

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP clarifies requirements for provider criminal background checks

Indiana Health Coverage Programs (IHCP) policy enforces federal regulations requiring fingerprint-based criminal background checks for all provider types and practitioners designated as high-risk providers that enroll or revalidate enrollment as a Medicaid provider *on or after August 1, 2015*. Affected practitioners or individuals with 5% or more direct or indirect ownership or controlling interest in affected provider entities must submit to the background check and satisfy the criminal background check criteria to enroll or remain enrolled as IHCP providers.

Please be aware that criminal background reports completed for state agencies other than the Family and Social Services Administration (FSSA) cannot be accepted. These reports include only a final disposition, rather than the actual results of the background check, and therefore, do not satisfy state and federal requirements.

Individuals subject to the criminal background check requirement must follow the instructions posted on the [Provider Enrollment Risk Levels and Screening](#) page at indianamedicaid.com. Providers that have satisfied the background check requirement for enrollment in the Medicare program will not be required to submit to another background check for Medicaid.



IHCP recognizes additional certified training course for physicians administering topical fluoride varnish services

As announced in Indiana Health Coverage Programs (IHCP) Provider Bulletin [BT201686](#), the IHCP covers physician-administered topical fluoride varnish services. Physician-administered fluoride varnish is a preventive procedure provided by or under the supervision of a physician, and is available to members from the time of first tooth eruption until the age of 4. IHCP coverage requires the service be provided by or under the supervision of a physician. Before performing and billing for this service, eligible providers are required to complete a certified training course.

Effective June 9, 2017, the IHCP will recognize certificates of completion of the [Fluoride Varnish Training for Indiana Practitioners](#), offered by the Indiana Chapter of American Academy of Pediatrics (INAAP) and accessible at [inaap.org](#), as a valid training course. The *Protecting All Children's Teeth (PACT): A Pediatric Oral Health Training Program*, available at the [Children's Oral Health](#) web page at [aap.org](#), continues to be a recognized training course, as well.

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Home health providers may resubmit claims for therapy services that denied incorrectly



The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue affecting home health claims processed in CoreMMIS with Current Procedural Terminology CPT^{®1} codes for physical, occupational, and speech therapy billed in conjunction with therapy revenue codes. These claims may have inappropriately denied with explanation of benefits (EOB) 4014 – *Claim being reviewed for pricing*. Affected claims include those with dates of service on or after **January 1, 2017**.

The claim-processing system has been corrected. Beginning immediately, providers may resubmit claims previously denied for EOB 4014 for reimbursement consideration. Claims resubmitted beyond the original 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.

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IHCP allows providers until September 1, 2017, to update rendering provider linkages to support proper claim adjudication

The Indiana Health Coverage Programs (IHCP) has received a number of inquiries from providers about claim denials for explanation of benefits (EOB) 1010 – *Rendering provider is not an eligible member of billing group or the group provider number is reported as rendering provider. Please verify provider and resubmit*. As announced in previous IHCP publications, claims billed for services performed by a rendering provider not linked to the **specific service location on the claim** will deny for EOB 1010.

IHCP policy requires rendering providers to be linked to the specific locations where they render services for a group practice. Further, a rendering provider's services may not be billed for a service location to which he or she is not linked. Group providers must ensure that the provider profile for each group location has the correct rendering providers linked with accurate effective and end dates.

To provide financial relief to providers impacted by EOB 1010 denials, the IHCP will temporarily convert EOB 1010 to a "post-and-pay" status, meaning that the claim-processing system will allow claims and claim details with this issue to pay, but the EOB 1010 message will continue to post on the Remittance Advice (RA), so providers are aware the problem exists. This temporary workaround will be in place through August 31, 2017, allowing providers ample time to link rendering providers to the appropriate group locations to support proper claim adjudication. Effective September 1, 2017, the EOB 1010 will revert to a denial status.

Providers should review their RAs in detail, note any EOB 1010s, and make the necessary rendering provider updates to the affected service location profiles. Providers are encouraged to submit rendering linkage updates as soon as possible, to allow for processing before September 1, 2017.

