

# IHCP *bulletin*



INDIANA HEALTH COVERAGE PROGRAMS BT202040 APRIL 8, 2020

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## ***IHCP COVID-19 Response: IHCP revises home health prior authorization and telemedicine policies***

Effective for dates of service on or after April 8, 2020, and through the duration of the public health emergency for coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) is temporarily revising home health policies regarding prior authorization (PA) and telemedicine. Home health services may be approved for a period of up to 180 days. This policy change applies to Traditional Medicaid (fee-for-service) and all managed care benefit programs. All services provided must be medically necessary and documentation must be maintained by the provider.

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**Note:** For information regarding “telehealth” (scheduled remote monitoring of clinical data through technologic equipment in the patient’s home) for home health agencies, see the [Telemedicine and Telehealth Services provider reference module](#).

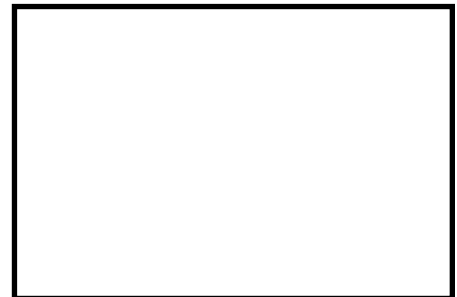
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### **Nonphysician practitioners**

Medicaid home health regulations now allow nonphysician practitioners to order medical equipment, supplies, and appliances; home health nursing and aide services; physical therapy, occupational therapy, or speech pathology; and audiology services, in accordance with State scope of practice laws.

Nonphysician practitioners may include a nurse practitioner or clinical nurse specialist who is working in accordance with State law, or a physician assistant who is working in accordance with State law. The physician/practitioner may:

- Order home health services.
- Establish and periodically review a plan of care for home health services (for example, sign the plan of care).
- Certify and recertify that the patient is eligible for Medicaid home health services.



### **Telemedicine**

Home health agencies (HHAs) can provide reasonable services to patients using telemedicine as long as the service is part of the patient’s plan of care and does not replace needed in-person visits as ordered on the plan of care. Examples of reasonable services may include mental status examinations, monitoring medication setup, and chronic disease education and management. Examples of services that cannot be provided using telemedicine include personal care services, bathing, and wound care. The IHCP acknowledges that the use of such technology may result in changes to the frequency or types of in-person visits outlined in existing or new plans of care.

**Initial assessments**

HHAs can perform initial assessments by record review or via telemedicine, which includes video or audio-only communication. The face-to-face requirement may be completed via telemedicine. See *IHCP Bulletins* [BT202022](#) and [BT202034](#) for additional information regarding telemedicine.

**Waived onsite visits for HHA aide supervision**

An HHA nurse will not be required to conduct an onsite visit every 2 weeks, but remote supervision by record review or via telemedicine of home health aide services is encouraged.

**Specimen for COVID-19 testing**

If a patient is already receiving home health services, the home health nurse, during an otherwise covered visit, could obtain the COVID-19 specimen collection sample to send to the laboratory.

**Prior authorization forms and documentation**

HHAs are required to submit basic information when requesting PA for services. This information is submitted on the *IHCP Prior Authorization Request Form* (universal PA form available from the [Forms](#) page at [in.gov/medicaid/](http://in.gov/medicaid/) providers) or electronically through the managed care entity (MCE) provider portal or the IHCP Provider Healthcare Portal (Portal). Clinical documentation is not required, but may still be submitted to support the assignment of health plan care managers to patients in need of support services.

The following information remains required on the universal PA form (or electronic equivalent):

- Rendering provider number
- Rendering provider tax ID
- Rendering provider address
- Member ID (also known as RID)
- Member name
- Member date of birth
- Start date of request
- Stop date of request
- Procedure, service, or revenue code
- International Classification of Diseases (ICD) diagnosis
- Preparer name
- Preparer phone
- Number of units
- Signature
- Date
- Documentation of a face-to-face encounter, in accordance with *Code of Federal Regulations 42 CFR 440.70(f)* (Note: This only pertains to initial PA requests and is not required with reauthorization requests to extend the initial PA period.)

**Verbal consent**

Patient consent for receiving services must be documented. Patient consent may be received verbally or by electronic signature and should be documented as such in the patient's medical file.

**For more information**

For additional information regarding home health services and requirements, refer to the [Home Health Services](#) provider reference module.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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