

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202180 SEPTEMBER 8, 2021

## ***IHCP COVID-19 Response: PA changes temporarily reinstated for some DME/HME supplies and services***

Effective for dates of service (DOS) on or after Sept. 8, 2021, and until further notice, the Indiana Health Coverage Programs (IHCP) is temporarily removing prior authorization (PA) requirements for some services and supplies. This policy change includes Traditional Medicaid (fee-for-service) as well as all managed care benefit programs. This change is in response to the recent increase of coronavirus disease 2019 (COVID-19) cases and hospitalizations across the state of Indiana.

### **Respiratory services and supplies**

PA will no longer be required for the following respiratory services and supplies shown in Table 1 for DOS on or after Sept. 8, 2021, and until further notice.

*Table 1 – Respiratory services and supplies not requiring PA for DOS on or after Sept. 8, 2021, and until further notice*

<b>Procedure code</b>	<b>Description</b>
94660	POS airway pressure CPAP
94662	Neg press ventilation CNP
94668	Chest wall manipulation
A7025	Replace chest compress vest
A7026	Replace chst cmprss sys hose
E0424	Stationary compressed gas O2
E0431	Portable gaseous O2
E0433	Portable liquid oxygen sys
E0434	Portable liquid O2
E0439	Stationary liquid O2
E0441	Stationary O2 contents, gas
E0442	Stationary O2 contents, liq
E0443	Portable O2 contents, gas
E0444	Portable O2 contents, liquid
E0447	Port O2 cont, liq over 4 lpm
E0455	Oxygen tent excl croup/ped t

*Table 1 – Respiratory services and supplies not requiring PA for DOS on or after Sept. 8, 2021, and until further notice (continued)*

<b>Procedure code</b>	<b>Description</b>
E0457	Chest shell
E0459	Chest wrap
E0481	Intrpulmny percuss vent sys
E0482	Cough stimulating device
E0486	Oral device/appliance cusfab
E0500	IPPB all types
E0561	Humidifier nonheated w PAP
E0562	Humidifier heated used w PAP
E0570	Nebulizer with compression
E0574	Ultrasonic generator w svneb
E0575	Nebulizer ultrasonic
E0580	Nebulizer for use w/ regulat
E0606	Drainage board postural
E1390	Oxygen concentrator
E1391	Oxygen concentrator, dual
E1392	Portable oxygen concentrator
E1405	O2/water vapor enrich w/heat
E1406	O2/water vapor enrich w/o heat
K0738	Portable gas oxygen system
S8189	Trach supply NOC

*Note: Ventilators and bilevel positive airway pressure (BiPAP) devices are excluded from this policy and will continue to require PA.*

### **Other durable and home medical equipment repairs and replacements**

For DOS on or after Sept. 8, 2021, and until further notice, PA will not be required for repairs and replacements for previously approved durable medical equipment (DME) and home medical equipment (HME) in the member's possession. This does not include repairs and replacements for beds, motorized (power) wheelchairs, and power-operated vehicles (POVs), and their accessories. All repairs and replacements must be medically necessary, and documentation must be maintained by the provider. PA is still required for new DME or HME, unless referenced otherwise in this policy.

As noted in the *Durable and Home Medical Equipment and Supplies* provider reference module (accessible at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers)), providers should bill labor costs associated with servicing and repairs using Healthcare Common Procedure Coding System (HCPCS) code K0739 – Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes.

Until further notice, providers must bill for replacements or repairs using the following modifiers as applicable:

- RA – Replacement of a DME, orthotic or prosthetic item
- RB – Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair



As a reminder, the IHCP will not pay for labor for the repair of DME or HME under the following circumstances:

- The IHCP does not pay for repair of equipment still under warranty.
- The IHCP does not authorize payment for repair necessitated by member misuse or abuse, whether intentional or unintentional. The provider must obtain documentation from the member stating that the member understands the service is not covered by the IHCP and the member will assume responsibility for the repairs.
- The IHCP does not cover payment for maintenance charges of properly functioning equipment.
- For rental equipment, repairs are the responsibility of the rental provider.
- For DME or HME included in a long-term care (LTC) facility’s per diem rate, repair costs are also not separately reimbursable.

*Note: The face-to-face requirement for DME and HME may be completed via telemedicine, which includes video or voice-only communication.*

**QUESTIONS?**

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