



IHCP COVID-19 Response: COVID-19 policy FAQs as of April 16

The Indiana Health Coverage Programs (IHCP) is providing this frequently asked questions (FAQs) bulletin on member eligibility for providers during the public health emergency due to the coronavirus disease 2019 (COVID-19).

1. *Can a presumptive eligibility application be completed via phone?*

There has been some conflicting information regarding presumptive eligibility. The IHCP wants to clarify that during the COVID-19 public health emergency, Presumptive Eligibility (PE) providers are able to complete PE applications via telephone with the following requirements:



- Continue to provide PE benefit information for approved members via phone.
- Seek alternate methods to provide members their approval letters (fax, mail, and so on).
- Continue to assist members with completion of their full IHCP application.

Other changes to PE are being worked through and will be announced in an upcoming bulletin.

2. *Conditional approval letters are still going out. Should they be ignored and if so what would coverage effective dates be?*

Members will first receive a conditional notice and then receive a fully eligible notice with the correct eligibility dates. This will happen without any payment being required. Due to the rapid nature of changing policy, the FSSA was unable to change the system-generated conditional notice. There is an additional insert in the conditional notice that explains cost-sharing is on hold. Members can disregard the conditional notice language and wait for the fully eligible notice that will arrive within a few business days.

3. *For new HIP members, what coverage will they receive?*

If a member had PE when he or she applied, is an inmate having coverage unsuspended, or is changing categories to the Healthy Indiana Plan (HIP), he or she will receive *HIP Basic* coverage. New applicants with an approved status will receive *HIP Plus* coverage.

4. *What is the effective date for new HIP members?*

Members who applied after March 1, 2020, are fully eligible starting on the first day of the month of application.

Prior authorization

5. *What codes no longer require PA due to the public health emergency?*

The online IHCP Professional Fee Schedule (accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers) has been updated to reflect the procedure codes that do not require PA as a result of *IHCP Bulletin BT202031*. If PA is not required, the PA column will be blank on the Professional Fee Schedule. Repair and replacement changes are not reflected on the Professional Fee Schedule but are included in *BT202031*.

Claims and billing

6. How will any medical services provided to individuals in a temporary quarantine center be managed in terms of billing?

Medical services provided in a temporary quarantine center should be billed according to a location that is already enrolled.

7. Is there any enhanced additional payment for COVID-19 for facility-based providers?

No, there is no enhanced payment for inpatient stays related to COVID-19.

8. If the physician is providing telemedicine from his or her home instead of the clinic location, what address should be included in field 33 on a CMS-1500 form?

Providers should include the clinic location's address in field 33. Providers should keep documentation of services provided in their home or residence.

9. Does the modifier order have an impact on claim processing?

The order of modifiers should not have any impact on claim processing. The IHCP is working with all the managed care entities (MCEs) to ensure the order of the modifiers does not matter.

10. Are the new CPT codes for testing (U0002, U0001, and 87635) linked to revenue codes?

Yes, Current Procedural Terminology (CPT^{®1}) codes U0001, U0002, and 87635 have been linked to revenue codes 300 and 310. Please see future bulletins for additional information regarding linked revenue codes.



Federal activity

11. What is the status of Indiana Medicaid's Section 1135 waiver request through CMS?

The 1135 waiver was granted March 25, 2020. The approval letter can be found on the [Section 1135 Waiver Flexibilities - Indiana Coronavirus Disease 2019](#) page at medicaid.gov.

12. What is the status of the Appendix K waiver request?

The Appendix K waiver will be submitted to the Centers for Medicare & Medicaid Services (CMS). The IHCP will issue a provider publication when a determination is made regarding the waiver.

Provider enrollment

13. Will signatures for revalidations be accepted due to the suspension, or will providers need to obtain signed attestations again?

All revalidation activity has been temporarily suspended. The IHCP is accepting signatures that are up to 90 days old. If revalidation resumes after the 90-day signature period, new signatures would be required.

14. After the public health emergency is over, will providers be granted a grace period to complete revalidations?

Providers will be assigned a new due date for revalidation when the emergency declaration is lifted. Providers will be given at a minimum of 90 days to complete the revalidation.

15. Can a nonenrolled provider fill prescriptions for Indiana Medicaid members so long as they plan to enroll?

No. The pharmacist will not be able to fill the prescription unless the provider is enrolled with the IHCP.

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16. How do providers enroll provisionally?

Providers can enroll using the IHCP [Provider Healthcare Portal](#), accessible from the home page at in.gov/medicaid/providers.

17. What is the estimated processing time frame for the provisional enrollment applications?

The time frame is estimated at 24–48 hours as long as the application is complete.

**Home health****18. Who can order home health services and sign the plan of care for a home health patient during the public health emergency?**

Physicians as well as nonphysician practitioners (nurse practitioners, physician assistants, and clinical nurse specialists) may order and sign a plan of care for a home health patient. Additional details regarding home health during the public health emergency are outlined in *IHCP Bulletin* [BT202040](#).

19. Can providers satisfy the face-to-face requirement using telemedicine?

Yes. Please see [BT202040](#) for additional details.

Covered services**20. Does Indiana Medicaid cover telephone visit specific codes such as 99441, 99442, and 99443?**

CPT codes 99441–99443 (physician telephone patient service, from 5–30 minutes of medical discussion) are not covered by fee-for-service Traditional Medicaid at this time. If the codes are covered by a member's MCE, please follow the instructions from that MCE. Providers may bill IHCP covered codes under the expanded telemedicine policy during the public health emergency as described in *IHCP Bulletin* [BT202022](#). This policy includes audio-only visits as outlined in [BT202034](#). If this policy changes, the IHCP will publish the change in a future provider bulletin.

Other questions**21. Are there limitations on how many providers a physician can supervise at a rural health clinic (RHC)?**

No changes to the number of providers a physician can supervise have been made in response to the COVID-19 public health emergency.

QUESTIONS?

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