

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202525 FEBRUARY 20, 2025

IHCP provides updated guidance for home health services prior authorization documentation

The Indiana Health Coverage Programs (IHCP) is providing updated guidance for documentation required with submission of home health services prior authorization (PA) and reauthorization (authorization extension) requests. These guidelines apply to requests that are **not** covered under occurrence code 42 (date of discharge) for post discharge from an acute inpatient hospital when ordered by a physician or qualified practitioner.



Beginning April 1, 2025, the following documentation will be required with all home health service PA requests:

- Parent/caregiver work calendars and employment confirmation letters
- Member school calendars
- Comprehensive home health assessment, which must identify all other supportive services and therapies the member is receiving, including but not limited to:
 - Medicaid waiver services such as Structured Family Caregiving and Attendant Care hours
 - Other shift/hour services such as applied behavior analysis (ABA) therapy
 - If the agency staff providing home health services are also the parent or legally responsible individual for the member
 - Signed plan of care (must be signed by the agency representative completing the assessment and the patient/legal responsible individual)
- Physician face-to-face, medical necessity attestation required for ongoing home health services within the previous 30 days of request for a new authorization or expiration of current authorization
- Place of service (POS) code 13 – *Assisted living facility* required for home care services provided to a beneficiary residing in an assisted living facility
 - To prevent any payment denials, verification is required by home health providers with the assisted living facility that home health services are not duplicative of the services the assisted living facility is required to provide under room and board.

These new PA documentation requirements are to be included with the current requirements listed in the *Home Health PA Documentation* section of the [Home Health Services](#) provider reference module at in.gov/medicaid/providers.

For the guidelines used to determine the appropriate number of hours authorized for home health services, see the *Home Health Care Hourly Determination Guidelines* section of the [Home Health Services](#) provider reference module. These are guidelines only and do not override medical decisions based on individual case review.

QUESTIONS?

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

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