims with new code and modifier combinations with dates of service on or after December 1, 2022.

Action(s):

- For prior authorizations and claims regarding services provided prior to December 1, 2022, MCOs and MMPs must use the code and modifier combinations without the NCCI-related edits (published April 2022) in the STAR+PLUS Handbook, [Appendix XVI, Long Term Services and Supports Codes and Modifiers](#).
- If MCOs or MMPs issued prior authorizations based on the March 2022 STAR+PLUS LTSS Codes and Modifiers containing modifiers and codes with an effective date of July 1, 2022, or later, they must reissue those prior authorizations with modifiers and codes from the [Appendix XVI, Long Term Services and Supports Codes and Modifiers](#) published April 2022.
- MCOs and MMPs must make the necessary system changes to comply with the October 17, 2022, prior authorization deadline and the December 1, 2022, claims deadline described in the "Summary" section of this notice.

Resources (if any):

STAR+PLUS Handbook Policy Updates: <https://www.hhs.texas.gov/handbooks/starplus-handbook/hhsc-policy-updates>

Contact: Managed_Care_Initiatives@hhs.texas.gov