

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202247

NOVEMBER 22, 2022

CMS Payment Error Rate Measurement reviews have begun

The Indiana Health Coverage Programs (IHCP) would like to remind providers that the Centers for Medicare & Medicaid Services (CMS) [Payment Error Rate Measurement](#) (PERM) reviews have begun in the fall of 2022, to review provider payments made from July 1, 2022 through June 30, 2023.

The *Improper Payments Information Act of 2002* requires providers to submit selected medical record documentation to federal contractors during the Review Year 2024 (RY2024) PERM cycle. For the remainder of this year and into 2023, providers may be contacted by the federal review contractor, NCI Information Systems, Inc. (NCI), requesting copies of the provider's medical records to support a medical review of a claim. **If federal financial participation is disallowed for a claim, or a portion of the claim, due to a lack of records from the provider, that amount will be recouped from the provider.**

Prior to the reviews, it is important for all providers to ensure that their provider enrollment information is up to date. This information can be viewed and updated using the Provider Maintenance link in the IHCP [Provider Healthcare Portal](#). Prior year reviews have shown that insufficient documentation is a principal cause of errors and can be easily prevented by ensuring that all contact information is up to date and responding to PERM reviewer requests for documentation. For more information about updating provider information, see the [Update Your Provider Profile](#) page at in.gov/medicaid/providers.

What happens if a provider is selected for PERM?

The provider will be sent an initial medical record request packet, which will include:

- CMS letter (authority to request records)
- PERM fax cover sheet with a specific list of requested documentation (unique to each claim category)
- Claim summary data for specific claim sampled
- Medical record submission options and instructions

continued



MORE IN THIS ISSUE

- [HME/DME Stabilization Grant deadline extended to Dec. 2, 2022](#)
- [IHCP expands coverage of unattended sleep studies](#)
- [IHCP will separate oxygen reimbursement from NEMT](#)
- [Procedure codes 95805, 95806 and 95807 linked to revenue codes 920 and 929](#)

After receipt of the initial request packet, the provider must submit supporting medical records within 75 calendar days. NCI and state staff will follow up with the provider at regular intervals to ensure that the requested information is submitted on time. Please note, patient authorization to release documentation is not required. Providers will not receive reimbursement for responding to a PERM request for medical records. Any requests for additional documentation made by the review contractor have a 14-calendar-day deadline for submission of the requested additional documentation.

The Indiana Family and Social Services Administration (FSSA) requests that providers submit complete information before the 75-calendar-day deadline. If providers receive requests for additional documentation from the review contractor, they should complete the information before the 14-calendar-day deadline.

If the review contractor does not receive documentation requested from providers before the deadline, it is considered an error against the state's Medicaid plan or Children's Health Insurance Program (CHIP). State staff will follow up with the provider at regular intervals to ensure that the requested information is submitted on time.

Webinar for PERM information

The IHCP has posted a pre-recorded webinar, [Payment Error Rate Measurement \(PERM\)](#), presented by members of the Program Integrity Unit of the Office of Medicaid Policy and Planning (OMPP), to educate providers on the prior Review Year 2021 (RY2021) PERM Audit. The webinar is from Nov. 27, 2019, but much of the information is unchanged.

Contact Information

The FSSA encourages providers to communicate with the review contractor and the OMPP PERM Team by emailing PERM@fssa.in.gov or by sending mail to the following address:

FSSA Office of Medicaid Policy and Planning
Indiana Medicaid PERM Project
402 W. Washington St., Room W374
Indianapolis, IN 46204

HME/DME Stabilization Grant deadline extended to Dec. 2, 2022

The Indiana Family and Social Services Administration has extended the deadline from Nov. 18, 2022, to Dec. 2, 2022, for the Home and Durable Medical Equipment (HME/DME) Stabilization Grant opportunity as announced in *IHCP Bulletin* [BT202292](#). **Interested eligible HME/DME providers now have until Dec. 2, 2022, to complete the required [grant attestation form](#).**

Eligible HME/DME providers can obtain more information and access resources, including the original announcement, [HME/DME Stabilization Grants FAQs](#) and [presentation slides](#), on the [HCBS Enhanced FMAP Spending Plan](#) page.

