

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201936    JULY 5, 2019

## **IHCP updates policy regarding lead targeted case management policy**

Effective August 5, 2019, the Indiana Health Coverage Programs (IHCP) will reimburse for targeted case management for members with elevated blood lead levels, retroactive to dates of service (DOS) on or after **July 1, 2019**. Lead targeted case management is authorized in accordance with *Code of Federal Regulations 42 CFR 440.169*. This service is for members who had a blood lead screening conducted in accordance with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) periodicity schedule and are found to have a confined elevated blood lead level, as defined by the Centers for Disease Control and Prevention. The service is limited to the EPSDT age range (birth through 20 years of age).



### **Provider requirements**

Providers eligible for reimbursement must be enrolled under the following provider type and specialty:

- Type: Public Health Agency (13)
- Specialty: County Health Department (130)

### **Billing and reimbursement**

Reimbursement for blood lead targeted case management is available through Healthcare Common Procedure Coding System (HCPCS) code T1016 – *Case Management, 15 minutes* when billed with modifier EP – *Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program*. Reimbursement is limited to no more than 26 15-minute units per member per 12-month period. Effective August 5, 2019, county health departments may submit claims for reimbursement consideration for DOS on or after July 1, 2019.

### **Prior authorization requirements**

Prior authorization (PA) is required for additional units of medically necessary targeted case management after the threshold of 26 15-minute units, per 12-month period is met.

### **For more information**

Reimbursement, PA, and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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