

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201847

NOVEMBER 20, 2018

## **IHCP clarifies guidance for billing service intensity add-on payments with hospice services**

As announced in *Indiana Health Coverage Programs (IHCP) Banner Page [BR201844](#)*, the IHCP is revising the revenue codes for billing hospice services effective January 1, 2019, to ensure *Health Insurance Portability and Accountability Act (HIPAA)* compliance with claims adjudication. The published revisions and related billing guidance for hospice claims with dates of service (DOS) on or after January 1, 2019, are summarized below:



- Claims for routine home care hospice services delivered in a nursing facility must be billed with revenue code 650 (previously billed using revenue code 653).
- Claims for continuous home care hospice services delivered in a nursing facility must be billed with revenue code 658 (previously billed with revenue code 654).
- Claims billed with revenue codes 653 and 654 for DOS on or after January 1, 2019, will deny.

*BR201844* suggested that guidance regarding billing for service intensity add-on (SIA) payments would be forthcoming.

Providers are reminded that SIA payments are in addition to the routine home care per diem rate in both the private home and in the nursing facility. SIA payments are made for services provided by a registered nurse (RN) or social worker during the last 7 days of a member's life. The SIA payment amount is calculated using the continuous home care hourly rate adjusted by the regional wage index. The SIA payment is limited to 16 units or 4 hours per day and is applied *only* to routine home hospice care level of care (LOC).

The billing guidance for SIA payments for DOS on or after January 1, 2019 is unchanged from current practice as follows:

- The following revenue codes must be billed for the SIA payment, as appropriate:
  - 551 – RN SIA payment
  - 561 – social worker SIA payment

*continued*

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- The SIA revenue codes must be billed as detail line items on the claim in conjunction with billing for routine home care hospice services for the same DOS. Note: As stated in *BR201844*, routine home care hospice services must be billed with revenue codes 650 or 651 for DOS on or after January 1, 2019.
- A procedure code is not required in conjunction with revenue code 551 or 561.
- Claims with revenue code 551 or 561 must include occurrence code 55 and the date of death in the first open occurrence code field.
- The claim must include a patient discharge status code of 20, 40, 41, or 42 (field 17 of the *UB-04* claim form).

### **Providers may resubmit claims for Family Planning Eligibility Program members that denied incorrectly**

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain claims for members assigned to the Family Planning Eligibility Program processed on or after February 13, 2017, when the CoreMMIS system was implemented. Fee-for-service (FFS) claims for these members billed with ICD-10 diagnosis code Z30.2 – *Encounter for sterilization* may have inappropriately denied with an explanation of benefits (EOB) 4167 – *Primary diagnosis is not covered for the benefit plan billed*.

The claim-processing system has been corrected. Beginning immediately, providers may resubmit claims billed with diagnosis code Z30.2 for Family Planning Eligibility Program members processed on or after February 13, 2017, that previously denied for EOB 4167, for reimbursement consideration. Claims resubmitted beyond the original 1-year filing limit must include a copy of this banner page as an attachment and must be filed within 1 year of the publication date.

### **IHCP reminds providers that Hoosier Care Connect hospice benefits will be responsibility of the enrolling health plans**

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin [BT201809](#)*, all covered hospice benefits for members enrolled in Hoosier Care Connect will be the responsibility of the enrolling health plan, effective January 1, 2019. Members will remain enrolled with their managed care entity (MCE) for the duration of the hospice period whether the member receives in-home hospice care or institutional hospice care.



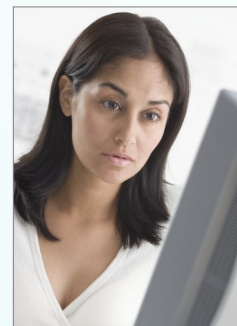
The hospice provider is responsible for coordinating all hospice services with the member's MCE, including obtaining prior authorization (PA) and ensuring the member has an institutional hospice level of care (LOC), as appropriate. Refer to *BT201809* for more details. For additional information about PA, claim submission, and other requirements related to hospice services for Hoosier Care Connect members, contact Anthem care management at 1-844-284-1797 or Managed Health Services (MHS) at 1-877-647-4848, depending on the MCE with which the member is enrolled.

To clarify, members enrolled in Hoosier Healthwise, including the Children's Health Insurance Program (CHIP), will continue to be transitioned out of managed care when electing hospice.

## New program integrity self-disclosure protocol training now available

The Indiana Health Coverage Programs (IHCP) is making web-based Program Integrity Provider Education Training available to all providers. These training presentations are intended to supplement the provider reference modules and other IHCP-published provider reference materials.

The latest Program Integrity provider training titled, [Program Integrity Self-Disclosure Protocol](#), is now available. The purpose of this training is to explain the established self-disclosure protocol that providers should use when Indiana Medicaid and Children's Health Insurance Program (CHIP) fee-for-service (FFS) overpayments have been identified.



By the end of the course, providers should be able to:

- Recognize the purpose of the self-disclosure protocol and when to utilize it
- Know the process for reporting a self-identified overpayment
- Acknowledge the role of the FSSA in reviewing cases for fraud and abuse

To access the training, navigate to the [Program Integrity Provider Education Training](#) page at indianamedicaid.com.

Other training topics posted there are listed below. Watch upcoming IHCP provider publications for announcements when other trainings under development become available.

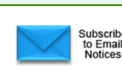
- [Non-Emergency Transportation Documentation Requirements and Billing Guidelines](#)
- [Ambulance Transportation Documentation Requirements and Billing Guidelines](#)
- [Dental Provider Documentation Requirements and Billing Guidelines](#)
- [Program Integrity Audit Process Overview](#)

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