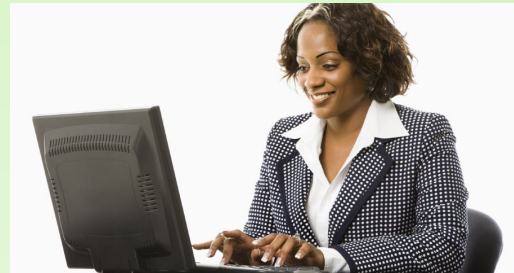


# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202221    MARCH 22, 2022

## IHCP clarifies prior authorization for certain DME or HME supplies and services

During the public health emergency due to the coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) made several temporary policy changes to respond to the needs of members and providers. In *IHCP Bulletin BT202215*, the IHCP rescinded some of those temporary policy changes.



The IHCP is providing clarification on prior authorization (PA) for certain durable medical equipment (DME) or home medical equipment (HME) supplies and services:

- **Physician Signature** – The IHCP will accept plan-of-care signatures within the last 12 months for the continuation of services detailed in Table 1.
- **Face-to-face visit** – A new face-to-face visit is not required for the continuation of an existing service. Providers should note “continuation of services” as appropriate on the PA request form. The face-to-face encounter requirements continue to apply to all initial orders and to all episodes initiated with the completion of a Start-of-Care Outcome and Assessment Information Set (OASIS) assessment.
- **Repairs and Replacements** – PA is required for repairs and replacements for previously approved DME and HME in the member’s possession.

This clarification includes Traditional Medicaid (fee-for-service) as well as all managed care benefit programs. For dates of service on or after April 1, 2022, providers are required to follow the appropriate IHCP guidelines found in the [Durable and Home Medical Equipment and Supplies](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

*Table 1 – Respiratory services and supplies that will allow plan-of-care signatures within last 12 months for continuation of services*

Procedure code	Description
94660	POS airway pressure CPAP
94662	Neg press ventilation CNP
94668	Chest wall manipulation
A7025	Replace chest compress vest
A7026	Replace chst cmpress sys hose
E0424	Stationary compressed gas O2
E0431	Portable gaseous O2
E0433	Portable liquid oxygen sys
E0434	Portable liquid O2
E0439	Stationary liquid O2

*Table 1 – Respiratory services and supplies that will allow plan-of-care signatures within last 12 months for continuation of services (Continued)*

<b>Procedure code</b>	<b>Description</b>
E0441	Stationary O2 contents, gas
E0442	Stationary O2 contents, liq
E0443	Portable O2 contents, gas
E0444	Portable O2 contents, liquid
E0447	Port O2 cont, liq over 4 lpm
E0455	Oxygen tent excl croup/ped t
E0457	Chest shell
E0459	Chest wrap
E0481	Intrpulumnry percuss vent sys
E0482	Cough stimulating device
E0486	Oral device/appliance cusfab
E0500	IPPB all types
E0561	Humidifier nonheated w PAP
E0562	Humidifier heated used w PAP
E0570	Nebulizer with compression
E0574	Ultrasonic generator w svneb
E0575	Nebulizer ultrasonic
E0580	Nebulizer for use w/ regulat
E0606	Drainage board postural
E1390	Oxygen concentrator
E1391	Oxygen concentrator, dual
E1392	Portable oxygen concentrator
E1405	O2/water vapor enrich w/heat
E1406	O2/water vapor enrich w/o heat
K0738	Portable gas oxygen system
S8189	Trach supply NOC

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