

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202391 AUGUST 3, 2023

IHCP assures providers of prior authorization consistency

The Indiana Health Coverage Programs (IHCP) assures providers that fee-for-service (FFS) prior authorization (PA) decision-making remains consistent throughout the onboarding of the new PA contractor, Kepro. As a reminder, the PA decision hierarchy is as follows:

1. Code of Federal Regulations (CFR)
2. Indiana Code (IC)
3. Indiana State Medicaid Plan
4. Indiana Administrative Code (IAC)
5. IHCP bulletins
6. IHCP provider modules
7. Nationally recognized care guidelines (Kepro uses InterQual)
8. Other evidence-based criteria (for example, specialty society guidelines, primary peer-reviewed publications)
9. Prudent medical judgment per “generally accepted standards of medical or professional practice”



In addition, all previously available appeal/administrative review options remain available, including a new “Peer to Peer” (P2P) option. Providers are encouraged to pursue administrative review to maintain their right to appeal or have a state fair hearing. Administrative review requests can now be submitted through Kepro’s [Atrezzo Provider Portal](#) - selecting **reconsideration**.

QUESTIONS?

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

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