

IHCP *bulletin*

IHCP reminds providers of changes to practitioner and procedure-based adjustments

In *Indiana Health Coverage Programs (IHCP) Bulletin [BT2024159](#)*, the IHCP announced updates to practitioner and procedure-based adjustment policies to coincide with the January 2024 Office of Medicaid Policy and Planning (OMPP) Healthy Indiana Plan (HIP) Rate Equalization Project. Table 1 and [Table 2](#) reflect the changes made to the practitioner reimbursement and procedure-based adjustments for the fee-for-service (FFS) delivery system.



These changes are effective retroactively for FFS claims with dates of service (DOS) on or after **April 1, 2024**. For managed care entities (MCEs), these changes were effective for claims with DOS on or after **Jan. 1, 2024**.

FFS claims for these services submitted with DOS beginning on or after April 1, 2024, through Jan. 29, 2025, will be mass adjusted or reprocessed. Providers should see adjusted/reprocessed claims on remittance advices (RAs) beginning March 12, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

If providers need to submit any claims retroactively, they can submit claims within 180 days of this publication date for FFS claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

Table 1 – OMPP rate equalization practitioner reimbursement adjustment policies, effective for DOS on or after April 1, 2024, for FFS (Jan. 1, 2024, for managed care)

Reimbursement adjustment	Adjustment policy utilized	Adjustment policy	Additional billing guidance
Practitioner adjustment			
Physician – assistant at surgery	Medicare	16%	Modifier 80, 81, 82
Advanced practice registered nurses (APRN) – assistant at surgery	Medicare	13.6% (85% of 16%)	Modifier AS
Physician assistant – assistant at surgery	Medicare	13.6% (85% of 16%)	Modifier AS

Table 2 – OMPP rate equalization procedure-based adjustment policies, effective for DOS on or after April 1, 2024, for FFS (Jan. 1, 2024, for managed care)

Reimbursement adjustment	Adjustment policy utilized	Adjustment policy	Additional billing guidance
Procedure-based adjustment			
Multiple surgery	Medicare	<ul style="list-style-type: none"> 100% of the global fee for the most expensive procedure 50% of the global fee for the remaining procedures 	Modifier 51 And Indicator of “1” or “2” from the Multiple Procedure (“MULT PROC”) field of the Medicare physician fee schedule RVU file
Multiple endoscopy procedures (if all procedures are endoscopy procedures; otherwise, standard multiple surgery rules apply)	Medicare	<ul style="list-style-type: none"> 100% of the global fee for the most expensive procedure 50% of the global fee for the remaining procedures 	Modifier 51 And Indicator of “3” from the Multiple Procedure (“MULT PROC”) field of the Medicare physician fee schedule RVU file

For more information

If you have questions, please let us know by emailing FSSA.IHCPReimbursement@fssa.in.gov.

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