

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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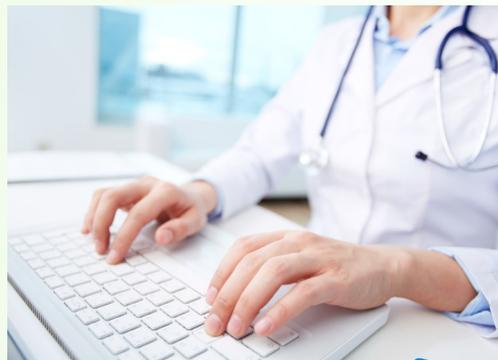
JULY 26, 2022

IHCP removes prior authorization requirements for electric breast pumps

Effective Aug. 26, 2022, the Indiana Health Coverage Programs (IHCP) will remove all prior authorization (PA) requirements for procedure code E0603 – *Breast pump, electric (AC and/or DC), any type*.

This removal of PA requirements applies to all IHCP plans, including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid.

Note: The majority of IHCP plans currently do not have PA requirements for electric breast pumps. This policy revision ensures that both fee-for-service (FFS) and managed care plans are in alignment on this item.



This information will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Questions regarding coverage and PA requirements for all FFS IHCP-enrolled members should be directed to Gainwell Technologies at 800-457-4584, option 7. Questions about managed care billing and PA for procedures should be directed to the managed care entity (MCE) with which the member is enrolled.

QUESTIONS?

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

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