

Chapter 31

Federal Indian Health Services

American Indian MA/GAMC and MinnesotaCare Recipients, living on or off a reservation, will have direct out-of-network access to Indian Health Services (IHS) facilities and facilities operated by a tribe or tribal organization under funding authorized by United States Code, title 25, Sections 450f to 450n, or title III of the Indian Self-Determination Act, Public Law Number 93-638 (Section 638 Facilities or Providers), for services that would otherwise be covered under Minnesota Statutes, Section 256B.0625., even if such facilities are not Participating Providers. The MCO shall not require any Service Authorization or impose any condition for an American Indian to access services at such facilities.

Refer to Chapter 31 of the DHS Provider Manual for complete information at:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_009000

American Indians (AI) and Alaskan Natives (AN) are Indian Health Service (IHS) eligible individuals. AIs/ANs eligible for one of the MHCP programs, including Medical Assistance (MA), General Assistance Medical Care (GAMC), and MinnesotaCare, are eligible for all covered services of the applicable program, not only the services provided through the Federal IHS facilities.

The purpose of this chapter is to explain the payment method for health care services provided directly by the federal government through an IHS facility or a tribally owned facility funded by Title I or III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638), as amended, hereafter referred to as “638.” This chapter provides special instructions for billing PrimeWest Health covered health care services that are provided to PrimeWest Health recipients through an IHS facility or a 638 facility that has elected to be paid at the IHS reimbursement rates (638 IHS).

Refer to other chapters of the PrimeWest Health Provider Manual for information regarding coverage and billing policy.

The Indian Health Service publishes the IHS reimbursement rates in the Federal Register, under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248(a) and 249(b) and section 601 of the Indian Health Care Improvement Act (25 U.S.C. 1601).

Indian Health Service (IHS) Facility: A hospital, clinic (medical or dental), or pharmacy established and operated by the Federal Indian Health Service.

IHS Inpatient Per Diem Rate: The IHS inpatient per diem rate is the payment amount established to cover services provided to an inpatient at a hospital that is part of the Federal Indian Health Service. See the hospital chapter of this manual.

IHS Facility Outpatient Encounter/Visit: An IHS facility outpatient encounter/visit means a face-to-face encounter/visit between a recipient and any health professional at an IHS outpatient facility. Encounters/visits with more than one health professional and multiple encounters/visits with the same professional, within the same service category, that take place on the same day and at a single IHS outpatient location constitute a single encounter/visit, except when the recipient, after the first visit, suffers an illness or injury requiring additional diagnosis or treatment (see instructions for billing a second medically necessary encounter).

Tribal Facility Designated as an IHS Provider (638 IHS): Effective July 11, 1996, the definition of a facility of the Indian Health Service was expanded to include tribally owned facilities funded by Title I or III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638). This includes all facilities that are under contract, compact, or are receiving grants from the IHS under Public Law 93-638. The 638 facility is operated by a tribal organization that is recognized by the Federal government, under a funding agreement with IHS. The 638 facilities that have elected to be paid at the IHS rates are hereafter referred to as 638 IHS facilities in this chapter.

638 IHS Facility Encounter/Visit: A 638 IHS encounter/visit means a face-to-face encounter/visit between a recipient and any health professional at the 638 IHS service locations. Encounters/visits with more than one health professional and multiple encounters/visits with the same professional, within the same service category, that take place on the same day constitute a single encounter/visit, except when the recipient after the first encounter/visit suffers an illness or injury requiring additional diagnosis or treatment (see instructions for billing a second medically necessary encounter).

Tribal Facility: A health care facility, operated by a Tribal organization that is recognized by the Federal government, which has not elected designation as a 638 IHS provider. This includes all 638 facilities that are not listed with DHS as IHS facilities

Health Professional: A health professional is an individual who:

- Meets the training and licensure requirements for providing services under PrimeWest Health, and
- Is considered a provider who can perform billable services under PrimeWest Health.

The following list identifies occupations considered health professionals for purposes of billing IHS services (this is not an all inclusive list):

- advance practice nurse
- certified registered nurse anesthetist
- chiropractor
- clinical nurse specialist
- clinical specialist in psychiatric and mental health nursing
- counselor
- dentist
- dental hygienist
- home health aide
- licensed clinical social worker
- midwife

- nurse practitioner
- optometrist
- personal care assistant
- physical therapist
- physician
- physician assistant
- physician extender
- podiatrist
- psychologist
- registered dietician
- visiting nurse

Facility Support Staff: Individuals employed by the health care facility to support the services provided by the facility's health professionals do not generate billable encounters. Examples of facility support staff are: clinic managers; RNs not functioning as physician extenders; RNs and LPNs not acting as visiting nurses as provided for in the Code of Federal Regulations at 42 CFR § 405.2416; lab technicians; and x-ray technicians.

Service Categories: Service categories for HIS/638 HIS facilities are:

- Ambulance
- Chemical Dependency
- Child Welfare Targeted Case Management
- Dental
- Home Health
- Medical
- Mental Health
- Pharmacy

Services

All services billed to PrimeWest Health must be:

- Provided by eligible, qualified providers performing services permitted by applicable federal and state laws and rules;
- Within program service guidelines/limitations; and
- Documented in the recipient's medical record.

