

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP reminds providers of documentation signature requirements and best practices

Following the Payment Error Rate Measurement (PERM) review year 2021 audit, several errors were due to a lack of document retention on the part of providers. Indiana Health Coverage Programs (IHCP) providers are well aware of the importance of proper documentation as it enables the continuity of care for members between healthcare professionals and helps providers stay in compliance with federal and state laws. The Program Integrity staff is providing the following information to avoid similar errors in future federal audits and to help providers create and maintain proper records.



In accordance with *Indiana Administrative Code (IAC)* [405 IAC 1-1.4-2](#), all IHCP providers shall ensure documentation includes dated signatures of the rendering providers and any rendering provider employees if applicable. Additionally, providers should include written evidence of physician involvement to include a dated signature or initials.

Best practices

Program Integrity is providing the following best practices as recommendations based upon findings and issues noted from prior audits:

- Make sure documentation is complete, concise, accurate and legible.
- Make sure documentation clearly identifies the rendering provider and/or rendering provider employees.
- Make sure documentation is signed and dated.
- Make sure documentation includes details of physician involvement.

Additional service-specific documentation requirements are specified in IHCP provider reference modules, as well as in IHCP provider bulletins and banner pages, the IAC, and statutes. Providers can visit the [Provider References](#) page for more information.

IHCP will add noncovered procedure codes to Professional Fee Schedule

The Indiana Health Coverage Programs (IHCP) has updated the Professional Fee Schedule with the noncovered Healthcare Common Procedure Coding System (HCPCS) codes and Current Procedural Terminology (CPT^{®1}) codes in [Table 1](#), to align with the claim-processing system (CoreMMIS).

This change 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.

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continued

Table 1 – Noncovered procedure codes recently included in the Professional Fee Schedule

Procedure code	Description
T1017	Targeted case management, each 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T2013	Habilitation, educational, waiver; per hour
T2017	Habilitation, residential, waiver; 15 minutes
T2034	Crisis intervention, waiver; per diem

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