

Emergency Rule
LSA Document #11-187(E)

DIGEST

Temporarily amends the prior authorization requirements for all nonemergent inpatient hospital admissions that are not covered by Medicare. Authority: [IC 4-22-2-37.1](#)(a)(19); [IC 12-15-21-2](#); [IC 12-15-21-3](#). Effective March 31, 2011.

SECTION 1. (a) This SECTION is supplemental to [405 IAC 5-17-2](#).

(b) Prior authorization is required for all nonemergent inpatient hospital admissions of Medicaid eligible recipients. Nonemergent inpatient hospital admissions include all elective or planned inpatient hospital admissions, and inpatient hospital admissions for which the patient's condition permitted adequate time to schedule the availability of a suitable accommodation. The following are exempt from this requirement:

- (1) Inpatient hospital admissions when covered by Medicare.
- (2) Routine vaginal and cesarean section deliveries.

SECTION 2. (a) This section supersedes [405 IAC 5-17-2](#)(e).

(b) In addition to the prior authorization requirements set forth in [405 IAC 5-17-2](#), prior authorization is also required for the procedures listed in [405 IAC 5-3-13](#).

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