Indian Health Service Facilities: All covered PrimeWest Health services provided through IHS facilities are eligible for payment. Inpatient hospital, outpatient hospital, clinic (medical or dental), or pharmacy services provided to MA recipients are paid at the applicable IHS encounter/visit rate. Services for GAMC recipients and MinnesotaCare recipients are paid according to the payment methodology noted in the applicable individual service chapters.

638 IHS Facility: As specified in the contract, compact, or grant award, a 638 IHS provider may offer services beyond the scope of IHS facility services including home health, chemical dependency, mental health, and transportation. Tribal governments may also seek certification, from DHS, to provide Child Welfare Targeted Case Management (CW-TCM) services or Relocation Service Coordination (RSC). All covered PrimeWest Health services provided by 638 IHS facilities are eligible for payment. Services provided to MA recipients are paid at the applicable IHS encounter/visit rate, with the exception of CW-TCM and RSC. CW-TCM services are paid at the established 638 IHS CW-TCM rate. RSC is covered at the DHS established RSC rate. Services for GAMC recipients and MinnesotaCare recipients are paid according to the payment methodology noted in the applicable individual service chapters.

Tribal Facility: Services provided to PrimeWest Health recipients by an enrolled Tribal Facility are covered, if the facility meets the requirements to provide services as specified in applicable chapters of this Manual. Refer to the chapter in this manual that applies to the service provided. These facilities have elected not to be paid the IHS encounter/visit rate.

Covered Services and Payment Rates			
	IHS Facility	638 IHS Facility	Tribal Facility
Services: MA and MinnesotaCare With MA Benefits	All MA Covered Services	All MA Covered Services	All MA Covered Services
Rates: MA and MinnesotaCare With MA Benefits (Except CW-TCM and RSC)	IHS encounter/visit rate, along with the fee-for-service rate for outpatient hospital ambulatory surgical services and inpatient physician services.	IHS encounter/visit rate, along with the fee-for-service rate for outpatient hospital ambulatory surgical services and inpatient physician services.	Rate established by DHS for the specific provider type (i.e. FQHC, Physicians Clinic, Physician, etc.). These facilities have elected not to be paid the IHS encounter/visit rate.
MA and MinnesotaCare With MA Benefits CW-TCM		DHS established encounter rate for 638 IHS CW-TCM services.	
MA and MinnesotaCare With MA Benefits RSC		DHS established fee-for-service rate for RSC services.	
Services: GAMC or MinnesotaCare	All GAMC or MinnesotaCare Covered Services	All GAMC or MinnesotaCare Covered Services	All GAMC or MinnesotaCare Covered Services
Rates: GAMC or MinnesotaCare	Payment methodology noted in the applicable individual service chapters.	Payment methodology noted in the applicable individual service chapters.	Payment methodology noted in the applicable individual service chapters.

Payment Requirements

MA Payment to IHS Facilities and 638 IHS Facilities

IHS and 638 IHS facilities are paid for services provided to MA recipients as follows:

- **Inpatient hospital services:** Inpatient hospital requirements such as admission certification, second medical opinion (SMO), and authorization apply. Refer to the following chapters; “Hospital Services,” “Hospital Admission Certification,” “Physician and Professional Services,” and “Authorization.” Inpatient hospital services are billed using revenue codes and charges in the UB-92 format. All inpatient hospital services are covered under the payment of the inpatient per diem rate established by the IHS.
- **Inpatient physician services:** MA pays for inpatient physician services that meet the requirements under the approved State Medicaid plan at the MA fee-for-service rates. These services are billed using the CPT guidelines. Physician charges are submitted using the appropriate CPT code, any applicable modifiers, treating provider number, and charges in the CMS-1500 format.
- **Outpatient services:** All covered services must be billed on the appropriate claim forms e.g. CMS-1500, ADA, Pharmacy. Only one encounter payment will occur per service category, per recipient, per service date.

All MA covered outpatient services including medical, dental, home health, mental health, chemical dependency, and pharmacy are paid at the IHS outpatient rate established by the IHS. When MA covered ambulance/special transportation services are provided under a 638 HIS provider’s contract, compact, or grant with IHS, a billable encounter may occur. See instructions, in this chapter, for billing 638 IHS ambulance/special transportation services.

Note: Medical supplies provided, and/or diagnostic services performed on the date of service are considered part of the face-to-face encounter/visit with the health professional and no separate payments are made.

