

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202545 APRIL 1, 2025

IHCP clarifies and corrects home health prior authorization guidance

The Indiana Health Coverage Programs (IHCP) recently published updated documentation regarding home health prior authorization (PA) requests in *IHCP Bulletin* [BT202525](#). This bulletin clarifies and corrects two components of the required PA documentation.

Practitioner face-to-face medical necessity attestation

The medical necessity for home health services must be certified by the member's qualified treating practitioner (physician, nurse practitioner, clinical nurse specialist or physician assistant). The IHCP continues to adhere to *Code of Federal Regulations 42 CFR 440.70(f)*, which requires a documented face-to-face encounter to occur within the 90 days before or within the 30 days after the start of home health services for the initial certification of medical necessity of home health services. An encounter must also be documented if there is an interruption in home health services. For long-term home health services, an encounter must be documented annually.



The face-to-face encounter may occur through telehealth in accordance with the policies and procedures described in the [Telehealth and Virtual Services](#) module.

Signed plan of care

The IHCP is correcting and clarifying the information in *BT202525* regarding the signed plan of care. The home health plan of care must be signed by the qualified treating practitioner completing the comprehensive home health assessment. The plan of care **does not** need to be signed by the member or legally responsible individual. A copy of the plan of care must be kept on file with the home health agency as well as kept at the member's home.

QUESTIONS?

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