

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202321

MAY 23, 2023

## DDRS and IHCP announce new effective date for day habilitation and prevocational service changes

As previously announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202336](#), changes are being made to how day habilitation services and prevocational services are billed. The IHCP and the Division of Disability and Rehabilitative Services (DDRS) are delaying the requirement to use the new modifiers to July 1, 2023, to allow providers more time to prepare for changes. At this time, the IHCP allows providers to bill either the current procedure code/modifier combination or the new procedure code/modifier combination.

Beginning **July 1, 2023**, **all** claims for day habilitation services and prevocational services **must** include the appropriate modifier for the location where the service was provided:

- If the service was provided in a **facility**, select **UF** as the modifier.
- If the service was provided in a **community setting**, select **UG** as the modifier.

Providers may bill using the new modifiers for any claims with dates of service (DOS) on or after May 1, 2023. As previously mentioned, claims submitted for DOS on or after **July 1, 2023**, that do not include one of the new modifiers for these services will be denied.

The current procedure code/modifier combinations (as shown in Table 2 of [BT202336](#)) will end date **June 30, 2023**.

Please refer to [BT202336](#) for information regarding the changes that are being made and make note of the new procedure code/modifier combinations that will be effective July 1, 2023.



### MORE IN THIS ISSUE

- [IHCP adds coverage of Camcevi](#)
- [IHCP reminds providers of the transition to Kepro and its portal benefits](#)
- [IHCP updates HIP and PE Adult preventive care colorectal screening code](#)
- [IHCP updates rate for HCPCS code A0090 in CoreMMIS](#)

## IHCP adds coverage of Camcevi

Effective June 23, 2023, the Indiana Health Coverage Programs (IHCP) will add coverage for Current Procedural Terminology (CPT<sup>®1</sup>) code J1952 – *Leuprolide injectable, camcevi, 1 mg*.

The following reimbursement information applies:

- Pricing: Maximum Fee of \$103.64
- Billing Guidance:
  - Linked to revenue code 636
  - No prior authorization (PA) required

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

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](http://in.gov/medicaid/providers), and *Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).



<sup>1</sup>CPT copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

## IHCP reminds providers of the transition to Kepro and its portal benefits

As previously announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202301](#) Kepro will be the new fee-for-service (FFS) prior authorization and utilization management (PA-UM) vendor for the IHCP nonpharmacy services. Kepro will assume PA-UM responsibilities beginning July 1, 2023. Kepro will work with current IHCP vendors to ensure PA-UM responsibilities are carried out seamlessly and with no interruption of services.

Kepro is excited to share more features of its Atrezzo Provider Portal. In the portal, PA-UM decisions are available to submitters in real-time. As soon as a reviewer makes a determination on an authorization request, providers can see instantaneously whether it was approved, denied or suspended for additional information. Submitters can also communicate securely with the clinical reviewer directly within the Atrezzo Provider Portal. The system will show a *Message Center* alert on the home screen letting the user know they have a new message.

Remember, providers can sign up now for upcoming Atrezzo Provider Portal training sessions (see [BT202339](#)). Providers and administrators need only attend one training session but may attend more than one if they would like to hear the information again. All training sessions, after they have occurred, will be available to watch anytime through the Kepro website, which will go live June 12, 2023.

*continued*

All existing FFS authorizations will be honored until all approved units have been used or length of stay dates have been exhausted. No action will be needed by members or providers to ensure this continuity. Furthermore, for renewal or continuation of authorization for home health and therapy (physical, occupational, speech) services, requests received from July 1, 2023, through Sept. 30, 2023, will be honored for at least 180 days at the same service level, provided the requests also meet administrative requirements.

## IHCP updates HIP and PE Adult preventive care colorectal screening code

Effective June 23, 2023, the Indiana Health Coverage Programs (IHCP) removes Healthcare Common Procedure Coding System (HCPCS) code G0328 – *Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous* from the allowable codes for the Healthy Indiana Plan (HIP) and presumptive eligibility (PE) Adult preventive care services. This code is non-covered by IHCP and was erroneously listed as an allowable colorectal screening service. Instead, IHCP providers should continue to use Current Procedural Terminology (CPT<sup>®</sup>) code 82274 – *Stool analysis for blood, by fecal hemoglobin determination by immunoassay*.

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

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](http://in.gov/medicaid/providers).

## IHCP updates rate for HCPCS code A0090 in CoreMMIS

Effective immediately, the Indiana Health Coverage Programs (IHCP) will update the mileage rate displayed on the IHCP Professional Fee Schedule for Healthcare Common Procedure Coding System (HCPCS) code A0090 – *Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest*. The rate is increasing from \$0.42 per mile to \$0.49 per mile, retroactive to June 15, 2022. The mileage rate for code A0090 is tied to the mileage rate state employees receive, and the Indiana Department of Administration (IDOA) increased the mileage reimbursement for state employees to \$0.49, effective June 15, 2022.

As a reminder, IHCP members served via the fee-for-service (FFS) delivery system receive nonemergency transportation (NEMT) services brokered through Verida. There are no changes to the reimbursement rate by Verida.

Within the managed care delivery system, individual managed care entities (MCEs) establish their own coverage criteria, prior authorization (PA) requirements, billing procedures and reimbursement methodologies. For questions about services covered under the managed care delivery system, providers should contact the member's MCE or refer to the MCE provider manual.

The change to reflect the updated IDOA rate will be reflected on the next regularly scheduled update of the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)

**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 [Banner Pages](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://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](http://in.gov/medicaid/providers).