Please direct any questions and/or feedback to hcbs.spendplan@fssa.in.gov.



IHCP expands coverage of unattended sleep studies

Effective for dates of service (DOS) on or after Dec. 22, 2022, the Indiana Health Coverage Programs (IHCP) will add coverage for Current Procedural Terminology (CPT[®]) code 95800 – *Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone) and sleep time.*

The following reimbursement information applies:

- Pricing
 - Professional claims: Reimbursed at resource-based relative value scale (RBRVS)
 - Outpatient claims: Maximum fee \$142.59
- Prior authorization (PA): None required
- Billing Guidance:
 - To claim the complete procedure (that is, both the professional and technical components), submit CPT code 95800 without a modifier.
 - ◆ To claim only the professional component, append modifier 26.
 - ◆ To claim only the technical component, append modifier TC.
 - Separate reimbursement in the outpatient setting is allowed under the following revenue codes:
 - ◆ Revenue code 920 – *Other Diagnostic Services – General*
 - ◆ Revenue code 929 – *Other Diagnostic Services*



This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and *Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

PA, billing and reimbursement information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement criteria within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

¹CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association

IHCP will separate oxygen reimbursement from NEMT

Effective for dates of service (DOS) on or after Nov. 22, 2022, the Indiana Health Coverage Programs (IHCP) will separate oxygen reimbursement during Basic Life Support (BLS) ambulance services from nonemergency medical transportation (NEMT) reimbursement for fee-for-service (FFS) members. Providers can submit claims for oxygen during a BLS transport to Gainwell Technologies for all FFS members, including for trips that are subject to brokerage for NEMT services.

continued

In accordance with *Indiana Administrative Code 405 IAC 5-30-5(3)*, oxygen is reimbursable when delivered under BLS. The Office of Medicaid Policy and Planning (OMPP) will carve out Healthcare Common Procedure Coding System (HCPCS) code A0422 – *Ambulance (ALS or BLS) oxygen, and oxygen supplies, life sustaining situation* from the NEMT brokerage requirement for oxygen delivered during a nonemergency transportation trip.

To receive FFS reimbursement for oxygen provided during a BLS transport that is subject to brokerage through Southeastrans, providers should follow the below process:

1. Bill the BLS transport to Southeastrans, which must include HCPCS code A0428 – *Ambulance service, basic life support, non-emergency transport*.
Do not include the oxygen service when billing Southeastrans for the trip.
2. After receiving an explanation of benefits (EOB) from Southeastrans showing A0428 in a paid status, submit a professional claim (*CMS-1500* claim form or electronic equivalent) for HCPCS code A0422 to Gainwell Technologies for processing.
3. Attach the Southeastrans EOB, indicating A0428 was paid, to the FFS claim for appropriate reimbursement.

This information will be reflected in the next regular update to the [Transportation Services](#) provider reference module at in.gov/medicaid/providers.

Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

Procedure codes 95805, 95806 and 95807 linked to revenue codes 920 and 929

Effective Dec. 23, 2022, the Indiana Health Coverage Programs (IHCP) will link Current Procedural Terminology (CPT®) codes in Table 1 to the following revenue codes:

- 920 – *Other Diagnostic Services – General*
- 929 – *Other Diagnostic Services*

These linkages apply to fee-for-service (FFS) claims with dates of service (DOS) on or after Dec. 23, 2022.

For reimbursement consideration, beginning Dec. 23, 2022, providers may bill CPT codes in Table 1 and together with revenue codes 920 or 929, as appropriate. The procedure codes will be reimbursed at the maximum fee pricing rate shown in [Table 1](#).

continued

Table 1 – CPT codes linked to revenue codes 920 and 929, effective Dec. 23, 2022

Procedure Codes	Description	Price
95805	Sleep study, multiple trials	\$142.03
95806	Sleep study including heart rate, breathing, airflow, and effort	\$127.78
95807	Sleep study including heart rate and breathing attended by technician	\$135.07

This information will be reflected in the next regular update to the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in *Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

This billing and reimbursement information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish billing and reimbursement criteria within the managed care delivery system. Questions about managed care billing or reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

TO PRINT

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Banner Pages](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

