

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP shares EVV home health reminders

The *21st Century Cures Act* directs Medicaid programs to require personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered. See *Indiana Health Coverage Programs (IHCP) Bulletin [BT201855](#)* for more information. The implementation date for requiring the use of an EVV system for home health services remains Jan. 1, 2023. As announced in *IHCP Bulletin [BT202248](#)*, the IHCP will deny claims for personal care services that are not EVV-compliant starting with dates of service (DOS) on or after Jan. 1, 2023.



Home health service update

The list of home health services requiring EVV was announced in *IHCP Bulletin [BT202276](#)*. The following service was incorrectly included in the code set and does not require EVV:

- 97164 – *Re-evaluation for physical therapy, typically 20 minutes*

Alternative EVV system specifications

Home health providers that choose to use an alternative EVV system will need to work with their vendors to develop a daily file extract to integrate with the Sandata Aggregator. Providers using an alternate EVV vendor will need to start the process for having their system interface with the Aggregator by sending an email to EVV@fssa.in.gov. The most recent [Alternate EVV Specifications, version 3.1](#), was released on Sept. 12, 2022, and is available on the [Electronic Visit Verification](#) page at in.gov/medicaid/providers.

Clarification on Alternative Vendor Payment

[BT202276](#) incorrectly stated that if a vendor is already integrated with Sandata in any other state, the one-time fee of \$3,360 for an alternate vendor would be waived. This fee will be waived if the vendor has integrated with Sandata in the state of Indiana, regardless of whether the vendor is supporting personal care services, home health services or both.

IHCP to mass reprocess or mass adjust claims for provider stand-alone specialty 835

The Indiana Health Coverage Program (IHCP) has identified an issue with provider type 11 (Behavioral Health Provider), specialty 835 (Opioid Treatment Program).

As with specialty 836 (Substance Use Disorder [SUD] Residential Addiction Treatment Facility), specialty 835 should be a stand-alone provider specialty and not included in the same enrollment with any other specialties. However, during the enrollment process, some providers were incorrectly allowed to include additional specialties along with 835. Affected providers have been notified and have updated their enrollments.

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Claims from affected providers for dates of service (DOS) from April 7, 2021, through Sept. 6, 2022, may have denied with explanation of benefits (EOB) code 1012 – *Service and/or modifier billed not payable for your provider type/specialty*.

Affected claims for those DOS will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning immediately, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

The enrollment system has been corrected to prevent this error from occurring in the future.

QUESTIONS?

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