



INDEPENDENT CARE HEALTH PLAN

iCare is a wholly-owned subsidiary of Humana.

Provider **BULLETIN**

Issue 2 | 2024



#1 Call to iCare

Claim Status can be obtained from our Provider Portal

Register in our Provider Portal for all claims processing information, including the Explanation of Payment. Please send your TIN and NPI to ProviderRelationsSpecialist@icarehealthplan.org so we can generate a PIN to assist with registration.

Medicare Coverage policy and Prior Authorization List (PAL) Update - March 2024

Please see our website, <https://www.icarehealthplan.org/Provider-Documents.htm> for updates to the Medicare Coverage Policy and <https://www.icarehealthplan.org/Prior-Authorization.htm> for updates to the PAL.



Prior Authorization Requirements

It is *iCare's* 1 year anniversary for conducting concurrent review for acute inpatient hospitalizations. Starting 04/01/2024, the PA Department will no longer be reviewing Authorization requests that are received more than 14 days after admission. The PA Department will respond to the request with our Retro Authorization Administrative Denial.

M8 DISCLAIMER: Medicare Non-Covered or Exhausted Benefit

To ensure prompt payment and correct claim processing, it is important to use the M8 disclaimer when Medicare benefits are not covered or exhausted. *iCare's* claim system will always process under the primary enrollment without the disclaimer.

Examples of when to use the M8 Disclaimer in Box 80 of the UB04 form or 11 of the CMS1500:

- » Personal Care Services – T1019 is not a covered Medicare benefit
- » Skilled Nursing Facilities – Medicare 100-day benefits have been exhausted
- » Hospice – Non-Covered Medicare Service
- » Certain Hearing Benefit, such as Hearing Aids

Medicaid Telehealth Billing

As a reminder Telehealth Providers should refer to the maximum allowable fee schedule for a complete list of services allowed under permanent telehealth policy. Telehealth should be billed with Place of Service (POS) 02 - Telehealth Provided Other Than in Patient's Home or 10 - Telehealth Provided in Patient's Home

Telehealth Services should include the following modifiers:

- » GQ - Via asynchronous telecommunications system
- » GT - Via interactive audio and video telecommunication systems
- » 93 - any service performed via audio only telehealth
- » *95 - For instances where the patient, supervising/billing provider, and supervised/ rendering provider are all interacting through audio-visual means, providers should use modifier 95 and GT
- » *FQ - A telehealth service was furnished using audio-only communication technology
- » *FR - A supervising practitioner was present through a real-time two-way, audio/video communication technology

*Behavioral Health ONLY

DHS Update – Place of Service Change for Personal Care Services

- » The 'home' restriction is being removed for T1019/Personal Care Services to allow support in the community or temporary residence.
- » An updated to Prior Authorization to amend temporary residence requirement will be removed.
- » This change does not affect EW as it captures the location where the visit took place.
- » There is no change for billing, T1019 is submitted on a UB04 from which does not include place of service.

DHS Update – Hospitalization at the time of Enrollment or Disenrollment

An HMO is not financially responsible for the periods of a hospital claim after the date of disenrollment. When calculating liability for the member, the HMO will take the total stay allowed divided by the number of days hospitalized to determine a daily rate. The daily rate would then be multiplied by the number of days the member was enrolled in the HMO.

Discarded Drugs and Biological Medicare Program

Drug codes identified by CMS will need to be billed with the applicable JW or JZ modifier. Claims submitted without the modifier will be denied.

Please see [Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy \(cms.gov\)](#) for more information.

The FAQs indicate the correct use of JW or JZ.

- » JW is to report the amount of drug that is discarded and eligible for payment under the discarded drug policy.
- » JZ is reported to attest that no amount of drugs was discarded.

[Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions \(cms.gov\)](#).

Annual Cultural Competency Training

Cultural competency training should be completed annually. Please see our website under Training and Resources to view iCare's training on inclusion, Bias, Health Equity and Cultural competency: <https://www.icarehealthplan.org/Education/Resources.htm>.