Reviewing and updating rendering provider linkages in the Portal

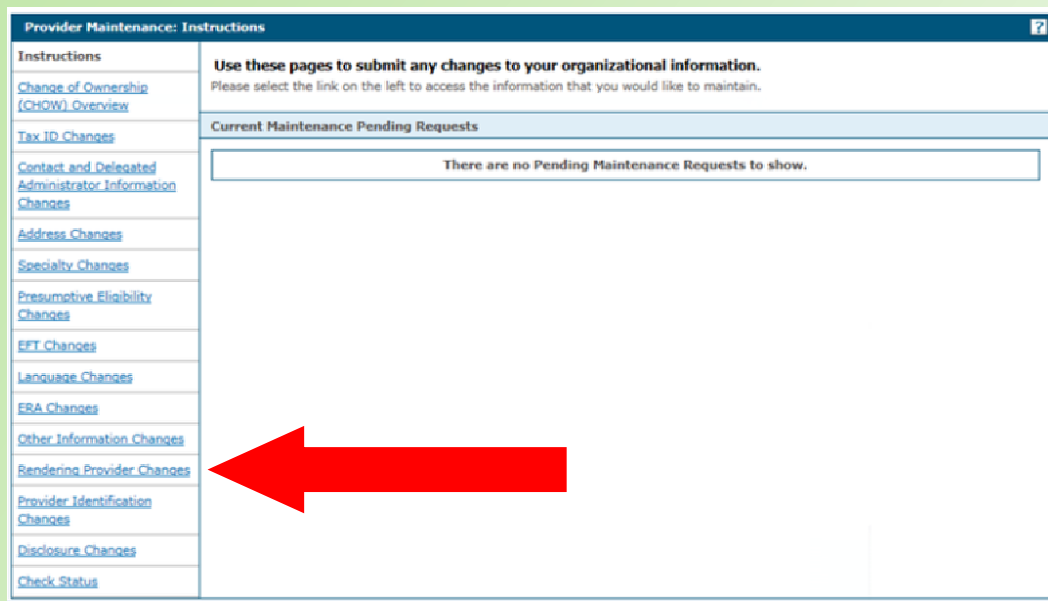
Rendering providers must be linked to **each service location** where they render services for the group practice. Group providers must review and update the rendering provider linkages on the provider profile for each service location

continued

enrolled with the IHCP. After logging into a service location’s *Provider* account on the Provider Healthcare Portal (Portal), group providers should follow these steps to update their profiles.

1. On the *My Home* page of the Portal, click **Provider Maintenance** in the left navigation panel to display the *Provider Maintenance Instructions* page (see Figure 1).
2. Click **Rendering Provider Changes** in the left navigation panel to display the *Provider Maintenance: Rendering Providers* page (see Figure 1).

Figure 1 – Provider Maintenance Instructions page



3. On the *Provider Maintenance: Rendering Providers* page, review the list of providers to confirm that all rendering providers are correctly linked. From this page, group providers can remove rendering providers from the group service location or add active IHCP-enrolled rendering providers to the group service location. (**Note:** Only 10 rendering providers display on each page. Click the page numbers at the bottom right to move between pages (see [Figure 2](#)).
4. If a rendering provider is listed that is no longer delivering services from that service location, click **Remove** under the Action column for that provider. This action removes the linkage to this location; it will not affect the provider’s linkages to other locations or their IHCP enrollment (see [Figure 2](#)).
5. If an **IHCP-enrolled** rendering provider that is delivering services from that location is not listed, complete the requested information and click **Add** (see [Figure 2](#)).
 - Enter an effective date in the Rendering Linkage Effective Date field.
 - Enter a Provider ID (formerly known as a Legacy Provider Identifier [LPI]), plus the service location code) or a National Provider Identifier (NPI) in the appropriate field. (Waiver and other atypical providers must enter a Provider ID.)

continued

- Select the **I Accept** check box. Click **Rendering Provider Agreement and Attestation Form** for this rendering provider and print the agreement for signature and mailing or uploading.
 - Click **Add** to save the information.
 - If there are more rendering providers to add to this group location, repeat step 5 to add the next rendering provider, and so on. **Add all rendering providers BEFORE clicking Submit.** Clicking **Submit** ends the maintenance transaction session, and the changes submitted must be fully processed before further changes can be made to the provider profile for this location.
6. When you are finished removing and adding rendering providers for this location, click **Submit** to complete the task and follow the system prompts (see Figure 2).

Figure 2 – The Provider Maintenance: Rendering Providers page

Provider Maintenance: Rendering Providers

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to 10 Rendering Agreement and Attestation Forms. Any additional forms above this limit will need to be sent in via mail.

* Indicates a required field.

*Rendering Linkage Effective Date

*Either a Provider ID or NPI is required.

Only currently enabled rendering providers can be added to this group provider

NPI Provider ID

*I accept

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission. Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

[Rendering Provider Agreement and Attestation Form](#)

Add **Reset**

Click the **Remove** link to remove the row.

NPI	Provider ID	Rendering Linkage Effective Date	Action
1111111111	777777777	07/01/2011	Remove
2222222222	888888888	03/05/2012	Remove
3333333333	999999999	08/22/2013	Remove
4444444444	134456789	07/01/2011	Remove
5555555555	134567890	08/22/2013	Remove
6666666666	145678900	08/14/2014	Remove

Total Records: 11

Submit **Cancel**

continued

7. On the *Attachments* page, up to 10 signed *Rendering Provider Agreement and Attestation* forms can be electronically attached to the submission. If more than 10 rendering providers were added during the session, the remaining rendering agreement forms must be mailed, along with an application tracking number (ATN) cover sheet.
8. Print a cover sheet with the ATN to attach to the signed rendering agreement forms being mailed. Only one cover sheet is needed per mailing. Mail all agreements and **the cover sheet** to the post office box noted on the cover sheet.

