IHCP bulletin

Note: This bulletin has been corrected. The first two codes in Table 1 were corrected from 94460 and 94462 to 94660 and 94662. See IHCP Bulletin <u>BT202386</u> for an update.

INDIANA HEALTH COVERAGE PROGRAMS

BT202307

JANUARY 26, 2023

IHCP extends suspension of MCE PA requirements for respiratory assist devices

The Indiana Health Coverage Programs (IHCP) removed managed care entity (MCE) prior authorization (PA) requirements for continued use of respiratory assist devices effective Aug. 1, 2022, and expiring Jan. 31, 2023, as published in *IHCP Bulletin* <u>BT202260</u>. Instead, the IHCP will continue this suspension for another six months, with a new expiration date of July 31, 2023.

All specifications of the previous suspension will remain in place. Therefore, members with a *new* requirement for a respiratory assist device, including continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) devices, will still require an initial PA if the device requires PA under their current coverage plan. Providers are also still required to document an attestation of medical necessity and a member's acknowledgment of usage compliance within the member's medical record.

However, MCEs cannot require PA for the **continued use** of respiratory assist devices listed in Table 1. Additionally, the IHCP clarifies that this guidance applies to not only respiratory assist devices but also supplies related to respiratory assistance. See Table 1 for specific procedure codes that are required to follow this suspension through July 31, 2023.

For more details on the motivations behind this suspension, see BT202260.

Table 1 – Respiratory assist devices and supplies where continuation of services prior authorization is suspended through July 31, 2023

Procedure code		Description
94660	POS airway pressure CPAP	
94662	Neg press ventilation CNP	
E0424	Stationary compressed gas O2	
E0431	Portable gaseous O2	
E0433	Portable liquid oxygen sys	
E0434	Portable liquid O2	
E0439	Stationary liquid O2	
E0441	Stationary O2 contents, gas	
E0442	Stationary O2 contents, liq	
E0443	Portable O2 contents, gas	

Table 1 – Respiratory assist devices and supplies where continuation of services prior authorization is suspended through July 31, 2023 (Continued)

Procedure code	Description	
E0444	Portable O2 contents, liquid	
E0447	Port O2 cont, liq over 4 lpm	
E0455	Oxygen tent excl croup/ped t	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	
E0500	IPPB all types	
E0561	Humidifier nonheated w PAP	
E0562	Humidifier heated used w PAP	
E0601	Continuous airway pressure device (CPAP/APAP)	
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	

QUESTIONS?

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the <u>IHCP Bulletins</u> page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the IHCP provider website at in.gov/medicaid/providers.