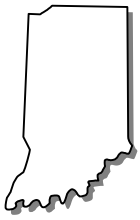
Indiana Health Coverage Programs



P R O V I D E R B U L L E T I N

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To: **All Aged and Disabled Waiver Providers and All Entities Providing Case Management to Persons Elderly and Disabled**

Subject: **Home and Community Based Services Waiver Claims Information for the Aged and Disabled Waiver**

Overview

This bulletin notifies Aged and Disabled (A&D) Waiver Program providers that effective April 1, 2003, the claims payment process is being changed to include a link between submitted claims and services authorized on members' plans of care or cost comparison budgets (POC/CCBs). Therefore, all POC/CCBs must be current effective April 1, 2003.

Aged and Disabled Waiver Claims Processing Against Plans of Care/Cost Comparison Budgets

Currently the A&D waiver procedure codes reimbursed through Indiana*AIM* do not include the member specific limits documented on the authorized POC/CCB. The following adjudication procedures are for A&D waiver claims for dates of service on or after April 1, 2003:

- If the amount billed exceeds the POC/CCB authorized amount, the claim will pay up to the authorized amount.
- If the amount billed differs from the Indiana Health Coverage Programs (IHCP) allowed amount where there is a max fee; for example, unit rate, the claim will pay the lesser of the billed amount or the max fee amount.
- If a service has an annual cap and the provider bills for the service, the claim will pay the lesser of the billed amount or the annual cap; for example, a personal emergency response system (PERS) installation.
- If there is no current POC/CCB on file, the claim will deny.
- If the billed amount or units is for dates of service outside start or stop dates in the authorized POC/CCB, the claim will deny.

> *Note: Each detail line of a claim should not span more than one month. For example, if a detail line is for the period 01/01/03 through 02/15/03, it will deny. Instead, submit the claim with 01/01/03 through 01/31/03 and 02/01/03 through 02/15/03 as a separate detail line.*

Due to these changes in the claims payment process, case managers are required to have current approved POC/CCBs for all members on their caseload effective April 1, 2003, and to ensure that these plans remain current. Providers' claims will not pay if a current plan of care is not on file. Therefore, after April 1, 2003, providers with outdated POC/CCBs should not bill for services because those claims will deny. Providers who provide services for members with an outdated POC/CCB and have claims denied for dates of service after April 1, 2003, should immediately contact the Bureau of Aging and In Home Services (BAIHS) Program via e-mail at kstovall@fssa.state.in.us.

The information on the form *Information for DDARS Inquiries into Denied Waiver Claims* is needed to file an inquiry. A copy of this form is included with this bulletin.

Tables 1 and 2 list the A&D waiver procedure codes with the edits and audits that will be added to Indiana*AIM* for dates of service effective April 1, 2003.

Table 1 – Updated Waiver Procedure Codes

Aged and Disabled Waiver			
Service	**Procedure Code**	**Pricing**	**Audit Criteria**
Adaptive Aids/ETC-Initial	X3013	Manual	Annual max of units listed on POC
Adaptive Aids/ETC - Maintenance	X3014	Manual	Annual max of units listed on POC
Respite/NF*	Z5610	Manual	Annual max of units listed on POC
Home Mod/Initial	Z5635	Manual	Annual max of units listed on POC
Home Mod/Maintenance	Z5640	Manual	Annual max of units listed on POC

> **Note: Pricing is manual, but is specifically the per diem rate of the NF in which the NF respite is provided*

Table 2 – Updated Waiver Procedure Codes with Units and Rates

Service	**Procedure Code**	**Unit**	**Rate**	**Audit Criteria**
Adult Day Services Level 1	Z5114	0.5 day	$20.90	Annual max of units listed on POC
Adult Day Services Level 1 – Basic	Z5115	0.25 hour	$1.31	Annual max of units listed on POC
Adult Day Services Level 2 – Enhanced	Z5116	0.5 day	$27.43	Annual max of units listed on POC
Adult Day Services Level 2 – Enhanced	Z5117	0.25 hour	$1.71	Annual max of units listed on POC
Adult Day Services Level 3 – Intensive	Z5118	0.5 day	$32.66	Annual max of units listed on POC
Adult Day Services Level 3 – Intensive	Z5119	0.25 hour	$2.04	Annual max of units listed on POC
Adult Day Services Transportation	Z5120	1 way trip	$16.25	Annual max of units listed on POC

