

## Long-Term Services and Supports (LTSS) Billing Process for Dual-Eligible Members

Providers serving dual-eligible members (should bill Molina directly for LTSS Services only. All other Medicaid covered services should be billed to TMHP.

Providers can refer to the [LTSS Billing Matrix](#), available at MolinaHealthcare.com, to determine the LTSS codes that can be billed directly to Molina for dual-eligible members. Claims for services other than the codes listed on the LTSS billing matrix should be submitted to TMHP for payment.

### Billing for DME Services

Before providing DME services to a dual-eligible member, providers must seek authorization from TMHP. Authorization can be requested through [TMHP's portal](#).

If TMHP denies an authorization request for a DME service, providers then have the option to submit an authorization request to Molina for coverage under the member's waiver benefit. Providers must submit TMHP's authorization denial and documentation of medical necessity with their request. If the DME request is approved by Molina, the provider will submit claims for the DME service directly to Molina for payment.

For questions or clarifications regarding the information included in this notice, please email [MHTXEVV@MolinaHealthcare.com](mailto:MHTXEVV@MolinaHealthcare.com).