IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202214 FEBRUARY 24, 2022

OMPP is making changes to billing and reimbursement for TBI facility services

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is updating billing and reimbursement requirements for traumatic brain injury (TBI) facility services. Changes are effective **Jan. 1, 2022**. Only claims with dates of service (DOS) on or after **Feb. 1, 2022**, are impacted.

After an Indiana Health Coverage Programs (IHCP) member's admission or extension is approved, the provider is authorized to bill for that member using Healthcare Common Procedure Coding System (HCPCS) procedure code H2013 – *Psychiatric health facility service, per diem* in combination with the applicable modifier based on the member's billing level and reimbursement rate. Providers are required to bill claims using the exact procedure code and modifier combination listed on the prior authorization letter received for each member. Any claims submitted with incorrect code-



modifier combinations for claims with DOS on or after Feb. 1, 2022, will deny for payment.

Table 1 lists the billing level, procedure code-modifier combination and per diem reimbursement rate based on total domain score. Effective for DOS on or after Jan. 1, 2022, the per diem rates have changed as shown in Table 1.

Total score of domains	Billing level (level of service)	Procedure code and modifier	Per diem rate
30	Level I	H2013 UB	\$624
28–29	Level I	H2013 UA	\$595
26–27	Level I	H2013 U9	\$560
25	Level II	H2013 U8	\$525
23–24	Level II	H2013 U6	\$490
21–22	Level II	H2013 U5	\$454
20	Level III	H2013 U4	\$419
16–19	Level III	H2013 U3	\$384
15	Level IV	H2013 U2	\$349
10–14	Level IV	H2013 U1	\$314

Table 1 – TBI facility billing codes and per diem rates, effective	or DOS on or after Jan. 1, 2022
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For more information on the TBI program and level assignments, see the <u>Therapy Services</u> module.

QUESTIONS?

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