- **Home Health Agency/Visiting Nurse Services:** Home health agency services and visiting nurse services qualify as IHS/638 IHS encounters/visits when the services are:
 - Provided by individuals who meet training and licensure requirements,
 - Covered PrimeWest Health services meeting all standards and service limitations, and
 - Provided by an IHS/638 IHS facility that has current Medicare certification as a home health agency or has a designation as a home health agency shortage area.
- **Child & Teen Check-up (C&TC):** Child & Teen Check-up services must be billed using C&TC policy and billing instructions. Refer to the Children’s Services Chapter of this Manual.
- **Chemical Dependency Services:** Chemical dependency services are defined in the Chemical Dependency chapter of this Manual. Chemical dependency services are billed according to the instructions found in that chapter. When a face-to-face service is provided by a chemical dependency health professional at a 638 IHS chemical dependency service location an outpatient encounter occurs. Payment for chemical dependency services is limited to one payment, per recipient, per day.
- **Outpatient Hospital Ambulatory Surgical Services:** Whenever an ambulatory surgical

service is provided, (the recipient does not require overnight hospital care):

- The services provided by the outpatient hospital, (i.e., use of the facility, nursing and technical personnel, supplies, etc.) must be billed in the UB-92 format using appropriate CPT surgical procedure code(s) and modifier(s). The ambulatory surgical center facility fee is paid at the current Medicaid rate established for the technical component of the surgical procedure.
 - The professional service (component) to perform an ambulatory surgical procedure is billed using the appropriate CPT code(s), any applicable modifier(s), and charge(s) in the CMS-1500 format.
- **Transportation Services:** Ambulance and special transportation services are defined in the Transportation Services (Ch. 21) of this manual.

To compensate the IHS/638 IHS provider for transportation services, payments are made independent of IHS and 638 IHS inpatient or outpatient encounter claims.

The IHS outpatient encounter/visit rate is paid, when:

- MA covered transportation services are furnished by a 638 IHS provider by transporting the recipient to any MA enrolled provider from which the recipient is eligible to receive services; and
- The services provided to the recipient are MA covered services; and
- The recipient is not admitted to an inpatient hospital within 24 hours of an ambulance trip.

The IHS patient per diem rate is paid, when:

- MA covered ambulance services are furnished by a 638 IHS provider by transporting the recipient to any MA enrolled provider from which the recipient is eligible to receive services; and
- The services provided to the recipient are MA covered services; and
- The recipient is admitted to an inpatient facility, either IHS or non-IHS, within 24 hours of the ambulance trip due to a medical condition related to the need for ambulance services. Box 18 on the CMS-1500 claim form must contain the inpatient admission date in order to receive the IHS inpatient rate.
- The 638 IHS provider need not be the provider that transported the individual to the admitting facility.

When a second transportation service is medically necessary on the same service date, payment for the second trip is made when the services are provided by the 638 IHS provider as long as the destination is one that the recipient is eligible to receive services from and the service is an MA covered service. The payment for the second transportation service is at either the outpatient or inpatient rate depending on whether or not the recipient was admitted within 24 hours of an ambulance trip.

Payments for a recipient for a given service date are limited as follows:

- One outpatient rate or one inpatient rate, if a single transportation service is provided by the 638 IHS provider, or
- Two payments at the outpatient rate, if two or more transportation services are provided by the 638 IHS provider and the recipient was not admitted to an inpatient hospital facility within 24 hours, or

- One outpatient and one inpatient rate, if two or more transportation services are provided by the 638 IHS provider and the recipient was admitted to an inpatient hospital facility within 24 hours.
- All services provided to MA recipients at an IHS facility or at a 638 IHS facility, except for services provided to non-IHS eligible individuals, must be billed under the IHS facility/638 IHS facility provider number.
Services provided to non-IHS eligible individuals must be billed on the separate provider number issued to the provider. Payment for non-IHS services will be at the IHS encounter rate.
Additional provider numbers may only be granted to separate enterprises operating at separate locations.
Services billed under an individual's provider number will not be paid at the HIS encounter/visit rate.
- With the exception of transportation services, only one encounter payment is paid within the same service category, for services that take place on the same day and at a single IHS outpatient location, except when the recipient after the first visit suffers an illness or injury requiring additional diagnosis or treatment. When such a second medically necessary encounter occurs, the second claim must include both the 22 and 76 modifiers along with an attachment explaining the circumstances which supports the request for payment of the second encounter.
- A 638 IHS organization may provide services other than traditional IHS services. Only MA covered services may be billed.
- Services provided at a tribal facility that is not a 638 IHS facility are not eligible for the HIS encounter/visit rate. These facilities must refer to the appropriate chapter that corresponds with the service provided for billing and service coverage information.

Billing Requirements

Effective claim submission dates December 1, 2004, and after, IHS providers must include the treating provider's PrimeWest Health ID number on all claim lines requiring a treating provider number. Claims submitted that do not contain a treating provider number, when required, will be denied.

A treating provider is an individual enrolled in PrimeWest Health who meets PrimeWest Health licensure criteria, or, in some instances, tribal licensure or certification as established with the Commissioner. To enroll an IHS individual provider contact PrimeWest Health Provider Enrollment at (651) 431-2700 or 1-800-366-5411, option 5.

GAMC and MinnesotaCare Payment to IHS Facilities and 638 IHS Facilities

- Services provided to GAMC recipients and MinnesotaCare recipients must be billed according to the requirements designated for each service. The IHS per day and per visit rates do not apply to GAMC recipients and MinnesotaCare recipients. The IHS/ 638 IHS facilities, tribal facilities, and individual providers must meet the same service and licensure requirements necessary to provide services to MA patients/clients.

Legal References

MS 256B.0625, subd. 34