

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201951

DECEMBER 17, 2019

IHCP to mass reprocess or mass adjust claims for incontinence supplies that may have denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims by noncontracted vendors for incontinence supplies, with dates of service (DOS) from February 13, 2017, through November 21, 2019. Claims or claim details billed for incontinence supply procedure codes may have denied incorrectly for explanation of benefits (EOB) 4014 – *Claims being reviewed for pricing*.



The claim-processing system has been corrected. Claims or claim details by noncontracted providers for incontinence supplies during the indicated time frame will be mass reprocessed or mass adjusted, as appropriate. Providers should see reprocessed or adjusted claims on Remittance Advices (RAs) beginning January 22, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RAs.

Note: Noncontracted vendors may bill and be reimbursed for incontinence supplies as described in the [Durable and Home Medical Equipment and Supplies](#) provider reference module at in.gov/medicaid/providers.

IHCP to remove age restriction on structured family caregiving waiver services under the A&D HCBS program, and accept resubmitted claims

Effective immediately, the Indiana Health Coverage Programs (IHCP) will remove the age restriction on certain structured family caregiving (SFC) waiver services under the Aged and Disabled (A&D) Home and Community-Based Services (HCBS) program. Services billed for Healthcare Common Procedure Coding System (HCPCS) code S5140 – *Adult foster care; per diem*, in combination with modifier U7 and modifier U1, U2, or U3, had been restricted to IHCP members ages 18 and older. The age restriction no longer applies. Other existing reimbursement guidelines for code S5140 in combination with these modifiers remain unchanged.

Removal of the age restriction applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **January 1, 2019**. Claims billed for code S5140 with the modifiers indicated above may have denied for explanation of benefits (EOB) 4034 – *Service billed not compatible with the members age. Please verify and resubmit*.

continued

MORE IN THIS ISSUE

- [CMS good faith exemption extends EVV soft launch](#)

Beginning immediately, providers may resubmit FFS claims for code S5140 billed with the modifier combinations described and during the indicated time frame that denied for EOB 4034, for reimbursement consideration. Each claim resubmitted beyond the timely filing limit must include a copy of this banner page as an attachment.

Note: Claims with DOS on or after January 1, 2019, must be resubmitted within 180 days of the banner page's publication date.

CMS good faith exemption extends EVV soft launch

The *21st Century Cures Act* directs state Medicaid programs to require personal care service and home health service providers to use an electronic visit verification (EVV) system to document the services rendered. See *Indiana Health Cover Programs (IHCP) Bulletins* [BT201951](#) and [BT201855](#) for more information.



In accordance with this federal requirement, the IHCP worked toward implementing an EVV system by January 1, 2020. However, after receiving input from the provider community, the Indiana Family and Social Services Administration (FSSA) submitted a good faith exemption request to the Centers of Medicare & Medicaid Services (CMS) to extend the soft launch of EVV. This would allow additional collaboration with affected providers and individuals to ensure a successful EVV implementation for Indiana. The CMS approved Indiana's request, which extends the EVV soft launch through December 31, 2020.

While the State has additional time to meet the federal EVV requirement, providers are strongly encouraged to continue taking steps now to be ready by January 1, 2021. Providers need to determine whether they would like to utilize the State's EVV solution, Sandata, or an alternative EVV solution.

QUESTIONS?

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