

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201348 DECEMBER 3, 2013



The IHCP announces updated HCPCS codes for reimbursement of diabetes self-management training

The Indiana Health Coverage Programs (IHCP) covers diabetes self-management training (DSMT). Effective February 1, 2014, the IHCP will change the coverage status for Healthcare Common Procedure Coding System (HCPCS) codes related to these services as follows:

- G0108 – *Diabetes outpatient self-management training services, individual, per 30 minutes* **will be noncovered and will be replaced by** G0108 U6 – *Diabetes outpatient self-management training services, individual, per 15 minutes.*
- G0109 – *Diabetes self-management training services, group session (2 or more), per 30 minutes* **will be noncovered and will be replaced by** G0109 U6 – *Diabetes self-management training services, group session (2 or more), per 15 minutes.*

For dates of service on or after February 1, 2014, providers must bill the modifier U6 to denote “per 15 minutes.” Providers will be reimbursed at a maximum rate of \$22.50 per unit of service. Prior authorization (PA) is not required for 16 or fewer units of DSMT per member, per calendar year. Additional units of DSMT may be authorized via the standard PA process. Providers are reminded to refer to [Chapter 8](#) of the *IHCP Provider Manual* for additional billing instructions. The [Fee Schedule](#) at indianamedicaid.com will be updated to reflect these changes.

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Reminder of rate reduction changes

As was previously announced in Indiana Health Coverage Programs (IHCP) bulletins, dated June 28, 2013, rate changes for home health, intermediate care facilities for individuals with intellectual disabilities (ICF/IID), community residential facilities for the developmentally disabled (CFR/DD), inpatient, inpatient crossover, outpatient, outpatient crossover, and nursing facility services will be updated effective January 1, 2014. The changes to rate reductions are as follows:

- Per *IHCP Bulletin* [BT201334](#), the rates for home health services will be updated to change the reduction percentage amount from a 5% reduction to a 3% reduction for dates of service from January 1, 2014, through June 30, 2015.
- Per *IHCP Bulletin* [BT201333](#), the rates for nonstate-owned ICF/IID (formerly ICF/MR) and CFR/DD services will be updated to change the reduction percentage amount from a 3% reduction to a 1% reduction, for claims with “from” dates of service on or after January 1, 2014. Although not explicitly stated in the bulletin, the 1% rate reduction will apply to dates of service through June 30, 2015.
- Per *IHCP Bulletin* [BT201331](#), the rates for inpatient and outpatient services, including inpatient and outpatient crossover claims, will be updated to change the reduction percentage amount from a 5% reduction to a 3% reduction for dates of service from January 1, 2014, through June 30, 2015.
- Per *IHCP Bulletin* [BT201329](#), announced that rates for nursing facility services will be updated to change the reduction percentage amount from a 5% reduction to a 3% reduction for dates of service from January 1, 2014, through June 30, 2015.

Please refer to the original bulletins for additional details regarding these changes.

Hospital Presumptive Eligibility Qualified Provider Training

Acute care hospitals interested in becoming qualified providers for Hospital Presumptive Eligibility (HPE) are invited to attend a webinar on Thursday, December 19, 2013, at 2 p.m. This webinar will not be the only training session offered on HPE, but is an opportunity for those interested to receive the training before preregistering as a Hospital Presumptive Eligibility qualified provider (HPE QP).

Acute care hospitals with representatives attending the training webinar are still required to complete the enrollment application and related attestations online through Web interChange beginning January 1, 2014. An HP Provider Relations consultant will verify webinar attendance before activating a hospital for HPE QP status.

Acute care hospitals that do not send representatives to attend the webinar but are interested in becoming HPE QPs can also complete the enrollment application and the required attestations online through Web interChange beginning January 1, 2014. On completion, an HP Provider Relations consultant will contact the provider to arrange training attendance.

Eligible hospitals can register on the [Provider Education](#) page at indianamedicaid.com through Tuesday, December 17.



The IHCP to adopt 2014 Medicare rates for select clinical laboratory services

Pursuant to *Section 1903(i)(7)* of the *Social Security Act*, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. Therefore, in accordance with the clinical laboratory reimbursement methodology set out in *405 IAC 5-18-1* and in the approved [Indiana Medicaid State Plan](#) (Attachment 4.19B, page 2), the Indiana Health Coverage Programs (IHCP) will adopt the 2014 Medicare rates for any clinical laboratory procedure code for which the IHCP's current reimbursement rate exceeds the 2014 Medicare rate. The 2014 Medicare clinical laboratory fee schedule is now available on the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at [cms.gov](#); the IHCP will publish the affected clinical laboratory procedure codes and rates in a follow-up publication. The rate changes will be effective for dates of service on or after January 1, 2014.

Updates to provider information for 2013 taxes due to the IHCP December 14

Changes to your Indiana Health Coverage Programs (IHCP) "mail to," "pay to," or "home office" address or to your 2013 taxpayer identification information must be submitted to the IHCP by December 14, 2013, in preparation for the distribution of 2013 tax information:

- **Verify your provider profile information on Web interChange** – To verify the addresses and tax information on file with the IHCP, go to your provider profile on Web interChange via [indianamedicaid.com](#).
- **Correct your address information** – If your "mail to" or "pay to" address has changed, you can update your provider profile online or by mail. Providers wanting to update their "mail to" or "pay to" addresses online via Web interChange should select **Provider Profile** and then the **Edit/View** option. Providers can also request updates by submitting an *IHCP Name and Address Maintenance Form*, available on the [Update Your Provider Profile](#) page at [indianamedicaid.com](#). Changes to your "home office" address, which is your legal address, must be submitted by mail and require an updated W-9 be submitted along with the address update form.
- **Corrections to your taxpayer identification information** – If your taxpayer identification information, including the name, address, or identification number on the W-9 form on file with the IHCP, needs to be updated, you must submit your update by mail using the *IHCP Tax Identification Maintenance Form* available on the [Update Your Provider Profile](#) page at [indianamedicaid.com](#). A revised W-9 form must be submitted with the form.



QUESTIONS?

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