

**Notice Date:** October 6, 2020  
**To:** Ohio MyCare Providers  
**From:** CareSource  
**Subject:** Group Billing Guidance

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## Summary

As part of CareSource's commitment to continuous improvement, we are focused on ensuring quality care for all of our members.

## Importance

[OAC rule 5160-46-06](#) outlines the process for authorizing group services. This covers both personal care and nursing services. Some key points obtained within the guidance is included below.

### Group Billing guidance:

- Group billing applies to 2 or more 3 members residing at the same address
- Reimbursed at 75% of the Medicaid maximum
- Must use HQ modifier when authorizing and submitting claims for billing codes T1002, T1003 or T1019 if the service was delivered in a group setting
- Group billing applies to the same provider type delivered on the same day. If any portion of the waiver service is authorized as group billing, the whole shift is to be authorized and billed as group billing.

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