

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201207

FEBRUARY 14, 2012



The IHCP to allow CORFs and IDTFs to enroll as Medicaid providers

As announced in the November 29, 2011, bulletin, [BT201158](#), effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) expanded provider enrollment classifications to identify comprehensive outpatient rehabilitation facilities (CORFs) and independent diagnostic testing facilities (IDTFs) as approved provider specialties. The IHCP created the enrollment classifications in the table on the following page to identify CORFs and IDTFs.

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Enrollment classifications for CORFs and IDTFs

Facility Type	Provider Type Code	Provider Specialty Code	Billing Criteria
Comprehensive outpatient rehabilitation facilities (CORF)	04 – <i>Rehabilitation facility</i>	041 – <i>Comprehensive Outpatient Rehabilitation Facility</i>	CORF services should be billed on a CMS-1500 Professional claim form or the <i>Health Insurance Portability and Accountability Act</i> (HIPAA) 837P transaction using place-of-service code 62 – <i>CORF</i> . See Chapter 8 of the <i>IHCP Provider Manual</i> for additional billing guidelines.
Independent diagnostic testing facilities (IDTF)	28 – <i>Laboratory</i>	282 – <i>Independent Diagnostic Testing Facility</i> 283 – <i>Independent Diagnostic Testing Facility, Mobile</i>	IDTF services should be billed on a CMS-1500 Professional claim form or the HIPAA 837P transaction using place-of-service code 81 – <i>Independent Laboratory</i> . See Chapter 8 of the <i>IHCP Provider Manual</i> for additional billing guidelines.

CORFs and IDTFs may enroll in the following IHCP programs:

- Traditional Medicaid
- Assistance to Residents in County Homes (ARCH)
- 590 Program
- Hoosier Healthwise
- *Care Select*



Comprehensive outpatient rehabilitation facility

A CORF is a facility that is primarily engaged in providing outpatient rehabilitation to the injured and disabled, or to patients recovering from illness with a plan of treatment under the supervision of a physician. The purpose of a CORF is to permit the member to receive multidisciplinary rehabilitation services per 515 IAC 2-1-3, at a single location, in a coordinated fashion. CORF services include the following:

- Outpatient mental health services, in accordance with 405 IAC 5-20-8*
- Physical therapy*
- Physician services*
- Speech-language therapy
- Occupational therapy

** Required services*

CORFs are enrolled under the moderate risk category and are subject to an application fee during enrollment or revalidation (see the [Risk Category and Application Fee Matrix for Non-Waiver Providers](#) on indianamedicaid.com). Providers should refer to the [Provider Type and Specialty Matrix](#) on indianamedicaid.com for other enrollment criteria.

Billing

CORF services are to be billed on a CMS-1500 Professional claim form or the HIPAA 837P transaction with place-of-

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service code 62 – *Comprehensive outpatient rehabilitation facility*. Facility charges are not separately reimbursed.

Exception: If a crossover claim is transmitted from Medicare on the UB-04 Institutional claim format, it will be processed.

See [Chapter 8](#) of the *IHCP Provider Manual* for additional billing guidelines.

Independent diagnostic testing facility

An IDTF is a diagnostic testing facility (entity) that is independent of a physician's office or hospital (that is, it is not owned by a hospital, individual physician, or physician group). An IDTF furnishes diagnostic tests and does not use test results to directly treat patients. IDTFs are distinguished from facilities that provide similar services by their ownership structure and the types of services they perform.

Example: A radiologist-owned or hospital-owned office that bills for professional interpretations and rarely bills for purchased interpretations or technical components only of diagnostic tests is not an IDTF.

IDTFs must be enrolled in Medicare before enrolling in the IHCP. During Medicare enrollment, IDTFs must provide a list of all the Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) codes for the services they will perform, as well as a list of all of the equipment used to perform the listed tests. If an IDTF wishes to perform additional tests not originally specified on its Medicare application, the IDTF needs to amend its Medicare application to add the additional codes and equipment.

In addition, an IDTF must employ one or more supervisory physicians who are proficient in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. A physician group practice cannot be considered a supervisory physician. In accordance with *42 CFR 410.33 (b) (2)*, Medicare IDTFs have discretion in determining the qualifications required of a supervisory physician if the physician is not certified in a medical specialty.

IDTFs are enrolled under the moderate risk category and are subject to an application fee during enrollment or revalidation (see the [Risk Category and Application Fee Matrix for Non-Waiver Providers](#) on indianamedicaid.com). Providers should refer to the [Provider Type and Specialty Matrix](#) on indianamedicaid.com for other enrollment criteria.

Billing

IDTF services are billed on a CMS-1500 Professional claim form or the HIPAA 837P transaction with place-of-service code 81 – *Independent laboratory*.

Note: IDTF specialties 282 and 283 are subject to the 5% reimbursement rate reductions that are currently in effect for specialties 280 and 281, per [BT201112](#), dated May 24, 2011.

See [Chapter 8](#) of the *IHCP Provider Manual* for additional billing guidelines.

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