

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201587 DECEMBER 29, 2015

IHCP to make primary care services available in CMHCs

Effective January 1, 2016, the Indiana Health Coverage Programs (IHCP) will allow community mental health centers (CMHCs) to provide primary care services to IHCP members in accordance with [Indiana Code IC 12-15-11-8](#). These services must be provided by IHCP-enrolled providers authorized to provide primary healthcare within their scope of practice and must be billed in accordance with IHCP guidelines.

This change applies to all IHCP programs, including the Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan (HIP) managed care programs. CMHC physician specialties and advance practice nurse (APN) practitioners, as specified in current policy, can serve as primary medical providers (PMPs) and maintain primary care panels for the managed care entities (MCEs) with which they are enrolled.



Primary care services and behavioral health services may be reimbursed for the same date of service (DOS) when services are rendered by the appropriate provider and the visits are for distinct purposes. The IHCP applies National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) edits, as required by the Centers for Medicare & Medicaid Services (CMS). PTP edits are applied to pairs of services delivered by the same provider to the same member on the same DOS, regardless of whether the services are billed on the same or separate claims. “Same provider” refers to the same rendering provider, as indicated by the National Provider Identifier (NPI) billed. In some instances, a procedure code modifier can be used to indicate the service is separate and distinct and to allow the claim to bypass the PTP edit. In other instances, use of a modifier is prohibited. For more information on NCCI PTP edits and the appropriate use of modifiers, see [The National Correct Coding Initiative in Medicaid](#) page at [medicaid.gov](#).

When more than one rendering provider delivers services to a member on the same DOS, the claim should reflect the different rendering providers’ NPIs at the claim detail level. When a single rendering provider delivers more than one service to a member on the same DOS, the provider may append an appropriate modifier on the claim to indicate the service is separate and distinct if the following applies:

- Use of the modifier is allowed per NCCI guidelines.
- Sufficient evidence is in the medical record to support use of the modifier.

If use of a modifier is not allowed, the provider should bill the predominant service performed, as described in national billing guidelines. When mid-level practitioners bill under the NPI of a physician, the NCCI PTP edits continue to apply.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS



To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.