



IHCP COVID-19 Response: IHCP temporarily reinstates PA policy for LTAC and AIR facility admissions

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 to the prior authorization (PA) requirements for long-term acute care (LTAC) and acute inpatient rehabilitation (AIR) facility admissions. This change is in response to the recent increase of coronavirus disease 2019 (COVID-19) cases and hospitalizations across the state of Indiana.



PA requirements for LTAC and AIR admission PAs

Providers will only be required to submit basic information using the *IHCP Prior Authorization Request Form*, also known as the universal PA form (available from the [Forms](#) page at in.gov/medicaid/providers) or electronically through the managed care entity (MCE) provider portal or the IHCP Provider Healthcare Portal (Portal).

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

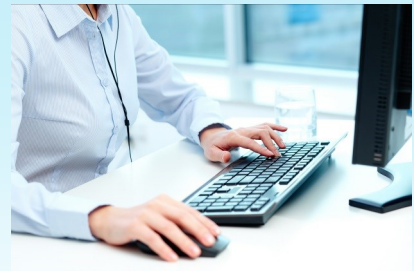
- Rendering provider number
- Rendering provider tax ID
- Rendering provider address
- Member ID (also known as RID)
- Member name
- Member date of birth
- Start date of request
- Stop date of request
- Procedure, service or revenue code
- International Classification of Diseases (ICD) diagnosis
- Preparer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

For authorization of the initial admission, clinical documentation is not required with the PA form, but may still be submitted to allow for care coordination support. All documentation must be maintained by the provider to substantiate the services provided and be available for post payment 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, including recent changes due to the public health emergency.

Providers must submit the PA request within 72 hours, or three calendar days, 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-service (FFS) delivery system.

Authorizations will be approved for a period of 14 days. For continuation of services beyond 14 days, a new fully completed authorization form with clinical documentation must be submitted by the provider to Gainwell Technologies or the member’s MCE for utilization management review.

Please refer to the [Inpatient Hospital Services](#) provider reference module available at in.gov/medicaid/providers for information on billing and reimbursement.



QUESTIONS?

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