IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR202320 MAY 16, 2023

IHCP adds coverage for Esketamine administration observation codes

Effective June 16, 2023, the Indiana Health Coverage Programs (IHCP) will reimburse healthcare providers for the post-administration observation period for esketamine (SPRAVATO). Esketamine nasal spray is an N-methyl D-aspartate (NMDA) receptor antagonist indicated for use in conjunction with an oral antidepressant for treatment-resistant depression (TRD) in adults. It is administered under the direct supervision of a healthcare provider, with monitoring by the provider under a Risk Evaluation and Mitigation Strategy (REMS) program. The following reimbursement information applies:

- G2082 – *Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation.*
  - Professional claims: Reimbursement at resource-based relative value scale (RBRVS)
  - Outpatient claims: flat, statewide, per-unit rate
- G2083 – *Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation*.
  - Professional claims: Reimbursement at resource-based relative value scale (RBRVS)
  - Outpatient claims: flat, statewide, per-unit rate

Reimbursement and billing information apply 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.

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

MORE IN THIS ISSUE

IHCP clarifies DME/HME enrollment requirements for pharmacies

The Indiana Health Coverage Programs (IHCP) continues to receive questions from providers enrolled under provider type 24 – *Pharmacy* about adding specialty 250 – *Durable Medical Equipment (DME)/Medical Supply Dealer* or specialty 251 – *HME/Home Medical Equipment* to their enrollment.

The following provider enrollment risk categories apply to each specialty under provider type 24 – *Pharmacy*:

- Pharmacy (specialty 240) – Limited risk
- DME (specialty 250) – High risk
- HME (specialty 251) – High risk

Because provider specialties 250 and 251 are considered high risk, pharmacies who wish to add one of these specialties to their enrollment will be required to complete fingerprinting and a criminal background check for all individuals with 5% or more ownership or controlling interest in the provider as well as an unannounced site visit.

To determine if a pharmacy needs to have specialty 250 or 251, providers are strongly encouraged to review the IHCP Professional Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers. Providers may review the Service Category field to determine if a procedure code they wish to bill requires provider specialty 250 or 251:

- If the procedure code falls under service category **MDSPY (Medical Supplies)**, the pharmacy *does **not*** require specialty 250 or 251.
- If the procedure code falls under service category **DME (Durable Medical)**, the pharmacy ***must*** add specialty 250 or 251 to their enrollment. (To determine which of these two specialties would be required for a given procedure code in this service category, refer to the code set tables for each specialty within *Durable and Home Medical Equipment and Supplies Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.)

IHCP issues EVV clarifications and reminders

Federal law requires personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered and directs Medicaid programs to implement this requirement. The requirement that personal care services providers use an EVV system has been in place since Jan. 1, 2021, and will be in place for home health providers as of Jan. 1, 2024. While EVV for home health is not required until 2024, providers are strongly encouraged to begin implementing EVV into their business processes today.

The Indiana Health Coverage Programs (IHCP) is issuing some clarifying guidance in response to frequently asked questions about EVV implementation.

Recoupments

As announced in *IHCP Bulletins* *BT2022114* and *BT202311*, the IHCP has begun limited claim recoupments for personal care services that are noncompliant with EVV requirements. Recoupments will continue on a monthly basis. An impacted

continued

provider can take action to correct the identified EVV issues:

- For claims impacted by explanation of benefits (EOB) 8015 – *EVV Post Payment Review Recoupment – Full Recoupment*: Claims are voided and can be replaced by a new claim.
- For claims impacted by EOB 8016 – *EVV Post Payment Review Recoupment – Partial Recoupment*: Adjustments can be made within the existing claim.

All activity related to correcting the impacted claims must be completed within the standard IHCP timely filing limit of 180 days from the date of service (DOS).

Home Health

As announced in *BT202276*, the IHCP is requiring EVV for home health services. Providers will be required to submit verified EVV records for home health services starting Jan. 1, 2024. **However, providers are strongly encouraged to begin submitting home health EVV activity now**.