Table 2 – Updated Waiver Procedure Codes with Units and Rates

Service	Procedure Code	Unit	Rate	Audit Criteria
Case Management Service (A&D)	Z5600	0.25 hour	$9.21	Annual max of units listed on POC
Home Maker (HHA/HSA)	Z5603	1 hour	$11.98	Monthly max of units listed on POC
Attendant Care/ETC (HHA/HSA)	Z5604*	1 hour	$16.00	Monthly max of units listed on POC
Respite Homemaker (HHA/HSA)	Z5605	1 hour	$11.98	Monthly max of units listed on POC
Respite Attendant Care/ETC (HHA/HSA)	Z5606*	1 hour	$16.00	Monthly max of units listed on POC
Respite/Home Health Aide (HHA)	Z5607	1 hour	$16.00	Monthly max of units listed on POC
Respite Nursing**	Z5609	1 hour	$31.14	Monthly max of units listed on POC/New Code
Personal Emergency Response System Monthly Charge	Z5620	1 month	$52.07	Monthly max of units listed on POC
Home Delivered Meals	Z5650	1 meal	$4.69	Monthly max of units listed on POC
Homemaker (non-agency)	Z5652	1 hour	$8.70	Monthly max of units listed on POC
Attendant Care/ETC (non-agency)	Z5653	1 hour	$9.79	Monthly max of units listed on POC
Respite/Homemaker (non-agency)	Z5654	1 hour	$8.70	Monthly max of units listed on POC
Respite/Attendant Care/ETC (non-agency)	Z5655	1 hour	$9.79	Monthly max of units listed on POC
Personal Emergency Response System Installation	Z5699	1 unit	$52.07	Annual max of units listed on POC

*Note: *Agencies enrolled and previously authorized to bill under X3008 or Z5720 will now use Z5604 and Z5606.*

***In an effort to help the providers with staffing issues for respite, BAIHS has changed the Respite RN and Respite LPN to one service code. The new code description for Z5609 is Respite Nursing. Respite Nursing providers will staff the appropriate level of RNs or LPNs based on the* Indiana Nurse Practice Act *and* Indiana State Department of Health *(ISDH) rules, and will bill the appropriate rate for the level of staff providing care to the member. This allows the provider to send the appropriate staff as they are governed by the* Nurse Practice Act *and ISDH rules to provide care to the member.*

Table 3 – New Services Added to the Aged and Disabled Waiver Program

New Services Added to Aged and Disabled Waiver				
Service	**Procedure Code**	**Unit**	**Cap Rate**	**Audit Criteria**
Assisted Living Level 1	Z5123	1 unit per diem	$36.56	Annual max
Assisted Living Level 2	Z5124	1 unit per diem	$43.64	Annual max
Assisted Living Level 3	Z5125	1 unit per diem	$50.73	Annual max
Congregate Care Level 1	Z5191	1 unit	$24.49	Annual max

Table 3 – New Services Added to the Aged and Disabled Waiver Program

New Services Added to Aged and Disabled Waiver				
Service	**Procedure Code**	**Unit**	**Cap Rate**	**Audit Criteria**
Congregate Care Level 2	Z5192	1 unit	$29.23	Annual max
Congregate Care Level 3	Z5193	1 unit	$33.98	Annual max
Pest Control	Z5194	1 unit	$600	$600 cap per rolling calendar year

INFORMATION FOR DDARS INQUIRIES INTO DENIED WAIVER CLAIMS

Please provide the following information from the EDS provider remittance advice:

Provider Information

Provider Name: _____

Provider I.D. Number: _____

Contact Person: _____

Phone Number: _____

E-mail Address: _____

Member and Claim Information

Member Name: _____

RID Number: _____

ICN: _____

Member's Case Manager: _____

Case Manager Contact Information: _____

Services Denied	Procedure Code	Units	Service Dates from-through	Amounts Billed	Amounts Paid

Reason(s) Denied – EOB Code or Error Description:

_____

_____

_____

Additional Provider Comments:

DDARS Response: