

## Billing Instructions for the Consultant Agency for Mi Via

	S5190- Pre-Eligible – No Medicaid Eligibility	S5190- Pre-Eligible – Non-Waiver Medicaid Eligibility	T2025- Waiver Eligibility
Eligibility	Client does not have any Medicaid eligibility.	Client has Medicaid eligibility, but does not have waiver (090-096) eligibility.	Client must have waiver (090-096) eligibility.
Client ID	Bill using the dummy client ID- COE + two zeros + SSN (09600123456789)	Bill using the Medicaid client ID.	Bill using the Medicaid client ID.
Billing Limit	Three months*	Three months*	None (assuming the client is eligible for the waiver)
Dates of Service	First Date of Service- First day of the month Last Date of Service- Last day of the month	First Date of Service- First day of the month Last Date of Service- Last day of the month	First Date of Service- First day of the month Last Date of Service- Last day of the month
Monthly Rate	\$143.00* plus GRT	\$143.00* plus GRT	\$215.00* plus GRT