

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202133

AUGUST 17, 2021

Reimbursement update for HCPCS codes K1013, K1014 and K1015 in the outpatient setting

The Indiana Health Coverage Programs (IHCP) covers the following Healthcare Common Procedure Coding System (HCPCS) codes, as announced in *IHCP Bulletin* [BT202128](#). As also stated in the bulletin, these HCPCS codes had not yet been assigned outpatient pricing. (All other billing guidance in the bulletin for these codes was complete and remains unchanged.)

- K1013 – *Enema tube, any type, replacement only, each*
- K1014 – *Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control*
- K1015 – *Foot, adductus positioning device, adjustable*



Effective July 1, 2021, these procedure codes are reimbursable on fee-for-service (FFS) institutional claims (*UB-04* form or electronic equivalent) for services in the outpatient setting at the nationally-linked revenue code's flat rate. This pricing applies retroactively to outpatient claims with dates of service (DOS) on or after **July 1, 2021**.

This pricing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (PA) 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 pricing 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.

FFS outpatient claims submitted for these procedure codes with DOS on or after July 1, 2021, may have denied incorrectly with explanation of benefits (EOB) 4014 – *Claim being reviewed for pricing*.

The claim-processing system has been updated. Beginning immediately, providers may resubmit FFS claims for these procedure codes during the indicated time frame that denied with EOB 4014, for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment and must be submitted within 180 days of the banner page's publication date.

MORE IN THIS ISSUE

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- [IHCP increases CIH Waiver and FSW rates, FSW annual cap, and mass adjusts claims that paid incorrectly](#)

IHCP announces assisted living reimbursement rates increase, mass adjusts claims that paid incorrectly

Effective immediately, the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is updating rates for the Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) waiver services in Table 1. Pursuant to the *House Enrolled Act 1001* for recent budget authorization, selected rates were increased for state fiscal years (SFYs) 2022 and 2023. The new rates apply retroactively to fee-for-service (FFS) claims for the services in Table 1 with dates of service (DOS) on or after **July 1, 2021**.

Table 1 – Assisted living reimbursement rates increase, effective for claims with DOS on or after July 1, 2021

Service	Procedure code	Modifier 1	Modifier 2	Modifier 3	Old rate	New rate	Note
Assisted Living, Level 1	T2031	U7	U1	---	\$72.52	\$75.35	Daily
Assisted Living, Level 2	T2031	U7	U2	---	\$80.52	\$83.68	Daily
Assisted Living, Level 3	T2031	U7	U3	---	\$93.20	\$96.85	Daily
Assisted Living, Level 1	T2031	U7	U1	UA	\$2153.84	\$2237.90	Monthly
Assisted Living, Level 2	T2031	U7	U2	UA	\$2391.44	\$2485.30	Monthly
Assisted Living, Level 3	T2031	U7	U3	UA	\$2768.04	\$2876.45	Monthly

This information will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

The claim-processing system has been updated with the new rates in Table 1. Claims processed from July 1, 2021, through Aug. 17, 2021, for these services may have paid incorrectly. Claims processed during the indicated time frame that paid incorrectly will be mass adjusted, as appropriate. Providers should see adjusted claims on Remittance Advices (RAs) beginning Sept. 22, 2021, with internal control numbers (ICNs)/ Claim IDs that begin with 52 (mass replacements non-check related).



Questions or concerns should be directed to the FSSA Indiana Health Coverage Programs (IHCP) reimbursement mailbox at FSSA.IHCPReimbursement@fssa.in.gov. Any communications that contain **protected health information (PHI) must be sent via secure email**.

IHCP increases CIH Waiver and FSW rates, FSW annual cap, and mass adjusts claims that paid incorrectly

Effective immediately, the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is updating reimbursement rates for the Division of Disability and Rehabilitative Services (DDRS) Community Integration and Habilitation (CIH) Waiver and Family Supports Waiver (FSW) services. The new rates are in alignment with *House Bill 1001* and implement a 14% rate increase, specifically to increase the wages of direct support professionals for the CIH Waiver and FSW. These new rates apply retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **July 1, 2021**.

The reimbursement rate increases shown in Table 2 include the following services:

- Adult day services (levels 1, 2, 3)
- Day habilitation (individual, groups)
- Extended services
- Facility based support
- Participant assistance and care
- Prevocational services
- Residential habilitation and support (daily, hourly)
- Respite (care, nursing care)
- Workplace assistance



Additionally, the DDRS is increasing the annual cap for the FSW to \$19,614, effective for DOS on or after July 1, 2021.

