IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

BR202236

SEPTEMBER 6, 2022

HCBS Provider Stabilization Grant impact

The Indiana Family and Social Services Administration (FSSA) is excited to announce a total of \$176 million was awarded to 1,195 providers across the state as part of the Home- and Community-Based Services (HCBS) Provider Stabilization Grant program during spring 2022. At least \$132 million went directly to frontline staff due to the requirement for providers to pass through at least 75% of the grant directly to their workforce.

To capture the impact of this grant on the HCBS provider and workforce community, the FSSA surveyed the award recipients. Based on analysis of the provider survey data, the funding impacted an estimated 80,000 to 100,000 individuals employed by HCBS



providers. The survey respondents also confirmed that these grant dollars were spent supporting retention and recruitment efforts and providing employee bonuses, achieving the grant's purpose of recognizing the critical work of Indiana's HCBS workforce.

For more information on the overall impact of the HCBS Provider Stabilization Grant and survey results, see the <u>Homeand Community-Based Services Stabilization Grants</u> infographic.

The FSSA looks forward to continuing to see the impact of these funds on Indiana's HCBS community. The FSSA is committed to continuing investments to stabilize and enhance the HCBS community as outlined in the <u>Spending Plan</u>. For future updates on HCBS, see the <u>HCBS Enhanced FMAP Spending Plan</u> page at in.gov/fssa/ompp.

IHCP reminds providers of timely PA requests

To avoid potential gaps in care or delays in services for fee-for-service (FFS) Medicaid members, the Indiana Health Coverage Programs (IHCP) encourages providers to submit new prior authorization (PA) requests at least 30 days prior to the end date of the current PA. Further information can be found in the *Prior Authorization* provider reference module at in.gov/medicaid/providers. Gainwell Technologies is the entity that reviews all IHCP FFS nonpharmacy PA requests. The FSSA reminds providers that Gainwell Technologies is allotted five business days to complete a nonurgent PA review.

Individual managed care entities (MCEs) establish and publish PA criteria and procedures within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

MORE IN THIS ISSUE

 IHCP removes PA requirements from the associated CPT procedure codes for spinal cord stimulators

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Effective Oct. 6, 2022, the Indiana Health Coverage Programs (IHCP) will be removing prior authorization (PA) requirements for the implantation of spinal cord stimulators (SCS). This PA revision applies only to services covered under the fee-for-service (FFS) delivery system. For dates of service (DOS) on or after Oct. 6, 2022, PA will not be required for the following Common Procedural Terminology (CPT®) procedure codes:

- 63650 Percutaneous implantation of neurostimulator electrode array, epidural
- 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling



PA will, however, still be required for the following Healthcare Common Procedure Coding System (HCPCS) II SCS device codes:

- L8680 Implantable neurostimulator electrode, each
- L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
- L8688 Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension

PA for these devices requires medical documentation of at least one of the International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes listed for the spinal cord stimulators in *Surgical Services Codes*, accessible from the <u>Code Sets</u> page at in.gov/medicaid/providers. Diagnoses of chronic, nonmalignant, neuropathic pain are considered for approval on a case-by-case basis by a pain management consultant if all other PA criteria are met.

The IHCP member must meet **ALL** the following criteria for an implanted electrical spinal cord stimulator to be considered medically necessary:

- Chronic neuropathic or ischemic pain, including one or more of the following:
 - Complex regional pain syndrome (previously referred to as reflex sympathetic dystrophy)
 - Failed back surgery syndrome
 - Lower extremity pain at rest due to critical limb ischemia
- Failed conservative management, including one or more of the following:
 - For limb ischemia, failed surgical or endovascular revascularization, or inoperable vascular disease
 - For neuropathic pain, stellate ganglion or lumbar sympathetic block
 - Pharmacotherapy
 - Physical therapy
 - Psychotherapy or cognitive behavioral therapy

continued

- Favorable psychological evaluation, absence of untreated psychiatric comorbidity or current treatment in multidisciplinary pain management program
- Improvement in pain with percutaneous test stimulation of spinal cord
- Patient capable of operating stimulating device
- No coagulopathy, anticoagulant or antiplatelet therapy, or thrombocytopenia (that is, platelet count of less than 75,000/mm3 [75 x 109/L])
- No current or chronic infection

The SCS trial is required and performed to test the effect on pain control and tolerability before permanent implantation. After the trial period, the permanent implantation (or explantation if the trial fails) can be performed. A successful trial should be associated with at least a 50% reduction of target pain, or 50% reduction of analgesic medications, and show some element of functional improvement.

The PA information applies to services delivered under the FFS delivery system. Questions about FFS PA should be directed to Gainwell Technologies at 800-457-4584, option 7. Individual managed care entities (MCEs) establish and publish PA criteria within the managed care delivery system. Questions about PA for services covered under the managed care delivery system should be directed to the MCE with which the member is enrolled.

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QUESTIONS?

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