IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS BR201515 APRIL 14, 2015

Consumer-directed attendant care overtime services covered under the A&D and MFP A&D waivers

Effective June 1, 2015, the Indiana Health Coverage Programs will cover consumer-directed attendant care overtime services under the Aged & Disabled Waiver (A&D) and Money Follows the Person Aged & Disabled Waiver (MFP A&D). Coverage applies retroactively to dates of service (DOS) on or after **January 1, 2015**, using the following Healthcare Common Procedure Coding System (HCPCS) code:

- S5125 U7 U1 TU – *Attendant care services, per 15 minutes; Waiver; ATTC; Special payment rate, overtime*

Beginning June 1, 2015, claims for code S5125 U7 U1 TU with DOS on or after January 1, 2015, may be submitted for reimbursement consideration. All claims beyond the one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date. The following reimbursement information applies:

Pricing: Maximum fee rate will be $1.38 per 15 minutes.

Prior Authorization: All waiver services require prior authorization.

Billing Guidance:

- Services must be provided for a minimum of eight minutes to bill for one unit.
- Services rendered on a DOS which require less than eight minutes may be accrued to the end of that DOS.
- At the end of the DOS, accrued partial units may be rounded as follows:
  - Accruals totaling eight or more minutes may be rounded up and billed as one unit.
  - Accruals totaling less than eight minutes may not be billed.

HCPCS code S5125 U7 U1 TU is valid only for consumer-directed attendant care.

Coverage information will be reflected in the next monthly update to the *Fee Schedule* at indianamedicaid.com.

Information regarding consumer-directed attendant care may be found in the *Consumer Directed Care Guide* on the Indiana Family and Social Services Administration, Division of Aging website at in.gov/fssa/da.

MORE IN THIS ISSUE

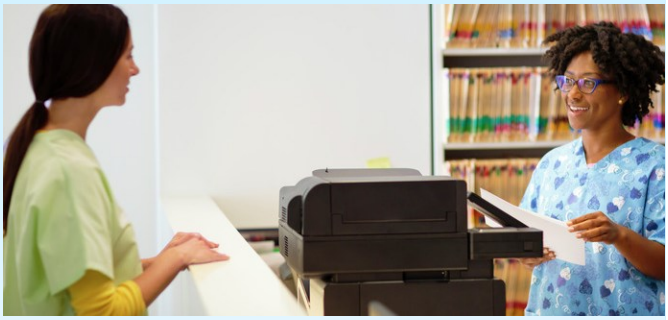
Prior authorization is now required for CPT code 81161

Effective May 15, 2015, the Indiana Health Coverage Programs (IHCP) will require prior authorization (PA) when providers bill for Current Procedural Terminology (CPT®1) code 81161 – *DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis*. This change applies to dates of service on or after May 15, 2015.

This PA requirement applies to services delivered under the fee-for-service (FFS) delivery system. Questions regarding FFS PA should be directed to ADVANTAGE Health Solutions℠ at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish PA criteria within the risk-based managed care (RBMC) delivery system. Questions regarding RBMC PA should be directed to the MCE under which the member is enrolled. This change will be reflected in the next monthly update to the *Fee Schedule* at indianamedicaid.com.

Select procedure codes to be payable as inpatient services for hospital stays of less than 24 hours

The Indiana Healthcare Coverage Programs (IHCP) follows Medicare guidance regarding codes that are reimbursed only in the inpatient setting, commonly referred to as "inpatient-only" codes. IHCP reimbursement policy, however, requires an admission stay of 24 hours or greater for the stay to qualify as inpatient.



Effective May 15, 2015, the IHCP will bypass this 24-hour rule to allow procedure codes determined by Medicare as "inpatient-only" to be reimbursed as inpatient services when the service is delivered in an inpatient setting to a patient discharged or expired within 24 hours of admission. A list of the applicable Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) procedure codes to which this change applies is available on the *Code Sets* page at indianamedicaid.com. Only the codes affected by this change are listed; the codes listed are not reimbursable when delivered in an outpatient setting.

This reimbursement change applies retroactively to fee-for-service (FFS) claims with dates of service on or after **July 1, 2014**. Beginning May 15, 2015, providers should use the instructions outlined in this banner page to bill the affected codes as inpatient services for reimbursement consideration. These billing instructions have been established as an interim solution until a permanent solution is developed in the Indiana*AIM* claims processing system:

- Previously submitted outpatient claims for affected codes rendered in an inpatient setting to a patient discharged or expired within 24 hours of admission for dates of service (DOS) on or after July 1, 2014, which denied for explanation of benefits (EOB) 4183 – *Medically unlikely edits*, may be submitted for Administrative Review.

continued

- New claims for affected codes rendered in an inpatient setting to a patient discharged or expired within 24 hours of admission for DOS on or after July 1, 2014, must first be submitted as an outpatient claim using the standard claim submission process. When providers receive a claim denial for EOB 4183 – *Medically unlikely edits*, they may submit a request for Administrative Review.
- All requests for Administrative Review must be made using the *IHCP Written Inquiry Form*, which can be found on the *Forms* page at indianamedicaid.com. The Administrative Review request must include a clean inpatient claim form for the services rendered; a copy of the original outpatient claim; the Remittance Advice (RA) page identifying the original claim denial; and documentation that supports the service was performed in the inpatient setting.
- The Administrative Review request and documentation must be submitted within 60 days of the date of the claim denial. For claim denials received before May 15, 2015, the request for Administrative Review must be submitted by July 15, 2015, and must include a copy of this banner page. The Administrative Review request form and documentation should be mailed to:

  HP Written Correspondence
  P. O. Box 7263
  Indianapolis, IN 46207-7263

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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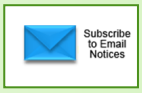

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