Home health services clarifications

This provider bulletin is an update about information in the Indiana Anthem Blue Cross and Blue Shield Medicaid Business Provider Operations Manual (Manual). For access to the latest Manual, go online to anthem.com.

In an effort to provide clarification on home health services provided to our Medicaid members, please note the following:

Grace period (occurrence code 50):

- Providers can perform home health services without prior authorization (PA) following an Anthem Blue Cross and Blue Shield (Anthem) member’s discharge from a hospital if the parameters meet those outlined in Indiana Administrative Code 405 IAC 5-22-2.
- This code states PA is required for all nursing services, except services ordered in writing by a physician prior to the recipient's discharge from an inpatient hospital.
- This period may not exceed 120 units within 30 days of discharge without PA. Anthem recognizes this grace period with notification from the home health provider and no medical necessity determination will be performed.
- Once the grace period is over, the provider must submit a PA request to Anthem to determine the ongoing medical necessity.
- Effective July 15, 2016, in order to ensure appropriate member discharge planning and coordination of care once the member is discharged from the hospital, Anthem requires home health providers give notification.
- Notification will be entered into the Anthem claims system and clean claims, billed with occurrence code 50 with the member’s corresponding date of hospital discharge in the occurrence code and occurrence date fields 31-34, on the UB-04 claim form, will pay without PA.
- For additional information, reference the provider reference modules at http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx, specifically modules that outline claims billing and home health services.

Payment of overhead and span dates

- Providers may report overhead; however, it must be only one per provider, per member, per day, as outlined in the Indiana Health Coverage Programs (IHCP) Provider Reference Module for Home Health Services.

https://mediproviders.anthem.com/in
- Code 61 indicates the one encounter with the member occurred on the date shown. If the dates of service billed are not consecutive, the provider should enter the occurrence code corresponding to each date of service billed.
- If the dates of service billed are consecutive, and one encounter was provided per day, enter occurrence code 61 and the dates of service being billed in the occurrence span code field.

**PA requests**
- A copy of the current plan of treatment developed by the attending physician, therapists, and agency personnel, and signed by the attending physician, must also be included with the PA request for home health services per the IHCP Provider Reference Module for Home Health Services.
- To request PA, provide notification, report a medical admission or ask questions regarding PA, contact the Anthem Utilization Management Department at 1-866-408-7187 for Hoosier Healthwise and Hoosier Care Connect and 1-866-398-1922 for Healthy Indiana Plan. You may also fax PA requests to 1-866-406-2803.

If you have any questions regarding Hoosier Care Connect, feel free to contact your Anthem Network Relations representative.