

# IHCP *bulletin*

Note: A correction to this bulletin was made in IHCP Bulletin [BT202069](#): Correction made to lifetime cap in A&D and TBI waiver services

INDIANA HEALTH COVERAGE PROGRAMS    BT202006    JANUARY 23, 2020

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## **FSSA changes rate and methodology for A&D and TBI waiver services**

The Indiana Family and Social Services Administration (FSSA) has received approval from the Centers for Medicare & Medicaid Services (CMS) for a rate increase and methodology change for services provided under the Division of Aging (DA) Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) waivers. Changes are scheduled to go into effect on February 1, 2020.

The Office of Medicaid Policy and Planning (OMPP) and the DA submitted an amendment to the CMS for the rate increase and methodology change for the two waivers. The amendment changes the service rates listed in [Table 1](#). Building on the change announced in *Indiana Health Coverage Programs (IHCP) Bulletin [BT201974](#)*, the rate methodology changes impact services for assisted living (AL), adult day services (ADS), and nonmedical transportation.

For *assisted living*, the amendment includes updates for the methodology and rates for services billed under the code T2031 (Assist Living Waiver/Diem), which may now be billed at a monthly rate or daily rate. Providers may bill for a daily rate using code T2031 in combination with modifier U7 and either U1, U2, or U3. Billing for daily rates is limited to 29 times per month. The monthly rate is billed by adding the UA modifier to a combination of daily rate codes. Providers are not allowed to bill for both daily and monthly rates for the same member. See [Table 2](#) for details on assisted living services and their rates.

Providers may bill *adult day services* under the code S5100 for either Category 1 or Category 2 type of care. Providers billing for Category 2 adult services use code S5100 in combination with U7 and either U1, U2, or U3. Providers billing for Category 1 adult services use the same combinations with the addition of the UC modifier. For code rates on adult day services, see [Table 3](#). The DA is reviewing adult day facilities that fall into Category 1 and Category 2, and will provide a determination to each provider prior to the implementation of the new billing codes.

*Nonmedical transportation* is now billable as a combination of a base trip code and a mileage code (see [Table 4](#)). Base trips may be billed using code T2003 (Nonemergency transportation; encounter/trip) with the modifier combination U1 or U2 to indicate non-assisted or assisted and modifier UB to indicate it is a base trip. Mileage for nonmedical transportation may be billed using code T2003 with the modifier combination of U7 and U1 or U2 to indicate nonassisted or assisted. Base trips are billed as one-way travel, so two units are allowed for a roundtrip. Providers must bill a base trip code and mileage code together.

Providers will continue to bill for the services approved as indicated on the notice of action (NOA) they receive from the DA.

[Table 5](#) lists procedure code and modifier combinations that will be end dated and no longer covered, effective for dates of service (DOS) on or after February 1, 2020. [Table 6](#) lists services that will continue to be billed and covered as they currently are.

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Table 1 – A&D and TBI waiver rates and coverage, effective February 1, 2020

