



## ***IHCP COVID-19 Response: IHCP reinstates inpatient SUD and psychiatric admission policy changes***

Effective for dates of service (DOS) on or after Sept. 8, 2021, and until further notice, the Indiana Health Coverage Programs (IHCP) is reinstating temporary changes in the admission, documentation, service and prior authorization (PA) requirements for inpatient substance use disorder (SUD) and psychiatric admissions. This policy change includes Traditional Medicaid (fee-for-service) as well as all managed care benefit programs. This change is in response to the recent increase of coronavirus disease 2019 (COVID-19) cases and hospitalizations across the state of Indiana.



### **Inpatient SUD and psychiatric admissions**

The following are required for initial assessments and prior authorization for inpatient SUD and psychiatric admissions.

#### *Initial assessments*

Complete an in-person or virtual healthcare questionnaire within 24 hours of intake that includes screening for COVID-19 as needed. Medical concerns warranting consultation with a medical professional should be documented.

#### *Prior authorization*

Providers are expected to complete the PA process as described in this bulletin. **Initial PAs for inpatient SUD and psychiatric admissions will include seven days.** Requests for additional days will be due by the 7th day at the latest. Authorizations of seven days will only be provided for authorizations requested on or after (publication date).

*Note: Members with opiate use disorder generally do not meet medical necessity criteria for inpatient SUD treatment; other treatment options should be considered.*

### **Prior authorization requirements for services**

For services described in this bulletin that currently require PA, providers will only be required to submit basic information using the most appropriate IHCP PA form or electronically through the managed care entity (MCE) provider portal or the IHCP Provider Healthcare Portal (Portal). PA forms are available on the [Forms](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Clinical documentation is not required with the PA form but may still be submitted to support the treatment plan. All documentation must be maintained by the provider to substantiate the services provided and be available for postpayment review. Documentation must clearly identify the location of the provider and patient. All services rendered must be medically necessary and within the provider's applicable licensure and scope of practice.

Providers must submit the PA request within 72 hours of the member's admission and will receive a confirmation response from the MCE with which the member is enrolled or from Gainwell Technologies for services delivered under the fee-for-services (FFS) delivery system. For continuation of services beyond the approved period of time, a new fully completed authorization form with clinical documentation must be submitted by the provider.

The following information remains required on the PA form (or electronic equivalent):

- Rendering provider number
- Rendering provider tax ID
- Rendering provider address
- Member ID (also known as RID)
- Member name
- Member date of birth
- Start date of request
- Stop date of request
- Procedure, service, or revenue code
- International Classification of Diseases (ICD) diagnosis
- Preparer name
- Preparer phone
- Number of units
- Signature



For information regarding PAs for other inpatient services, see *IHCP Bulletin* [BT202174](#). For questions or concerns regarding SUD services, providers may email FSSA SUD Services at [SUD.Services@fssa.in.gov](mailto:SUD.Services@fssa.in.gov).

#### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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