

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202411    JANUARY 30, 2024

## IHCP updates Structured Family Caregiving claim billing and processing instructions

This bulletin contains two important updates for providers offering certain services on the Aged & Disabled (A&D) Waiver.

### Service provider name and relationship required on claims

To have better information on legally responsible individuals providing either Attendant Care or Structured Family Caregiving, the Indiana Health Coverage Programs (IHCP) will require a claim note to be supplied for the services at the detail level. Effective **March 1, 2024**, providers rendering these services will be required to provide the name of the individual providing the service and relationship to the member as a claim note.

The individual providing the service and relationship to the patient must be structured as follows:

- **NAME:** (Name of individual providing the service)
- **REL:** (Relationship to the patient must be from the following list):
  - Parent of minor child
  - Spouse
  - Other

Claims not containing the individual providing the service and their relationship in the prescribed format will be denied.



### Instructions for supplying a claim note

Providers need to follow these instructions to include a claim note for these types of professional claims:

- Paper CMS-1500 claim forms:
  - Use form field 19 “Additional Claim Information” to clearly and legibly enter the **NAME:** (Name of Individual Providing Service) and **REL:** (Relationship to patient). See example in Figure 1.

Figure 1 – Paper claim example

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.			15. OTHER DATE QUAL. MM DD YY			18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a.			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		
17b. NPI			17c.			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) NAME: Jane Doe REL: Parent of Minor Child			21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Incl.			22. RESUBMISSION CODE ORIGINAL REF. NO.		
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE EMG			C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		
E. DIAGNOSIS POINTER			F. \$ CHARGES			G. DAYS ON UNITS		
H. PRIOR AUTH. PLAN			I. ID. QUAL.			J. RENDERING PROVIDER ID. #		
1						NPI		

- IHCP Provider Healthcare Portal (IHCP Portal):
  - Select **Additional Information** from the Note Reference Code drop-down menu. Enter **NAME:** (Name of individual providing the service) and **REL:** (Relationship to the patient) in the Note Text field.

Figure 2 – IHCP Portal claim note

- 837P electronic claim submission:
  - The 837P data should be added to the 2300 loop in the NTE segment. NTE01 should indicated an ADD and NTE02 should contain the name and relationship data in the prescribed format.
  - Instructions for supplying a claim note can also be found in the [Claim Submission and Processing](#) provider reference module for paper and IHCP Portal claim submission. For additional information on submitting claim notes via an 837 electronic transaction, see the [837P Healthcare Claim: Professional Transaction](#) companion guide at [in.gov/medicaid/providers](http://in.gov/medicaid/providers) and the [837P Implementation Guide](#), available through the [X12 website](http://X12.org/products) at X12.org/products.

**Service restrictions to be enforced**

The IHCP, in collaboration with the Division of Aging, previously identified and communicated an issue with providers continuing to provide certain services to A&D Waiver members. Specifically, the IHCP and Division of Aging addressed that the flexibility of providing Attendant Care, Home and Community Assistance, and Respite while also providing Structured Family Caregiving to an A&D Waiver member has ended. This flexibility stopped on Nov. 11, 2023, with the end of the public health emergency (PHE) flexibilities.

As a result, the A&D waiver benefit will have certain existing service restrictions enforced via the claim process. Effective for dates of service (DOS) on or after **March 1, 2024**, the IHCP will be limiting Attendant Care, Home and Community Assistance, and Respite services from being provided concurrently in the same calendar month as Structured Family Caregiving.

The following provides information regarding billing the three services:

1. For a given calendar month, a member should not have incurred claims for both **Structured Family Caregiving** and **Attendant Care**. If a member is found to have claims incurred for both, **only the Structured Family Caregiving claims will be paid**. If claims for Attendant Care had been paid prior to receipt of Structured Family Caregiving claims, the **Attendant Care Claims will be recouped**. [Table 1](#) provides the billing information for Attendant Care services.

*Table 1 – Attendant Care procedure codes, modifiers and descriptions*

<b>Procedure code/modifier</b>	<b>Code description</b>
S5125 U7 UA	Attendant Care (Agency)
S5125 U7	Attendant Care (Non-Agency)
S5125 U7 U1	Attendant Care (Consumer Directed)
S5125 U7 U1 TU	Attendant Care (Non-Consumer Directed)

2. For a given calendar month, a member should not have incurred claims for both **Structured Family Caregiving** and **Home and Community Assistance**. If a member is found to have claims incurred for both, **only the Structured Family Caregiving** claims should be paid. If claims for Home and Community Assistance had been paid prior to receipt of Structured Family Caregiving claims, the **Home and Community Assistance claims will be recouped**. Table 2 provides the billing information for Home and Community Assistance services.

*Table 2 – Home and Community Assistance procedure codes, modifiers and descriptions*

<b>Procedure code/modifier</b>	<b>Code description</b>
S5130 U7 UA	Home and Community Assistance (Agency)
S5130 U7	Home and Community Assistance (Non-Agency)

3. Respite is included in Structured Family Caregiving. For a given calendar month, a member should not have incurred claims for both **Structured Family Caregiving** and **Respite**. If a member is found to have claims incurred for both, **only the Structured Family Caregiving** claims should be paid. If claims for respite had been paid prior to receipt of Structured Family Caregiving claims, the **respite claims will be recouped**. Table 3 provides the billing information for Respite services.

*Table 3 – Respite procedure codes, modifiers and descriptions*

<b>Procedure code/modifier</b>	<b>Code description</b>
S5150 U7 UA U9	Respite (Unskilled)
T1005 U7 UA TE	Respite (LPN)
T1005 U7 UA TD	Respite (RN)

The claim adjudication system is in the process of implementing claim audits preventing these services from being billed in the **same calendar month**. Additional information will be provided, including the specific explanation of benefits (EOB) associated with the claim audit for denial and recoupment. Claims will be recouped retroactive to dates of service on or after **March 1, 2024**, if they are found to be in violation of this policy.

**QUESTIONS?**

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