



IHCP COVID-19 Response: IHCP revises policies for certain behavioral health services

Effective for dates of service (DOS) on or after April 9, 2020 (unless noted otherwise in this bulletin), and through the duration of the public health emergency for coronavirus disease 2019 (COVID-19), the Indiana Health Coverage Programs (IHCP) is instituting temporary changes in the admission, documentation, service, and prior authorization (PA) requirements for American Society of Addiction Medicine (ASAM) Levels 3.1 and 3.5, intensive outpatient treatment (IOT), partial hospitalization programs (PHPs), and inpatient substance use disorder (SUD) and psychiatric admissions.



Prior authorization requirements

For services described in this bulletin that currently require PA, providers will only be required to submit basic information using the most appropriate IHCP PA form or electronically through the managed care entity (MCE) provider portal or the IHCP Provider Healthcare Portal (Portal). PA forms are available on the [Forms](#) page at in.gov/Medicaid/providers. Clinical documentation is not required with the PA form, but may still be submitted to support the treatment plan. All documentation must be maintained by the provider to substantiate the services provided and be available for postpayment review. Documentation must clearly identify the location of the provider and patient. All services rendered must be medically necessary and within the provider's applicable licensure and scope of practice.

Providers must submit the PA request within 72 hours of the member's admission and will receive a confirmation response from the MCE with which the member is enrolled or from DXC Technology for services delivered under the fee-for-services (FFS) delivery system. Authorizations will be automatically approved for a period of time, depending on the service, as noted in this bulletin. For continuation of services beyond the approved period of time, a new fully completed authorization form with clinical documentation must be submitted by the provider.

The following information remains required on the 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

Telemedicine guidance

The telemedicine guidance announced in *IHCP Bulletin* [BT202022](#) applies to these services, including the initial medical provider appointment. See *IHCP Bulletin* [BT202034](#) for responses to telemedicine frequently asked questions (FAQs).

Treatment requirements

Treatment requirements are able to be modified for those who are documented as needing to be socially isolated. Documentation of daily contact and ongoing support must be present. These modifications can be made for clients who are in need of isolation due to:

- New admission status
- Symptoms congruent with COVID-19
- Reported exposure to someone with COVID-19 or congruent symptoms



Clinical assessments

For all services listed in this bulletin, a full clinical assessment shall be completed within 7 calendar days.

ASAM Level 3.5 providers that are unable to complete subsequent medical follow-up visits within the required time frame via an in-person or virtual assessment shall submit the following as an alternative:

- A clinical update (progress in psychotherapy, and so on) by a health service provider in psychology (HSPP), licensed mental health counselor (LMHC), licensed clinical social worker (LCSW), or licensed clinical addiction counselor (LCAC)
- A physical health update including, vital signs, withdrawal symptoms, physical symptom changes, and craving ratings
 - Documentation of communication with medical professional if there are increases in physical concerns including withdrawal symptoms. Changes to orders can then be verbally conveyed by the physician or advanced practice providers and must be documented in the chart.

Additional service-specific information

The following sections contain information specific to the service being provided.

ASAM Level 3.1 services

Initial assessments

Complete an in-person or virtual healthcare questionnaire within 24 hours of intake that includes screening for COVID-19 as needed. Medical concerns warranting consultation with a medical professional should be documented.

Prior authorization

Providers are expected to complete the PA process as described in this bulletin. **Initial PAs for ASAM Level 3.1 services will include 21 days.** Requests for additional days will be due by the 21st day at the latest. Authorizations of 21 days will only be provided for authorizations requested on or after April 9, 2020.

ASAM Level 3.5 services*Initial assessments*

Providers unable to complete the initial medical assessment within the required time frame of 48 hours via an in-person or virtual assessment shall complete the following within 24 hours of intake:

- A documented physical risk screening must be completed, including:
 - Substances used in the last month
 - ◆ Benzodiazepines and alcohol use must indicate amount, frequency, and presence of seizure history
 - Current medications
 - Medical history
 - Vital signs
 - Screening for urgent medical needs including:
 - ◆ Diabetes
 - ◆ Pregnancy
 - ◆ Symptoms congruent with COVID-19
- Documentation must clearly confirm or deny symptoms in the above categories.
- Collaboration with physician or advanced practice provider via phone, telemedicine, or in-person consultation within 48 hours of admission must occur and be documented in the chart.
 - Documentation must also include treatment direction recommendations.

*Prior authorization*

Providers are expected to complete the PA process as described in this bulletin. **Initial PAs for ASAM Level 3.5 services will include 21 days.** Requests for additional days will be due by the 21st day at the latest.

Authorizations of 21 days will only be provided for authorizations requested on or after **March 21, 2020**. See the Division of Mental Health and Addiction (DMHA) [provider notification](#) regarding modifications to ASAM Level 3.5 services.

Intensive outpatient treatment (IOT) and partial hospitalization programs (PHPs)*Initial assessments*

Complete an in-person or virtual healthcare questionnaire within 24 hours of intake that includes screening for COVID-19 as needed. Medical concerns warranting consultation with a medical professional should be documented.

Prior authorization

Providers are expected to complete the PA process as described in this bulletin. **Initial PAs for IOT and PHP services will include 14 days.** Requests for additional days will be due by the 14th day at the latest. Authorizations of 14 days will only be provided for authorizations requested on or after April 9, 2020.

Telemedicine

The IHCP encourages providers to use video-enabled telemedicine technology to adequately render IOT and PHP services. However, if these services are rendered via audio-only telemedicine technology, all service components must be met. **If service components are not or cannot be met, providers should use the most appropriate behavioral health procedure code(s) to describe the services rendered.**

Inpatient substance use disorder (SUD) and psychiatric admissions***Initial assessments***

Complete an in-person or virtual healthcare questionnaire within 24 hours of intake that includes screening for COVID-19 as needed. Medical concerns warranting consultation with a medical professional should be documented.

Prior authorization

Providers are expected to complete the PA process as described in this bulletin. **Initial PAs for inpatient SUD and psychiatric admissions will include 7 days.** Requests for additional days will be due by the 7th day at the latest. Authorizations of 7 days will only be provided for authorizations requested on or after April 9, 2020.

Note: Members with opiate use disorder generally do not meet medical necessity criteria for inpatient SUD treatment; other treatment options should be considered.

For information regarding PAs for other inpatient services, see *IHCP Bulletin* [BT202030](#). For questions or concerns regarding SUD services, providers may email FSSA SUD Services at SUD.Services@fssa.in.gov.

**QUESTIONS?**

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