

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024156 OCTOBER 1, 2024

IHCP clarifies guidelines for using MRO billing and prior authorization codes

This bulletin provides guidance to billing and requesting providers regarding which Medicaid Rehabilitation Option (MRO) codes to use on a claim versus which codes to submit on a prior authorization (PA) request when requesting additional units of service.

All requests for additional MRO services beyond those assigned in the service package are subject to PA. For members who require additional medically necessary services not included in the service package, a PA request is also required. Additionally, PA should be requested if there has been a change in the member's level of need during the 180-day MRO package period. This scenario would allow for a subsequent PA request to be submitted, which would require documentation supporting the change in level of need inclusive of an updated Adult Needs and Strengths Assessment (ANSA)/Child and Adolescent Needs and Strengths (CANS) and treatment plan. This documentation should support that the additional requested services continue to be medically necessary.



In the [Medicaid Rehabilitation Option Services](#) provider reference module, the following tables in Appendix A list authorized MRO service packages:

- Table 19 – Authorized services for adult MRO service packages per 180-day period
- Table 20 – Authorized services for child/adolescent MRO service packages per 180-day period

Some codes within these packages are applicable for both PA and billing. However, there are some codes that are *billing-only* codes. The Indiana Health Coverage Programs (IHCP) clarifies which of the codes on these tables are codes that can be included on the MRO package versus codes that are billing-only codes used for claims (see [Table 1](#) in this bulletin).

After the original MRO package units have been exhausted, providers can submit PA requests for additional units of service to be added to the MRO package. Those PA requests must be submitted to Acentra Health via the [Atrezzo Provider Portal](#), fax, phone or mail as listed in the [IHCP Quick Reference Guide](#).

Providers should not request *billing-only* codes to be added to the MRO package. Any PA requests for *billing-only* codes will be rejected with a message indicating that the provider should update the request to the appropriate PA code.

See Table 1 for how to determine which codes to use when requesting PA for additional units of service as opposed to which codes are strictly for billing and claim submission.

Members receiving MRO services are also eligible for non-MRO services, including, but not limited to, crisis intervention (H2011), intensive outpatient treatment (IOT) (procedure codes H0015 or S9480, or revenue codes 905 or 906), peer recovery services (H0038), and other outpatient behavioral health services as described in the [Behavioral Health Services](#) provider reference module.

Table 1 – PA and billing codes and modifiers for applicable MRO service packages

Applicable MRO packages	PA code/modifier	Billing codes/modifiers	PA-billing clarification
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 2 Child LON 3 Child LON 4 Child LON 5 Child LON 6	T1016 HW	T1016 HW	T1016 HW can be used on both the PA request and the claim. All approved service units can be billed using this code.
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 3 Child LON 4 Child LON 5 Child LON 6	H0031 HW	H0031 HW	H0031 HW can be used on both the PA request and the claim. All approved service units can be billed using this code.
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A	H2017 HW	H2017 HW	H2017 HW can be used on both the PA request and the claim. All approved service units can be billed using this code.
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 3 Child LON 4 Child LON 5 Child LON 6	H0004 HW	H0004 HW H0004 HW HR H0004 HW HS	H0004 HW should be the only code submitted on the PA request. However, all codes in the “Billing codes/modifiers” column can be submitted on the claim. The total service units billed must be equal to, or less than, the total service units approved on the PA.
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 3 Child LON 4 Child LON 5 Child LON 6	H0004 HW U1	H0004 HW U1 H0004 HW HR U1 H0004 HW HS U1	H0004 HW U1 should be the only code submitted on the PA request. However, all codes in the “Billing codes/modifiers” column can be submitted on the claim. The total service units billed must be equal to, or less than, the total service units approved on the PA.

Table 1 – PA and billing codes and modifiers for applicable MRO service packages (Continued)

Applicable MRO packages	PA code/modifier	Billing codes/modifiers	PA-billing clarification
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 3 Child LON 4 Child LON 5 Child LON 6	H0034 HW	H0034 HW H0034 HW HR H0034 HW HS H0034 HW U1 H0034 HW HR U1 H0034 HW HS U1	H0034 HW should be the only code submitted on the PA request. However, all codes in the “Billing codes/modifiers” column can be submitted on the claim. The total service units billed must be equal to, or less than, the total service units approved on the PA.
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 3 Child LON 4 Child LON 5 Child LON 6	H2014 HW	H2014 HW H2014 HW HR H2014 HW HS H2014 HW U1 H2014 HW HR U1 H2014 HW HS U1	H2014 HW should be the only code submitted on the PA request. However, all codes in the “Billing codes/modifiers” column can be submitted on the claim. The total service units billed must be equal to, or less than, the total service units approved on the PA.
Adult LON 3 Adult LON 4 Adult LON 5 Adult LON 5A Child LON 3 Child LON 4 Child LON 5 Child LON 6	H2035 HW	H2035 HW H2035 HW HR H2035 HW HS H0005 HW H0005 HW HR H0005 HW HS	H2035 HW should be the only code submitted on the PA request. However, all codes in the “Billing codes/modifiers” column can be submitted on the claim. The total service units billed must be equal to, or less than, the total service units approved on the PA.
Adult LON 4 Adult LON 5	H2012 HW HB U1	H2012 HW HB U1	H2012 HW HB U1 can be used on both the PA request and the claim. All approved service units can be billed using this code.
Adult LON 5 Adult LON 5A	H2019 HW	H2019 HW H2019 HW UA	H2019 HW should be the only code submitted on the PA request. However, all codes in the “Billing codes/modifiers” column can be submitted on the claim. The total service units billed must be equal to, or less than, the total service units approved on the PA.
Child LON 4 Child LON 5 Child LON 6	H2012 HW HA U1	H2012 HW HA U1	H2012 HW HA U1 can be used on both the PA request and the claim.

QUESTIONS?

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