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Behavioral Health Counseling – Level 1	H0004	U7	U1		U7=Waiver U1=Level 1	N/A	N/A	\$17.38	\$18.20	0.25 Hour
Behavioral Health Counseling – Level 2	H0004	U7	U2		U7=Waiver U2=Level 2	N/A	N/A	\$17.38	\$18.20	0.25 Hour
Adult Day Service (Category 2)	S5100	U7	U1		U7=Waiver U1=Level 1	\$3.06	\$2.64	\$3.06	\$2.64	0.25 Hour
Adult Day Service (Category 2)	S5100	U7	U2		U7=Waiver U2=Level 2	\$3.06	\$3.18	\$3.06	\$3.18	0.25 Hour
Adult Day Service (Category 2)	S5100	U7	U3		U7=Waiver U3=Level 3	\$3.06	\$3.66	\$3.06	\$3.66	0.25 Hour
Attendant Care (Agency)	S5125	U7	UA		U7=Waiver UA=Agency	\$4.79	\$5.82	\$3.99	\$5.82	0.25 Hour
Attendant Care (Non-Agency)	S5125	U7			U7=Waiver	\$2.91	\$4.05	\$2.44	\$4.05	0.25 Hour
Attendant Care (Consumer Directed)	S5125	U7	U1		U7=Waiver U1=Level 1	\$2.75	\$3.61	N/A	N/A	0.25 Hour
Attendant Care (Consumer Directed Overtime)	S5125	U7	U1	TU	U7=Waiver U1=Level 1 TU=Overtime	\$1.38	\$1.81	N/A	N/A	0.25 Hour
Homemaker (Agency)	S5130	U7	UA		U7=Waiver UA=Agency	\$3.78	\$4.99	\$3.78	\$4.99	0.25 Hour
Homemaker (Non-Agency)	S5130	U7			U7=Waiver	\$2.75	\$4.59	\$2.75	\$4.59	0.25 Hour
Structured Family Caregiving (Level 1)	S5140	U7	U1		U7=Waiver U1=Level 1	\$58.63	\$60.50	N/A	N/A	Per Day
Structured Family Caregiving (Level 2)	S5140	U7	U2		U7=Waiver U2=Level 2	\$69.20	\$71.04	N/A	N/A	Per Day
Structured Family Caregiving (Level 3)	S5140	U7	U3		U7=Waiver U3=Level 3	\$79.94	\$81.58	N/A	N/A	Per Day
Adult Family Care (Level 1)	S5141	U7	U1		U7=Waiver U1=Level 1	\$58.63	\$60.23	\$57.48	\$60.23	Per Day
Adult Family Care (Level 2)	S5141	U7	U2		U7=Waiver U2=Level 2	\$69.20	\$69.50	\$67.93	\$69.50	Per Day
Adult Family Care (Level 3)	S5141	U7	U3		U7=Waiver U3=Level 3	\$79.95	\$82.14	\$78.38	\$82.14	Per Day
Home Modifications – Assessment	T1028	U7			U7=Waiver	\$500.00	\$574.38	N/A	N/A	Per Project
Home Delivered Meals	S5170	U7			U7=Waiver	\$5.43	\$6.00	\$5.43	\$6.00	Per Meal

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Respite (LPN)	T1005	U7	UA	TE	U7=Waiver UA=Provider TE=LPN	\$6.83	\$10.57	\$5.91	\$10.57	0.25 Hour
Respite (RN)	T1005	U7	UA	TD	U7=Waiver UA=Provider TD=RN	\$9.93	\$14.33	\$7.79	\$14.33	0.25 Hour
Respite (Unskilled)	S5150	U7	UA	U9	U7=Waiver UA=Provider U9=Home Health Aid	\$5.12	\$5.59	\$4.00	\$5.59	0.25 Hour
Care Management	T2022	U7			U7=Waiver	\$100.00	\$134.33	\$100.00	\$134.33	Monthly
Healthcare Coordination	T2022	U7	U1		U7=Waiver U1=Level 1	\$9.74	\$10.30	N/A	N/A	0.25 Hour (16 Hours/Month)
Pest Control	T2025	U7	U1		U7=Waiver U1=Level 1	\$600.00	\$4,000.00	\$600.00	\$4,000.00	Per Year

Table 2 – Assisted living service rates and coverage, effective February 1, 2020

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Assisted Living – Level 1 Monthly	T2031	U7	U1	UA	U7=Waiver U1=Level 1 UA=Monthly	N/A	\$2,153.84	N/A	\$2,153.84	Monthly
Assisted Living – Level 2 Monthly	T2031	U7	U2	UA	U7=Waiver U2=Level 2 UA=Monthly	N/A	\$2,391.44	N/A	\$2,391.44	Monthly
Assisted Living – Level 3 Monthly	T2031	U7	U3	UA	U7=Waiver U3=Level 3 UA=Monthly	N/A	\$2,768.04	N/A	\$2,768.04	Monthly
Assisted Living – Level 1 Daily	T2031	U7	U1		U7=Waiver U1=Level 1	\$67.88	\$72.52	\$66.55	\$72.52	1 Day
Assisted Living – Level 2 Daily	T2031	U7	U2		U7=Waiver U2=Level 2	\$74.80	\$80.52	\$73.33	\$80.52	1 Day
Assisted Living – Level 3 Daily	T2031	U7	U3		U7=Waiver U3=Level 3	\$82.55	\$93.20	\$80.93	\$93.20	1 Day

Table 3 – Adult day service (Category 1) rates and coverage, effective February 1, 2020

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Adult Day Service (Category 1)	S5100	U7	U1	UC	U7=Waiver U1=Level 1 UC=Category 1	N/A	\$2.82	N/A	\$2.82	0.25 Hour
Adult Day Service (Category 1)	S5100	U7	U2	UC	U7=Waiver U2=Level 2 UC=Category 1	N/A	\$3.40	N/A	\$3.40	0.25 Hour
Adult Day Service (Category 1)	S5100	U7	U3	UC	U7=Waiver U3=Level 3 UC=Category 1	N/A	\$3.91	N/A	\$3.91	0.25 Hour

