

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024183 NOVEMBER 14, 2024

Structured Family Caregiving billing and claim restrictions applied to TBI and MFP

Effective Dec. 18, 2024, providers billing for Structured Family Caregiving services for dates of service (DOS) on or after July 1, 2024, must submit a claim note with the caregiver's name and relationship to the member. Also, effective Dec. 18, 2024, for DOS on or after July 1, 2024, waiver providers cannot bill some services in the same calendar month as Structured Family Caregiving (see [Services not payable in same calendar month as Structured Family Caregiving](#)).

These requirements are being enforced for the Traumatic Brain Injury (TBI) Waiver and the Money Follows the Person (MFP) Aged and Disabled Demonstration Grant.

The claim note requirement has already been announced and is being enforced for Indiana PathWays for Aging (PathWays) and Health and Wellness (H&W) waivers.



This requirement helps the Indiana Health Coverage Programs (IHCP) obtain better information on the legally responsible individuals (LRIs) providing services to the member. An LRI is the parent of a minor child or a spouse of a participant providing the waiver service.

Table 1 provides the procedure codes and modifiers, rates and units used for Structured Family Caregiving services.

Table 1 – Procedure code/modifier combinations for Structured Family Caregiving, allowable for DOS on or after July 1, 2024

Procedure code	Mod 1	Mod 2	Service description	Rate	Unit
S5140	U7	U1	Structured Family Caregiving, Level 1	\$77.54	1 Day
S5140	U7	U2	Structured Family Caregiving, Level 2	\$99.71	1 Day
S5140	U7	U3	Structured Family Caregiving, Level 3	\$133.44	1 Day

Claims submitted without the appropriate claim note will be denied with explanation of benefits (EOB) code 4405 – *Missing Family/Attendant Caregiver name and relationship to member.*

Electronic claims allow for a claim note. These include claims submitted via an 837-batch billing process and claims submitted on the [IHCP Provider Healthcare Portal \(IHCP Portal\)](#), accessible from the homepage at in.gov/medicaid/ providers.

In instances where the member receives Structured Family Caregiving from multiple caregivers in the same day, provider must adhere to the following guidance:

- If one of the caregivers who provided the services is an LRI (parent of minor child or spouse of participant), prioritize supplying information for the LRI . Insert only the LRI's information in the claim note; omit information about the other caregivers.
- If none of the caregivers who provided the services is an LRI, insert in the claim note the information for the individual who provided care first. Providers are allowed, but are not required, to list all individuals who provided care within the claim note.

Structure of claim note information

The information about the caregiver must be structured as follows:

- For the name (NAME), enter the first and last name of the individual providing the service.
- For the relationship (REL), enter one of the following options to describe the caregiver's relationship to the member, (no other wording is allowed):
 - Parent of minor child
 - Spouse
 - Other



To avoid claim denial, this information must be included in one of the following formats:

- NAME: XXXXXX XXXXXX
REL: XXXXXXXX
- NAME- XXXXXX XXXXXX
REL- XXXXXXXX
- NAME. XXXXXX XXXXXX
REL. XXXXXXXX
- NAME> XXXXXX XXXXXX
REL> XXXXXXXX

If submitting claim via paper *CMS-1500* claim form:

- Use form field 19 "Additional Claim Information" to clearly and legibly enter the:
 - NAME: (Name of Individual Providing Service)
 - REL: (Relationship to patient)

See example in [Figure 1](#).

Figure 1 – Paper claim example

The image shows a standard paper claim form with various sections for dates, provider information, diagnosis, and charges. A large star is placed over the '19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)' section, specifically highlighting the text 'NAME: Jane Doe REL: Parent of Minor Child'. The form includes fields for dates of illness, other dates, hospitalization, and service dates, as well as checkboxes for outside lab and submission codes.

If submitting claim via IHCP Portal (see Figure 2):

- Select **Additional Information** from the Note Reference Code drop-down menu.
- Enter NAME: (Name of individual providing the service) and REL: (Relationship to the patient) in the Note Text field.

Figure 2 – IHCP Portal claim note

The screenshot shows a web-based form titled 'Claim Note Information'. It includes a 'Remove' link, a table with columns for '#', 'Note Reference Code', 'Note Text', and 'Action', and a 'Click to collapse' option. Below the table, there is a dropdown menu for 'Note Reference Code' and a text input field for 'Note Text'. At the bottom, there are 'Add' and 'Cancel' buttons.

If submitting claim via 837P electronic transmission:

- The 837P data should be added to the 2300 loop in the NTE segment. NTE01 should indicate an ADD, and NTE02 should contain the name and relationship data in the prescribed format.

Instructions for submitting a claim note with a paper claim form and IHCP Portal claim can be found in the [Claim Submission and Processing](https://www.in.gov/medicaid/providers) provider reference module at in.gov/medicaid/providers. For additional information on submitting claim notes via an 837 electronic transaction, see the [837P Health Care Claim: Professional Transaction](#) companion guide at in.gov/medicaid/providers and the [837P Implementation Guide](#), available through the [X12 website](https://www.x12.org/products) at X12.org/products.

Services not payable in same calendar month as Structured Family Caregiving

Also, effective Dec. 18, 2024, for DOS on or after July 1, 2024, Attendant Care and Home and Community Assistance services are not payable in the same calendar month as Structured Family Caregiving.

Attendant Care

For a given calendar month, a member should not have incurred claims for both Structured Family Caregiving and Attendant Care. If a member is found to have claims incurred for both, only the Structured Family Caregiving claims will be paid. If claims for Attendant Care had been paid prior to receipt of Structured Family Caregiving claims, the Attendant Care claims will be recouped. Table 2 provides the billing information for Attendant Care services.

Table 2 – Attendant Care procedure codes, modifiers and descriptions

Procedure code/modifier	Service description
S5125 U7 UA	Attendant Care (Agency)
S5125 U7	Attendant Care (Non-Agency)
S5125 U7 U1	Attendant Care (Consumer Directed)
S5125 U7 U1 TU	Attendant Care (Consumer-Directed Overtime)

Home and Community Assistance

For a given calendar month, a member should not have incurred claims for both Structured Family Caregiving and Home and Community Assistance. If a member is found to have claims incurred for both, only the Structured Family Caregiving claims should be paid. If claims for Home and Community Assistance had been paid prior to receipt of Structured Family Caregiving claims, the Home and Community Assistance claims will be recouped. Table 3 provides the billing information for Home and Community Assistance services.

Table 3 – Home and Community Assistance procedure codes, modifiers and descriptions

Procedure code/modifier	Service description
S5130 U7 UA	Home and Community Assistance (Agency)
S5130 U7	Home and Community Assistance (Non-Agency)

Claims to be recouped or denied

If a claim for Attendant Care or Home and Community Assistance services was paid and Structured Family Caregiving claim is received for services in the same calendar month, the Attendant Care or Home and Community Assistance claim will be recouped with EOB code 6492 – *Service not allowed same month as paid structured family caregiving*. This EOB code will also be used to deny claims submitted for Attendant Care or Home and Community Assistance services that are received after a Structured Family Caregiving claim is paid for services in the same calendar month.

QUESTIONS?

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