

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201124 JUNE 14, 2011



Reminder of home health services requirements and limitations

As a reminder, the Indiana Health Coverage Programs (IHCP) provides reimbursement for medically necessary home health services for intermittent or part-time nursing services provided in the member's home. An intermittent or part-time home health service is defined as up to eight hours of care per member, per day. The only exception to this restriction is ventilator-dependent patients with a developed plan of home healthcare for whom additional hours may be authorized.

Per *Indiana Administrative Code 405 IAC 1-4.2-3*, Indiana Medicaid reimburses home health agency (HHA) providers for the following home health services:

- Skilled nursing performed by a registered nurse or licensed practical nurse
- Home health aide services
- Physical and occupational therapies

- Speech pathology services
- Renal dialysis

MORE IN THIS ISSUE

- [Used DME not reimbursed by Medicaid](#)
- [PE diagnosis codes](#)

The services in this subsection **must be performed in the home** and provided within the limitations set forth in *405 IAC 5-16*.

[Continue](#)

Home health prior authorization

All home health services require prior authorization (PA), except services ordered in writing by a physician prior to a patient's discharge from a hospital, if such services do not exceed 120 units within 30 calendar days following hospital discharge, and the parameters meet those outlined in the *405 IAC 5-3-12*.

Indiana Administrative Code 405 IAC 5-16-3 outlines the necessary prior authorization requirements and factors considered when determining the appropriate service, units of service, and duration of services required by a recipient. Pursuant to *405 IAC 5-16-3(d)(2)(M)*, one factor considered is "whether the recipient works and/or attends school outside of the home, including what assistance is required." Prior authorizations for home health services related to this factor are reviewed and approved, modified, or denied, based on the recipient's specific needs. Although the IHCP reimburses for home health services provided to members who are able to work or attend school, home health services must be performed in the home and are not to be used:

- To escort the member to community activities that are therapeutic in nature, or assist with developing and maintaining the member's natural supports
- In a school setting (Note: IHCP coverage is available for in-school special education services for children under 21 years of age, when provided by a public school and included in an Individual Education Plan, or IEP.)

Additional information

For additional information regarding home health requirements and limitations, see:

- *405 IAC 1-4*, *405 IAC 5-3-12*, *405 IAC 5-16-3*
- The [IHCP Provider Manual](#), accessible via indianamedicaid.com
- IHCP bulletins [BT200237](#) and [BT201022](#), accessible via indianamedicaid.com

Used DME not reimbursed by Medicaid

In response to inquiries from the provider community about Medicaid reimbursement for used durable medical equipment (DME), the Office of Medicaid Policy and Planning (OMPP) provides the following policy clarification.

The IHCP does not reimburse for used DME, except for A4638 – *Replacement battery for patient-owned ear pulse generator, each* and A7046 – *Water chamber for humidifier, used with positive airway pressure device, replacement, each*. A new item placed with a member initially as a rental item will be considered a new item by the OMPP at the time of purchase. A used DME item placed with a member initially as a rental item will be replaced by the supplier with a new item before being purchased by the OMPP.

Update: Pregnancy-related diagnosis codes for presumptive eligibility

The *International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM)* diagnosis codes in the table starting on the next page will be added to Table 6.1 – Diagnosis Codes for PE in the [Qualified Provider Presumptive Eligibility Manual, Section 6](#). These codes are effective for dates of service on or after March 1, 2011.

Continue

Additions to Table 6.1 – Diagnosis codes for PE (effective on or after March 1, 2011)

Diagnosis Code	Description
63310	Tubal pregnancy without intrauterine pregnancy
63320	Ovarian pregnancy without intrauterine pregnancy
63380	Other ectopic pregnancy without intrauterine pregnancy
63390	Unspecified ectopic pregnancy without intrauterine pregnancy
64120	Premature separation of placenta, unspecified
64200	Benign essential hypertension, unspecified
64210	Renal hypertension, unspecified
64220	Other pre-existing hypertension complicating pregnancy, unspecified
64230	Transient hypertension of pregnancy, unspecified
64240	Mild or unspecified pre-eclampsia
64250	Severe pre-eclampsia, unspecified
64260	Eclampsia, unspecified
64270	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, unspecified
64290	Unspecified hypertension complicating pregnancy
64520	Prolonged pregnancy, unspecified
64620	Unspecified renal disease in pregnancy, without mention of hypertension
64660	Infections of genitourinary tract in pregnancy, unspecified
64700	Syphilis in pregnancy, unspecified
64710	Gonorrhea in pregnancy, unspecified
64720	Other venereal disease in pregnancy, unspecified
64730	Tuberculosis in pregnancy, unspecified
64740	Malaria in pregnancy, unspecified
64750	Rubella in pregnancy, unspecified
64760	Other viral diseases in pregnancy, unspecified
64780	Other specified infections and parasitic disease in pregnancy, unspecified
64790	Unspecified infection or infestation in pregnancy
64800	Diabetes mellitus in pregnancy, unspecified
64810	Thyroid dysfunction in pregnancy, unspecified
64820	Anemia in pregnancy, unspecified
64830	Drug dependence in pregnancy, unspecified
64840	Mental disorder in pregnancy, unspecified
64850	Congenital cardiovascular disorders in pregnancy, unspecified
64860	Other congenital cardiovascular disorders in pregnancy, unspecified

Continue

Diagnosis Code	Description
64870	Bone and joint disorders of back, pelvis, and lower limbs in pregnancy, unspecified
64880	Abnormal glucose tolerance in pregnancy, unspecified
64890	Other current conditions in pregnancy, unspecified
64900	Tobacco use disorder complicating pregnancy, unspecified
64903	Tobacco use disorder complicating pregnancy
64910	Obesity disorder complicating pregnancy, unspecified
64913	Obesity disorder complicating pregnancy, antepartum
64920	Bariatric surgery complicating pregnancy, unspecified
64923	Bariatric surgery complicating pregnancy, antepartum
64930	Coagulation deficiency complicating pregnancy, unspecified
64933	Coagulation deficiency complicating pregnancy, antepartum
64940	Epilepsy complicating pregnancy, unspecified
64943	Epilepsy complicating pregnancy, antepartum
64950	Spotting complicating pregnancy, unspecified
64953	Spotting complicating pregnancy, antepartum
64960	Uterine size date discrepancy, unspecified
64963	Uterine size date discrepancy, antepartum
64970	Cervical shortening, unspecified
64973	Cervical shortening, antepartum
V2341	Pregnancy with other poor obstetric history – pregnancy with history of pre-term labor
V2349	Supervision of high-risk pregnancy – pregnancy with other poor obstetric history
V2384	Other high-risk pregnancy – young multigravida
V2385	Other high-risk pregnancy – pregnancy resulting from assisted reproductive technology
V2386	Other high-risk pregnancy – pregnancy with history of in utero procedure during previous pregnancy
V7242	Pregnancy examination or test, positive result

The ICD-9-CM diagnosis code in the table below will be removed from the [Qualified Provider Presumptive Eligibility Manual, Section 6](#), Table 6.1 – Diagnosis Codes for PE. The diagnosis code will be invalid for dates of service on or after March 1, 2011.

Deletions from Table 6.1 – Diagnosis codes for PE (effective on or after March 1, 2011)

Diagnosis Code	Description
4641	Acute tracheitis

Questions?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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