

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201738

SEPTEMBER 19, 2017

IHCP to mass adjust MFP-A&D assisted living services claims

Indiana Health Coverage Programs (IHCP) bulletin [BT201737](#), announced a 5% increase in the reimbursement rates for assisted living services under the Money Follows the Person - Aged and Disabled (MFP-A&D) Grant for dates of service (DOS) on or after June 30, 2017. The amended rates are republished in Table 1 for ease of reference:

Table 1 – Amended rates for MFP-A&D assisted living services effective for DOS on or after June 30, 2017

Division of Aging INsite code	INsite service description	Procedure code	Mod 1	Mod 2	Previous rate ending June 29, 2017	New rate beginning June 30, 2017	Units
AL1	Assist Living Waiver/Diem	T2031	U7	U1	\$67.88	\$71.27	Day
AL2	Assist Living Waiver/Diem	T2031	U7	U2	\$74.80	\$78.54	Day
AL3	Assist Living Waiver/Diem	T2031	U7	U3	\$82.55	\$86.68	Day

The IHCP identified a claims processing issue that affects MFP-A&D claims processed for DOS on or after June 30, 2017. The claims paid incorrectly using the old rates that ended June 29, 2017, rather than the new rates.

The claims processing system has been corrected. The IHCP will mass adjust claims affected by this issue. Providers should begin to see the adjusted claims on Remittance Advices (RAs) beginning October 16, 2017, identified by internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). For the underpaid claims, the net difference will be paid and reflected on the RA.

IHCP corrects CLIA classification and scope of mass adjustment of claims for CPT code 80305

Procedure codes associated with laboratory testing are regulated under the Clinical Laboratory Improvement Amendment (CLIA). Indiana Health Coverage Programs (IHCP) policy requires compliance with the Centers for Medicare & Medicaid Services (CMS) recommendations regarding CLIA regulations for all IHCP programs, whether fee-for-service (FFS) or managed care.

IHCP banner page [BR201732](#) announced that inconsistencies with respect to the CLIA classification of certain procedure codes in CoreMMIS had been identified and were being corrected retroactive to dates of service (DOS) on or after **January 1, 2017**.

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Corrections to *BR201732* are necessary for the following Current Procedural Terminology (CPT^{®1}) code:

80305 – Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service

In *BR201732*, CPT code 80305 was correctly identified as a CLIA-regulated test subject to CLIA edits. However, in error, the banner did not announce that CPT code 80305 should also be classified as a CLIA-waived test, billable by laboratories that qualify for the CLIA certificate of waiver for the affected DOS.

Effective September 15, 2017, CoreMMIS was updated with the correction for CPT code 80305 and the other codes referenced in *BR201732*. With respect to CPT code 80305, mass adjustments will affect only claims billed by providers having no valid CLIA certification on file. Affected providers should begin seeing adjusted claims on Remittance Advices (RAs) beginning September 19, 2017, with ICNs/Claim IDs that begin with 52 (mass replacement non-check related). If a claim was overpaid, the net difference will appear as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

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IHCP clarifies enrollment requirements for providing OTP-specific services

As stated in *Indiana Health Coverage Programs (IHCP) bulletin BT201755*, providers wanting to bill for the administration of methadone and other related services exclusive to opioid treatment programs (OTPs) must be enrolled with IHCP under the Addiction Services/Opioid Treatment Program provider type and specialty (type 35/specialty 835).

Providers already enrolled with IHCP as Mental Health providers (type 11) or as Medical Clinic providers (type 08), are required to **submit a separate application to also enroll as an Addiction Services provider (type 35)**. The new application can be submitted through the Provider Healthcare Portal (Portal), which is preferred, or on paper if necessary.

Providers already enrolled with IHCP as an Ordering, Prescribing Referring (OPR) provider (type 50) that want to be able to bill IHCP for services provided to Medicaid members must disenroll as an OPR provider and re-enroll as an Addiction Services/Opioid Treatment Program provider (type

35/835). Currently, using the Portal to switch from an OPR provider to an Addiction Services provider requires the provider to first disenroll as an OPR and then submit a new application as an Addiction Services provider. This process results in an approximate 30-day gap between the two enrollments. However, if the OPR disenrollment request and the Addiction Services enrollment application packet are submitted **at the same time on paper forms**, the new Addiction Services enrollment can be processed to start the day after the OPR enrollment is deactivated. Enhancements to the Portal are underway to avoid the enrollment gap when processing these types of enrollment transactions – watch upcoming IHCP publications for information.



QUESTIONS?

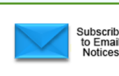
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