IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT2025175 DECEMBER 9, 2025

IHCP to remove prior authorization requirements from audiology procedure codes 92607 and 92608

The Indiana Health Coverage Programs (IHCP) will remove prior authorization (PA) requirements from the Current Procedural Terminology (CPT^{®1}) codes in Table 1, effective for dates of service (DOS) on or after Jan. 10, 2026.

PA will continue to be required for the augmentative and alternative communication (AAC) devices themselves. For more information about requirements for these devices, see the <u>Durable and Home Medical Equipment</u> and <u>Supplies</u> provider reference module at in.gov/medicaid/providers.

This change will be reflected in the Outpatient Fee Schedule and Professional Fee Schedule, accessible from the <u>IHCP Fee Schedules</u> webpage at in.gov/medicaid/providers.



Table 1 – Evaluation with prescription of speech-generating and alternative communication device procedure codes no longer requiring PA, effective for DOS on or after Jan. 10, 2026

Procedure code	Code description
92607	Evaluation with prescription of speech-generating and alternative communication device, first hour
92608	Evaluation with prescription of speech-generating and alternative communication device, each additional 30 minutes

For more information

Questions about fee-for-service (FFS) PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

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QUESTIONS?

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

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