

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP to revise rates for select DME and medical supply items based on 2022 Medicare rates

To comply with *Section 1903(i)(27)* of the *Social Security Act* (also known as the *21st Century Cures Act*), rates will be updated for select durable medical equipment (DME) and medical supply Healthcare Common Procedure Coding System (HCPCS) codes. The list of HCPCS codes subject to the *21st Century Cures Act* for calendar year 2022 has not yet been released by the Centers for Medicare & Medicaid Services (CMS). The list of impacted codes, as well as their updated rates, will be published after they are received from CMS.



To determine the Medicaid allowed amount for covered DME and medical supplies that are subject to the *21st Century Cures Act*, the IHCP will use the lowest non-zero 2022 Indiana Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule amount as the Medicaid allowed amount for dates of service (DOS) on or after Jan. 1, 2022.

The 2022 DMEPOS Fee Schedule will be available on the [CMS website](https://www.cms.gov) at cms.gov.

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 criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

IHCP to revise rates for select clinical laboratory services based on 2022 Medicare rates

In compliance with *Section 1903(i)(7)* of the *Social Security Act*, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. For this reason, in accordance with the clinical laboratory reimbursement methodology set out in *Indiana Administrative Code 405 IAC 5-18-1* and in the approved Indiana Medicaid State Plan (Attachment 4.19-B, page 1c), the Indiana Health Coverage Programs (IHCP) will adopt the 2022 Medicare rates for any clinical laboratory procedure code for which the IHCP's current reimbursement rate exceeds the 2022 Medicare rate. These rate changes will be effective for dates of service (DOS) on or after Jan. 1, 2022, and will be reflected in the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

continued

MORE IN THIS ISSUE

- [IHCP updates podiatry billing guidance for orthopedic or therapeutic footwear](#)

The 2022 Medicare Clinical Laboratory Fee Schedule will be available on the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

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 criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

IHCP updates podiatry billing guidance for orthopedic or therapeutic footwear

The Indiana Health Coverage Programs (IHCP) is updating the billing guidance for orthopedic or therapeutic footwear.

Effective immediately, if a member is receiving a pair of shoes or inserts, providers should submit the claim using the appropriate Healthcare Common Procedure Coding System (HCPCS) code on two separate service details, one with modifier LT (left) and the other with modifier RT (right), and one unit of service for each service detail.



All other coverage and billing guidance remains the same. This information will be reflected in the next regular update to the [Podiatry Services](#) provider reference module at in.gov/medicaid/providers.

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

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