

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023153 NOVEMBER 7, 2023

IHCP permanently removes PA for continued use of respiratory assist devices, services and supplies

Effective Jan. 1, 2024, the Indiana Health Coverage Programs (IHCP) will remove prior authorization (PA) requirements for **continued use** of the respiratory assist devices, services and supplies listed in Table 1, including continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) devices.

Members with a **new** requirement for a respiratory assist device, service or supply listed in Table 1 will still require an **initial** PA if the device, service or supply requires PA under their current coverage plan. *Note: For fee-for-service (FFS) members, the CPAP device (E0601) does not require PA either for new or continued use.*

For dates of service (DOS) on or after Jan. 1, 2024, providers will not have to request PA for continued use of items in Table 1. However, providers are still required to document an attestation of medical necessity and a member's acknowledgment of usage compliance within the member's medical record.

This change applies to all IHCP programs in both the FFS and managed care delivery systems.

Note: For managed care members, the temporary suspension of PA for the oxygen-related codes listed in IHCP Bulletin [BT202386](#) remains in place until Dec. 31, 2023.

Table 1 – Respiratory assist devices, services and supplies no longer requiring PA for continued use, effective for DOS on or after Jan. 1, 2024

Procedure code	Description
94660	Therapy procedure using a positive pressure ventilator
94662	Therapy procedure using a negative pressure ventilator
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)



Table 1 – Respiratory assist devices, services and supplies no longer requiring PA for continued use, effective for DOS on or after Jan. 1, 2024 (Continued)

Procedure code	Description
E0500	lppb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Continuous positive airway pressure (cpap) device

Updates will be made to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Questions regarding FFS billing and reimbursement should be directed to Gainwell Technologies at 800-457-4584. Questions regarding FFS PA requirements should be directed to Kepro Customer Service at 866-725-9991. Questions about managed care billing, reimbursement and PA requirements should be directed to the managed care entity (MCE) with which the member is enrolled.

QUESTIONS?

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

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