MEDICAID PRIOR AUTHORIZATION

I. Community-Based Services That May Be Covered By Prior Authorization

A. Home Health Nursing Services, Such As:
1. RN
2. LPN
3. Home Health Aid

B. Therapy Services, Such As:
1. OT
2. PT
3. Speech
4. Respiratory

C. Outpatient Mental Health Services From
1. Facilities
2. Physicians
3. Practitioners

D. Medical Supplies Do Not Require PA When Ordered by a Physician, Except:
1. Incontinence Supplies

E. Durable Medical Equipment, Such As
1. Wheel Chairs
2. Communication Devices

F. Transportation For
1. Non-Emergency Trips
2. Trips of 50 Miles or More One-Way
3. Airline Trips

II. Policy Requirements

A. Home Health Services (see 405 IAC 5-16)
1. All home health services require PA except when ordered by physician prior to hospital discharge and do not exceed 120 hours within 30 days of discharge
2. Documented acute medical needs
3. Prescribed or ordered in writing by a physician
4. Provided in accordance with a written plan of treatment developed by the physician
5. Intermittent or part-time except for ventilator dependent patients with a plan of home health care developed
6. Deemed medically reasonable and necessary
7. Deemed less expensive than any alternate modes of care
8. Provided only to members who are medically confined to the home
9. Related nursing care (homemaker, chore, sitter/companion) are not covered

B. Therapy Services (see 405 IAC 5-22-6 through 405 IAC 5-22-11)
1. All therapy services require PA except when ordered by a physician prior to hospital discharge and do not exceed 120 hours within 30 days of discharge
2. Written evidence of physical involvement and personal patient evaluation to document acute medical needs

3. Current treatment plan and progress notes as to the necessity and effectiveness of therapy
4. Qualified therapist of qualified assistant under direct supervision of therapist must provide therapy
5. Therapy must be of such a level of complexity and sophistication and the condition of the recipient must be such that the judgment, knowledge, and skills of a qualified therapist are required
6. Only for medically necessary therapy
7. Therapy for rehabilitative services is covered no longer than 2 years unless there is a significant change in medical condition requiring longer therapy.
    a. Can be authorized longer for children under age 18 on a case-by-case basis
    b. Respiratory therapy can be authorized longer on a case-by-case basis
8. Maintenance therapy is not covered
9. Ongoing evaluations are part of the therapy program
10. An hour must include a minimum of 45 minutes of direct care with the balance spent in related services.
11. Not approved for more than one hour per day per type of therapy
12. Cannot duplicate other services

C. Mental Health Services (see 405 IAC 5-20-8)
1. PA is required for services provided in an outpatient or office setting that exceed 30 units per provider per rolling 12-month calendar
2. Current plan of treatment and progress notes as to the necessity and effectiveness of therapy must be attached to the request

D. Medical Supplies (see 405 IAC 5-19)
1. Incontinence supplies (underpads, incontinent briefs and liners, diapers, disposable diapers) require PA for children older than 3 years.
2. Not available for children younger than 3 years
3. Based on documented medical necessity
4. Limited to $1,950 per rolling 12-month period

E. Durable Medical Equipment (see 405 IAC 5-19)
1. PA is required for all rented or purchased equipment except:
    a. Cervical collars
    b. Back supportive devises such as corsets
    c. Hernia trusses
    d. Parenteral infusion pumps when used in conjunction with parenteral hyperalimentation, including central venous catheters
    e. Eyeglasses
    f. Extensive list of items not requiring PA in Indiana Health Coverage Programs Provider Manual
2. Medical Clearance form must be submitted with request to justify medical necessity
3. All repairs of purchased equipment require PA
4. Requests reviewed on a case-by-case basis
5. Must be medically necessary for the treatment of an illness or injury or to improve the functioning of a body member
6. Must be adequate for the medical need; items with unnecessary convenience or luxury features are not authorized
7. Anticipated period of need, plus the cost of the item is considered in determining whether the item is rented or purchased

F. Transportation (see 405 IAC 5-30)

1. PA is required for:

a. Trips exceeding 20 one-way trips per rolling 12-month period, **except** emergency ambulance services, transportation to or from a hospital for the purpose of admission or discharge, or patients on dialysis

b. Trips that are 50 miles or more one-way

c. Transportation to or from an out-of-state non-designated area

d. Airline or air ambulance services by a provider located out of state in a non-designated area

e. In-state train or bus services

f. Family member services

III. Specific Resources

A. Indiana Health Coverage Programs Provider Manual, Chapter 6: Prior Authorization
Go to website at www.indianamedicaid.comand click on "Provider Manual" under "Site Favorites"

B. Indiana Administrative Code 405 IAC Article 5
Go to website at www.in.gov/legislative/ic/code and in "Search the Indiana Code" enter the specific code site