

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202449 APRIL 23, 2024

LRI documentation and billing guidance clarified for certain A&D waiver services

The Indiana Health Coverage Programs (IHCP) previously announced updated billing guidance for select Aged and Disabled (A&D) waiver services. As announced in *IHCP Bulletin [BT202411](#)*, starting March 1, 2024, providers must submit a claim note with the caregiver's name and relationship to the member when billing for A&D Home- and Community-Based Services (HCBS) Structured Family Caregiving or Attendant Care services. This requirement helps the IHCP obtain better information on the Legally Responsible Individuals (LRIs) providing services to the member. An LRI is the parent of a minor child or a spouse providing an HCBS waiver service.



Providers have submitted questions to the IHCP and requested additional guidance. The IHCP is issuing this bulletin to supply additional guidance based on the questions received.

Electronic claims, including claims submitted via an 837 batch billing process and claims submitted on the IHCP Provider Healthcare Portal (IHCP Portal), allow for a claim note at the detail level. Providers must submit the claim note at the detail level.

If there are different caregivers providing services to a member on different dates of service, providers must bill each date of service on a separate detail line on the claim and include a claim note for each line with the caregiver's name and relationship to the member.

In instances where the member receives Attendant Care or Structured Family Caregiving from multiple caregivers *in the same day*, providers must adhere to the following guidance.

- If one of the caregivers is an LRI, prioritize supplying information for the LRI (parent of minor child or spouse). Insert only the LRI information on the claim note.
- If no LRI provided services, insert the information for the individual who provided care first on the claim note. Providers are allowed but are not required to list all individuals who provided care within the claim note.

As a reminder, the information about the caregiver must be structured as follows:

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

This information must be included in one of the following formats:

- NAME:
REL:
- NAME-
REL-
- NAME.
REL.
- NAME>
REL>



Claims not identifying the caregiver providing the service and their relationship to the member in the prescribed format will be denied. The Office of Medicaid Policy and Planning (OMPP) Program Integrity staff is auditing claims, including the entry of claim notes.

Instructions for supplying a claim note via batch billing on an 837

Providers need to complete the claim note requirement for 837P electronic claim submission:

- The 837P data should be added to the 2300 loop in the NTE segment.
- NTE01 should indicate an ADD.
- NTE02 should contain the caregiver name and relationship data in the prescribed format.

For additional information on submitting claim notes via an 837 electronic transaction, see the IHCP Companion Guide, [837P Healthcare Claim: Professional Transaction](#), at in.gov/medicaid/providers. Providers can also reference the *837P Implementation Guide*, published by the Washington Publishing Company and available through the [X12 website](http://x12.org/products) at x12.org/products.

The IHCP has received questions about “line 19.” Line 19 is the claim note field for paper claims only. Providers are encouraged to submit claims electronically to minimize delays in payment and provide detail-level information. However, paper claims will continue to be accepted. Providers are instructed to prioritize claim note information for the LRI.

All other billing information remains the same, as described in [BT202411](#) and in the A&D waiver module (*Division of Aging Home-and Community-Based Services Waivers* module, accessible from the [IHCP Provider Reference Modules](#) page at in.gov/medicaid/providers). There are no changes to electronic visit verification.

Other billing clarification

Some providers have requested additional information on how to determine whether the member has conflicting services approved on their service authorization (formerly known as Notice of Action or NOA). The IHCP is developing solutions to limit and prevent conflicting services moving forward. Providers that are uncertain if their member has conflicting services, such as both Attendant Care and Structured Family Caregiving, may contact the member’s care manager.

When date and prior authorization parameters have been established, a provider can view or hear the following care manager contact details in each of the Eligibility Verification System options, including the IHCP Portal, phone-based virtual assistant (GABBY) and 270/271 Eligibility Benefit Inquiry and Response electronic transactions:

- Waiver-MRO program agency name
- Agency phone number
- Agency fax number (if on file)
- Agency email address (if on file)
- Agency type
- Date agency information received

If no contact information is found, providers will see a No Agency Found response. Figure 1 shows an example of the information that will be available in the IHCP Portal.

Figure 1 – Waiver-MRO Program Agency information on the IHCP Portal

Waiver MRO Program Agency					
Waiver MRO Agency Name	Agency Phone	Agency Fax	Email Address	Agency Type	Date Agency Information Received
Provider Name	1 317 XXX XXXX			Waiver	06/10/2023

For more information

Providers are encouraged to review the provider reference modules, accessible from the [IHCP Provider Reference Modules](#) page at in.gov/medicaid/providers. Additional A&D HCBS waiver information is available in the *Division of Aging Home-and Community-Based Services Waivers* module. This module also includes service requirements, restrictions and procedure codes/modifier combinations. The *Claim Submission and Processing, HCBS Billing Guidelines* and *Provider Healthcare Portal* modules are also available for review.

QUESTIONS?

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) 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.