Table 4 – Nonmedical transportation rates and coverage, effective February 1, 2020

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Nonmedical Transportation Non-Assisted (Base Trip)	T2003	U7	U1	UB	U7=Waiver U1=Non-assisted UB=Base Trip	N/A	\$8.02	N/A	\$8.02	Base Trip
Nonmedical Transportation Non-Assisted (Mileage)	T2003	U7	U1		U7=Waiver U1=Non-assisted	N/A	\$1.06	N/A	\$1.06	Mileage
Nonmedical Transportation Assisted (Base Trip)	T2003	U7	U2	UB	U7=Waiver U2=Assisted UB=Base Trip	N/A	\$12.03	N/A	\$12.03	Base Trip
Nonmedical Transportation Assisted (Mileage)	T2003	U7	U2		U7=Waiver U2=Assisted	N/A	\$1.54	N/A	\$1.54	Mileage

Table 5 – Procedure code and modifier combinations no longer covered by the IHCP, effective for DOS on or after February 1, 2020

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	Waiver Program	Notes
Adult Day Care Service	S5101	U7	U1		U7=Waiver U1=Level 1	TBI	End date 1/31/2020
Adult Day Care Service	S5101	U7	U2		U7=Waiver U2=Level 2	TBI	End date 1/31/2020

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	Waiver Program	Notes
Adult Day Care Service	S5101	U7	U3		U7=Waiver U3=Level 3	TBI	End date 1/31/2020
Case Management (Healthcare Coordination)	T2022	U7	U1		U7=Waiver U1=Level 1	TBI	End date 1/31/2020
Case Management (Healthcare Coordination)	T2022	U7	U2		U7=Waiver U2=Level 2	TBI	End date 1/31/2020
Case Management (Healthcare Coordination)	T2022	U7	U3		U7=Waiver U3=Level 3	TBI	End date 1/31/2020
Case Management (Healthcare Coordination)	T2022	U7	U4		U7=Waiver U4=Level 4	TBI	End date 1/31/2020
Adult Day Service Transportation	T2003	U7			U7=Waiver	A&D/TBI	End date 1/31/2020
Transportation – Non-assisted	T2004	U7	U1		U7=Waiver U1=Non-assisted	A&D/TBI	End date 1/31/2020
Transportation – Assisted	T2004	U7	U1		U7=Waiver U2=Assisted	A&D/TBI	End date 1/31/2020

Table 6 – Services with no change in billing procedures, coverage, and rates

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Residential Habilitation	97535	U7			U7=Waiver	N/A	N/A	\$6.99	\$6.99	0.25 Hour
Nutritional Supplements	B4150	U7			U7=Waiver	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	Per Year
Supported Employment	H2023	U7			U7=Waiver	N/A	N/A	\$9.17	\$9.17	0.25 Hour
Structured Day Program – Group Setting	T2021	U7	HQ		U7=Waiver HQ=Group Setting	N/A	N/A	\$1.67	\$1.67	0.25 Hour
Structured Day Program – Individual	T2021	U7			U7=Waiver	N/A	N/A	\$8.38	\$8.38	0.25 Hour
Specialized Medical Equipment – New DME	T2029	U7	NU		U7=Waiver NU=New DME	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	Cap; no limit; subject to review
Specialized Medical Equipment – Replacement or Repair	T2029	U7	U8		U7=Waiver U8=Replacement and repair	\$500.00	\$500.00	\$500.00	\$500.00	Per Year
Community Transition	T2038	U7			U7=Waiver	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	Lifetime Cap

Service	Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	A&D 127 Old	A&D 127 New	TBI 131 Old	TBI 131 New	Notes
Vehicle Modification	T2039	U7			U7=Waiver	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	15,000 every 10 years
Vehicle Modifications – Maintenance	T2039	U7	U8		U7=Waiver U8=Maintenance	\$500.00	\$500.00	\$500.00	\$500.00	Per Year
Emergency Response – Install	S5160	U7			U7=Waiver	\$54.41	\$54.41	\$54.41	\$54.41	One Time
Emergency Response – Maintenance	S5161	U7			U7=Waiver	\$54.41	\$54.41	\$54.41	\$54.41	Monthly
Home Modifications – Install	S5165	U7	NU		U7=Waiver NU=New DME	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	Lifetime Cap
Home Modifications – Maintenance	S5165	U7	U8		U7=Waiver U8=Replacement and repair	\$500.00	\$500.00	\$500.00	\$500.00	Per Year