This information will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

The claim-processing system has been updated with the new rates in [Table 2](#). Claims processed from July 1, 2021, through Aug. 17, 2021, for the services in [Table 2](#) will be mass adjusted, as appropriate. Providers should see adjusted claims on Remittance Advices (RAs) beginning Sept. 22, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

Questions or concerns should be directed to the FSSA Indiana Health Coverage Programs (IHCP) reimbursement mailbox at FSSA.IHCPReimbursement@fssa.in.gov. Any communications that contain **protected health information (PHI) must be sent via secure email**.

QUESTIONS?

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

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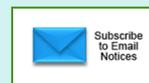


Table 2 – Reimbursement rates increases for FSW and CIH Waiver services, for claims with DOS on or after July 1, 2021

<u>Service</u>	<u>Code</u>	<u>Modifier 1</u>	<u>Modifier 2</u>	<u>Modifier 3</u>	<u>Modifier 4</u>	<u>Description procedure modified</u>	<u>FSW old rate</u>	<u>FSW new rate</u>	<u>CIH old rate</u>	<u>CIH new rate</u>	<u>Notes</u>
Adult Day Services, Level 1	S5101	U7	U5	U1	---	U7=Waiver U5=DD U1=Level 1	\$23.05	\$26.28	\$23.05	\$26.28	Half Day
Adult Day Services, Level 2	S5101	U7	U5	U2	---	U7=Waiver U5=DD U2=Level 2	\$30.24	\$34.47	\$30.24	\$34.47	Half Day
Adult Day Services, Level 3	S5101	U7	U5	U3	---	U7=Waiver U5=DD U3=Level 3	\$36.00	\$41.04	\$36.00	\$41.04	Half Day
Adult Day Services, 1/4 Hour, Level 1	S5100	U7	U5	U1	---	U7=Waiver U5=DD U1=Level 1	\$1.45	\$1.65	\$1.45	\$1.65	15 Min
Adult Day Services, 1/4 Hour, Level 2	S5100	U7	U5	U2	---	U7=Waiver U5=DD U2=Level 2	\$1.89	\$2.15	\$1.89	\$2.15	15 Min
Adult Day Services, 1/4 Hour, Level 3	S5100	U7	U5	U3	---	U7=Waiver U5=DD OASIS U3=Level 3	\$2.25	\$2.57	\$2.25	\$2.57	15 Min
Day Habilitation, Individual	T2020	U7	U5	---	---	U7=Waiver U5=DD	\$24.85	\$28.33	\$24.85	\$28.33	Hour
Day Habilitation, Small Group	T2020	U7	U5	U2	---	U7=Waiver U5=DD U2=Small	\$8.90	\$10.15	\$8.90	\$10.15	Hour
Day Habilitation, Medium Group	T2020	U7	U5	UA	---	U7=Waiver U5=DD UA=Medium	\$4.96	\$5.65	\$4.96	\$5.65	Hour
Day Habilitation, Large Group	T2020	U7	U5	UB	---	U7=Waiver U5=DD UB=Large	\$3.15	\$3.59	\$3.15	\$3.59	Hour
Extended Services	T2025	U7	U5	UA	---	U7=Waiver U5=DD UA=Agency	\$36.96	\$42.13	\$36.96	\$42.13	Hour
Facility Based Support	T1020	U7	U5	UA	---	U7=Waiver U5=DD UA=Agency	\$1.94	\$2.21	\$1.94	\$2.21	Hour
Participant Assistance and Care	T2033	U7	U5	---	---	U7=Waiver U5=DD	\$24.40	\$27.82	---	---	Hour