Agencies using the Sandata state-sponsored EVV solution must complete a self-paced training module. The self-paced training is available at the *IN FSSA Sandata EVV Training* page at sandata.zendesk.com. Upon completion of the training, providers will receive a certificate of completion and must send this document, along with their IHCP Provider ID, to inxixevv@gainwelltechnologies.com on the request for the Sandata Welcome Kit.

For agencies using a third party or alternative EVV solution, providers should begin by emailing evv@fssa.in.gov. Upon contacting the email inbox, provider agencies will be prompted to complete all required fields in a registration form. Sandata will confirm receipt of request and respond with any follow-up questions as needed.

Medicare Crossover Claims

Any IHCP-covered service subject to EVV that is submitted as a Medicare crossover claim will also be subject to EVV. While Medicare may not require an EVV record, the IHCP will require verified EVV activity for crossover claim activity. Any claims submitted without EVV records will be subject to IHCP claim denial in the future after the hard launch enforcement date.

Overnight Visits

For providers utilizing overnight services, the IHCP is issuing clarifying guidance on how overnight visits work with EVV:

- Providers should clock-in when services begin and clock-out when services end. For claims adjudication, the EVV record utilizes the visit date associated with the date/time of the clock-in action.
  - For example: If a provider clocks-in an EVV visit at 11:30 p.m. on May 1, 2023, and clocks-out of the visit at 8:30 a.m. on May 2, 2023, the EVV record will show nine hours of EVV activity between May 1, 2023, and May 2, 2023.
- Providers must bill this activity on one claim detail as a span of time. In the example above, the provider should bill the appropriate number of units for DOS May 1, 2023, through May 2, 2023. This will ensure a correct match between the EVV record and the paid claim.
- Providers who bill individual days must clock-out before midnight and clock-in as a new visit after midnight. Failure to do this will result in the claim not matching the EVV activity appropriately.

Kepro reminders and Atrezzo Provider Portal features

As previously announced in *Indiana Health Coverage Programs (IHCP) Bulletin* BT202301, Kepro will be the new fee-for-service (FFS) prior authorization and utilization management (PA-UM) vendor for the IHCP nonpharmacy services. Kepro will assume PA-UM responsibilities beginning July 1, 2023. Kepro will work with current IHCP vendors to ensure PA-UM responsibilities are carried out seamlessly and with no interruption of services.

All existing FFS authorizations will be honored until all approved units have been used or length of stay dates have been exhausted. No action will be needed by members or providers to ensure this continuity. Furthermore, for renewal or continuation of authorization for home health and therapy (physical, occupational, speech) services, requests received from July 1, 2023, through Sept. 30, 2023, will be honored for at least 180 days at the same service level, provided the requests also meet administrative requirements.

What is staying the same?

Providers will still be able to submit authorization requests using the methods they do now, including fax, phone and portal. Gainwell will continue to handle all claims submissions, as well as all claims administrative reviews.

What is changing?

Beginning July 1, 2023, all FFS nonpharmacy prior authorization and utilization management (PA-UM) requests (including authorization update requests) will go to Kepro. Kepro's PA fax number, 800-261-2774, will go live for PA-UM submissions on July 1, 2023. Kepro's Atrezzo Provider Portal at https://portal.kepro.com will also go live for PA-UM submissions on July 1, 2023. If providers have any questions about FFS nonpharmacy PA-UM after July 1, 2023, they should call Kepro's Customer Service line at 866-725-9991. Additionally, providers should contact Kepro for any administrative review requests and peer-to-peer requests.

Kepro is excited to share more features of its Atrezzo Provider Portal. In the Atrezzo Provider Portal, it's very easy to attach documents using the standard document upload feature. Faxes are automatically attached to the appropriate submission. Also, the portal includes smart forms or questionnaires that are designed to capture any additional information needed for a given authorization request, and Atrezzo will automatically prompt the submitter to complete any such required questionnaires as part of the submission.

Remember, providers can sign up now for upcoming Atrezzo Provider Portal training sessions (see BT202339). Providers and administrators need only attend one training session but may attend more than one if they would like to hear the information again. All training sessions, after they have occurred, will be available for viewing anytime through the Kepro website, which will go live June 12, 2023.

QUESTIONS?

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the *Banner Pages* page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the IHCP provider website at in.gov/medicaid/providers.