

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202499 JUNE 27, 2024

Resident-specific add-on billing and reimbursement reminder; claims to be adjusted or resubmitted

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin* [BT202432](#) that the Centers for Medicare & Medicaid Services (CMS) approved the State Plan Amendment (SPA) 23-0011 on Feb. 27, 2024.

The changes in reimbursement are outlined in this bulletin as a reminder. Information about claim processing and adjustments is included as well.

Resident-specific add-on in addition to daily per diem

The IHCP reimburses nursing facility (NF) and hospice providers at a higher rate for members who receive certain specialized services. These specialized services include Alzheimer's and dementia care in a special care unit (SCU) and ventilator-dependent services.



Currently, the reimbursement for these services is embedded in the daily rate (per diem). With the recent SPA approval from the CMS, effective for dates of service (DOS) on or after **July 1, 2023**, qualifying NF and hospice providers will be reimbursed for these services via a resident-specific add-on code that is in addition to the daily per diem.

Resident-specific add-on reimbursement

The following revenue codes must be used for reimbursement for these add-on services:

- Revenue code 193 – *Special Care Unit residents with Alzheimer's or dementia*
This SCU resident-specific add-on will be paid to qualifying facilities at a rate of \$12 per eligible Medicaid resident day.
- Revenue code 199 – *Ventilator-dependent residents*
This ventilator resident-specific add-on will be paid to qualifying facilities at a rate of \$80 per eligible Medicaid resident day.

Nursing facility providers

NF providers that are determined by the Office of Medicaid Policy and Planning (OMPP) to qualify as special facilities will be eligible to receive the resident-specific add-on. Managed care entities (MCEs) will receive a list of the special facilities that will be eligible to receive the resident-specific add-on. The list will also be posted on the [Myers and Stauffer website](#) (under Nursing Facility > Schedule Z (SCU and Vent) Approved Provider Listing).

NF providers that qualify for the SCU add-on must designate SCU residents with Alzheimer's or dementia by using revenue code 193 on the institutional claim (*UB-04* claim form or electronic equivalent). Use of revenue code 193 will trigger payment of the SCU add-on for qualifying residents.

NF providers that qualify for the ventilator add-on must designate ventilator-dependent residents by using revenue code 199 on the institutional claim. Use of revenue code 199 will trigger payment of the ventilator add-on for qualifying residents.

For NF providers to receive appropriate reimbursement, the specialized revenue codes of 193 or 199 must be billed as an additional detail line in addition to the applicable room-and-board revenue code.

NF providers bill room-and-board charges using the applicable room-and-board revenue code. Acceptable room-and board revenue codes include 110, 120 and 130.



Hospice providers

Hospice billing and reimbursement for the resident-specific add-ons for SCU and ventilator services are addressed in this section. Hospice providers are required to bill the NF pass-through payment under the IHCP hospice benefit using:

- Revenue code 650 for routine home hospice care delivered in a nursing facility
- Revenue code 658 for continuous home hospice care delivered in a nursing facility
- Revenue code 659 for room and board for dually eligible nursing facility hospice members only

Hospice providers are to bill using hospice revenue codes 650, 658 or 659. When the hospice providers bill these revenue codes for services rendered at a qualifying NF, they must designate SCU residents with Alzheimer's or dementia by using revenue code 193 – *Special Care Unit residents with Alzheimer's or dementia* on the institutional claim (*UB-04* claim form or electronic equivalent), in addition to billing for the NF pass-through under the hospice using hospice revenue code 650, 658 or 659.

Use of revenue code 193 will trigger payment of the SCU add-on for qualifying residents. The SCU resident-specific add-on will be paid to qualifying facilities at a rate of \$12 per eligible Medicaid resident day. When hospice providers bill hospice revenue codes 650, 658 or 659 for services rendered at a qualifying NF, they must designate ventilator-dependent residents by using revenue code 199 – *Ventilator-dependent residents* on the institutional claim, in addition to billing for hospice revenue codes 650, 658 or 659 for NF room-and-board services under the IHCP hospice benefit.

Use of revenue code 199 will trigger payment of the ventilator add-on for qualifying residents. The ventilator resident-specific add-on will be paid to qualifying facilities at a rate of \$80 per eligible Medicaid resident day.

Hospice claims for revenue codes 193 or 199 should be billed at the claim detail with individual DOS.

Hospice providers continue to pay the NF for the room-and-board pass-through per their contract. The hospice provider must reimburse the NF for the resident-specific add-on payment if this payment was also made on the hospice claim. The hospice provider will receive 100% of the reimbursement that the NF would have received for the NF resident add-on payment. The hospice provider must pass on this amount to the NF but should not pass on more than the amount received.

Claim processing

Claims billed with revenue codes 193 or 199 **must** be submitted for the DOS being billed for the accommodation days.

As an example: If the claim is being billed for DOS July 1, 2023 through July 10, 2023, and an add-on payment is being billed for the 10-day date span for revenue code 193, the add-on detail should be billed with the date span at the claim detail from July 1, 2023 through July 10, 2023, with 10 units to be paid.

Claims billed with revenue codes 193 or 199 with dates or number of units outside the submitted accommodation dates will be denied.



Claim adjustments

Providers that qualify for the resident-specific add-on that billed the appropriate revenue codes should see adjusted claims on remittance advices (RAs) effective immediately. Adjusted claims will be identified with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

Providers may also resubmit claims with the additional 193 or 199 revenue codes added, if not previously billed. Claims can be submitted to the IHCP within 180 days of this publication date for fee-for-service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.

QUESTIONS?

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