<u>Service</u>	<u>Code</u>	<u>Modifier 1</u>	<u>Modifier 2</u>	<u>Modifier 3</u>	<u>Modifier 4</u>	<u>Description procedure modified</u>	<u>FSW old rate</u>	<u>FSW new rate</u>	<u>CIH old rate</u>	<u>CIH new rate</u>	<u>Notes</u>
Prevocational 2:1	T2015	U7	U5	U2	---	U7=Waiver U5=DD U2=Level 2	\$8.90	\$10.15	\$8.90	\$10.15	Hour
Prevocational 4:1	T2015	U7	U5	U4	---	U7=Waiver U5=DD U4=Level 4	\$8.90	\$10.15	\$8.90	\$10.15	Hour
Prevocational 6:1	T2015	U7	U5	U6	---	U7=Waiver U5=DD U6=Level 6	\$4.96	\$5.65	\$4.96	\$5.65	Hour
Prevocational 8:1	T2015	U7	U5	UA	---	U7=Waiver U5=DD U8=Level 8	\$4.96	\$5.65	\$4.96	\$5.65	Hour
Prevocational 10:1	T2015	U7	U5	UB	---	U7=Waiver U5=DD UB=Level 10	\$4.96	\$5.65	\$4.96	\$5.65	Hour
Prevocational 12:1	T2015	U7	U5	UC	---	U7=Waiver U5=DD UC=Level 12	\$3.15	\$3.59	\$3.15	\$3.59	Hour
Prevocational 14:1	T2015	U7	U5	UD	---	U7=Waiver U5=DD UD=Level 14	\$3.15	\$3.59	\$3.15	\$3.59	Hour
Prevocational 16:1	T2015	U7	U5	U9	---	U7=Waiver U5=DD U9=Level 16	\$3.15	\$3.59	\$3.15	\$3.59	Hour
Residential Habilitation Services, Level 1	T2016	U7	U5	UA	---	U7=Waiver U5=DD UA=Agency	N/A	N/A	\$26.15	\$29.81	Hour
Residential Habilitation, Level 2	T2016	U7	U5	---	---	U7=Waiver U5=DD	N/A	N/A	\$21.97	\$25.05	Hour
* RHS Daily Level 1, Algo 3	T2016	U7	U5	UN	UA	U7=Waiver U5=DD UN=2 Patients UA=Level 1	N/A	N/A	\$171.33	\$195.32	Daily
RHS Daily Level 2, Algo 4	T2016	U7	U5	UN	UB	U7=Waiver U5=DD UN=2 Patients UB=Level 2	N/A	N/A	\$241.63	\$275.46	Daily
RHS Daily Level 3, Algo 5	T2016	U7	U5	UN	UC	U7=Waiver U5=DD UN=2 Person UC=Level 3	N/A	N/A	\$263.59	\$300.49	Daily

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RHS Daily Level 4, Algo 3	T2016	U7	U5	UP	UA	U7=Waiver U5=DD UP=3 Person UA=Level 4	N/A	N/A	\$171.33	\$195.32	Daily
RHS Daily Level 5, Algo 4	T2016	U7	U5	UP	UB	U7=Waiver U5=DD UP=3 Person UB=Level 5	N/A	N/A	\$221.85	\$252.91	Daily
RHS Daily Level 6, Algo 5	T2016	U7	U5	UP	UC	U7=Waiver U5=DD UP=3 Person UC=Level 6	N/A	N/A	\$241.63	\$275.46	Daily
RHS Daily Level 7, Algo 3	T2016	U7	U5	UQ	UA	U7=Waiver U5=DD UQ=4 Person UA=Level 7	N/A	N/A	\$160.35	\$182.80	Daily
RHS Daily Level 8, Algo 4	T2016	U7	U5	UQ	UB	U7=Waiver U5=DD UQ=4 Person UB=Level 8	N/A	N/A	\$206.47	\$235.38	Daily
RHS Daily Level 9, Algo 5	T2016	U7	U5	UQ	UC	U7=Waiver U5=DD UA=4 Person UC=Level 9	N/A	N/A	\$219.66	\$250.41	Daily
Respite Care	S5151	U7	U5	---	---	U7=Waiver U5=DD	\$26.15	\$29.81	\$26.15	\$29.81	Hour
Respite Nursing Care, RN	T1005	U7	U5	TD	---	U7=Waiver U5=DD TD=RN	\$7.79	\$8.88	\$7.79	\$8.88	15 Min
Respite Nursing Care, LPN	T1005	U7	U5	TE	---	U7=Waiver U5=DD TE=LPN	\$5.91	\$6.74	\$5.91	\$6.74	15 Min
Transportation	T2002	U7	U5	---	---	U7=Waiver U5=DD	\$5.25	\$5.99	\$5.25	\$5.99	Per Trip; 2 Trips/Day; \$2,625/Year
Transportation, Level 2	T2002	U7	U5	U2	---	U7=Waiver U5=DD U2=Level 2	\$21.00	\$23.94	\$21.00	\$23.94	Per Trip; 2 Trips/Day; \$5,250/Year
Transportation, Level 3	T2002	U7	U5	U3	---	U7=Waiver U5=DD U3=Level 3	\$42.00	\$47.88	\$42.00	\$47.88	U7=Waiver U5=DD OASIS U3=Level 3

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Workplace Assistance	T1020	U7	U5	---	---	U7=Waiver U5=DD	\$27.69	\$31.57	\$27.69	\$31.57	Hour

* RHS is Residential Habilitation and Support, and has been used interchangeably with the term, Residential Habilitation Services