Note: The *Provider Maintenance* function of the Portal is used by group providers **only** when adding (linking) rendering providers that are **already actively enrolled in the IHCP**. If a group wants to add a rendering provider that is not yet enrolled in the IHCP, the group must enroll the rendering provider through the *Provider Enrollment* function on the Portal before completing a linkage request.

IHCP to revise the DME and medical supply items included in the LTC facility *per diem* rate

Effective June 9, 2017, the Indiana Health Coverage Programs (IHCP) will revise the durable medical equipment (DME) and medical supply items that are included in the long-term care (LTC) facility *per diem* rate. The Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 will be added to those included in the LTC facility *per diem* rate. These changes will apply retroactively to dates of service (DOS) on or after **January 1, 2017**. The HCPCS codes in [Table 2](#) will no longer be included in the LTC facility *per diem* rate, because they are obsolete codes.

Pursuant to *Indiana Administrative Code* (IAC), DME and medical supply items included in the LTC *per diem* rate may not be billed to Medicaid by the facility, an outside pharmacy, or any other provider. Items included in the *per diem* rate that are billed separately for members in LTC facilities will be denied with explanation of benefits (EOB) 2034 – *Medical and Nonmedical Supplies and Routine DME Items are Covered in the Per Diem Rate*.

The items included in the *per diem* rate can be found on the [LTC DME Per Diem Table](#) at indianamedicaid.com. This table will be updated with the changes reflected in Tables 1 and 2. See the [Claim Submission and Processing](#) and [Long-Term Care](#) modules at indianamedicaid.com for billing procedures.

Table 1 – DME and medical supply items added to those included in the LTC facility per diem rate for DOS on or after January 1, 2017

HCPCS code	Description
A4467	Belt, strap, sleeve, garment, or covering, any type
A9286	Hygienic item or device, disposable or non-disposable, any type, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
K0015	Detachable, non-adjustable height armrest, replacement only, each
K0019	Arm pad, replacement only, each
K0037	High mount flip-up footrest, replacement only, each

continued

Table 1 – DME and medical supply items added to those included in the LTC facility per diem rate for DOS on or after January 1, 2017 (continued)

HCPCS code	Description
K0042	Standard size footplate, replacement only, each
K0046	Elevating leg rest, lower extension tube, replacement only, each
K0047	Elevating leg rest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or leg rest, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each

Table 2 – Obsolete DME and medical supply codes no longer included in the LTC facility per diem rate

HCPCS code	Description
A4319	Sterile water irrigation solution, 1000 ml
A4324	Male external catheter, with adhesive coating, each
A4325	Male external catheter, with adhesive strip, each
A4464	Joint supportive device/garment, elastic or equal, each
A4631	Replacement, batteries for medically necessary electronic wheel chair owned by patient
A4712	Water, sterile, for injection, per 10 ml
A6020	Collagen based wound dressing, each dressing
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
A7043	Vacuum drainage bottle and tubing for use with implanted catheter
B9000	Enteral nutrition infusion pump - without alarm
E0192	Low pressure and positioning equalization pad, for wheelchair
E0220	Hot water bottle
E0230	Ice cap or collar
E0238	Non-electric heat pad, moist
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day

continued

Table 2 – Obsolete DME and medical supply codes no longer included in the LTC facility per diem rate (continued)

HCPSC code	Description
E0628	Separate seat lift mechanism for use with patient owned furniture-electric
E0962	1" cushion, for wheelchair
E0963	2" cushion, for wheelchair
E0964	3" cushion, for wheelchair
E0965	4" cushion, for wheelchair
E0975	Reinforced seat upholstery, wheelchair
E0976	Reinforced back, wheelchair, upholstery or other material
E0991	Wheelchair upholstery seat
E0993	Wheelchair back upholstery
E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85 percent or greater concentration.
E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85 percent or greater concentration
E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85 percent or greater concentration
E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85 percent or greater concentration
E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85 percent or greater concentration
K0268	Humidifier, non-heated, used with positive airway pressure device
K0407	Urinary catheter anchoring device, adhesive skin attachment
K0408	Urinary catheter anchoring device, leg strap
K0409	Sterile water irrigation solution, 1000 ml
K0410	Male external catheter, with adhesive coating, each
K0411	Male external catheter, with adhesive strip, each
K0531	Humidifier, heated, used with positive airway pressure device
S8105	Oximeter for measuring blood oxygen levels noninvasively
S8180	Tracheostomy shower protector
S8181	Tracheostomy tube holder
S8182	Humidifier, heated, used with ventilator, non-servo-controlled
S8183	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring
S8190	Electronic spirometer (or microspirometer)

QUESTIONS?

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