How to Make Prior Authorizations Work for You

2023 Annual IHCP Works Seminar

Presenter: Candace Ervin, Provider Engagement Administrator

Confidential and Proprietary Information

Agenda

- Medical Prior Authorization (PA)
- Need to Know
- Web Portal
- Telephonic Requests
- Fax Requests
- Appeals Process
- Behavioral Health Prior Authorization
- MHS Team
- Questions and Answers

Medical Prior Authorization (PA)

Prior Authorization (Medical Services)

Prior Authorization (PA) is an approval from MHS to provide services designated as needing authorization before treatment and/or payment.

- Inpatient (IP) authorizations = IP + 10 digits
- Outpatient (OP) authorizations = OP + 10 digits
- ER Visits suggesting imminent, life-threatening condition no PA required, but notification requested within **two business days.**
- Urgent concurrent = Emergent inpatient admission. Determination timeline within **24 hours** of receipt of request.
- Pre-service non-urgent = Elective scheduled procedures. Determination within **five business days.** Benefit limitations apply (dependent on product).

Prior Authorization

MHS Medical Management will review state guidelines and clinical documentation. Medical Director input will be available if needed.

- PA for observation level of care **(up to 72 hours for Medicaid)**, diagnostic services do not require an authorization.
- If the provider requests an inpatient level of care for a covered/eligible condition, but procedure and documentation supports an outpatient/observation level of care, MHS will send the case for Medical Director review.

Prior Authorization

Outpatient Services:

- All elective procedures that require PA must be submitted to MHS at least **two business days** prior to the date of service.
- All ER services do not require PA, but admission must be called into MHS Prior Authorization Department within **two business days** following the admit.
- Members **must** be Medicaid Eligible on the date of service.
- PAs are not a guarantee of payment.

Failure to obtain PA for non-urgent and emergent services will result in a denial for related claims.

Prior Authorization

Transfers:

- MHS requires **notification and approval** for all transfers from one facility to another at least two business days in advance.
- MHS requires **notification** within two business days following all emergent transfers. Transfers include, but are not limited to:
  - Facility-to-facility
  - Higher level of care changes require PA, and it is the responsibility of the transferring facility to obtain.

Prior Authorization

- MHS aligned our utilization management with all Managed Care Entities (MCEs) to build a more comprehensive medical criteria hierarchy for any PAs reviewed.
- MCEs must follow IHCP Policy (fee-for-service criteria) exactly for the following items:
    - ABA Therapy
    - Drug Testing
    - EndoPredict-Breast Cancer
    - Hysterectomies
    - ReliZorb (in-line cartridge containing digestive enzymes for enteral feeding)
    - Speech-Generating Devices
    - Spinal Stenosis
    - Transplants
    - Bariatric Procedures
    - Oxygen Usage

For additional information please see: IHCP Bulletin BT2022117

https://www.in.gov/medicaid/providers/files/bulletins/BT2022117.pdf

Prior Authorization

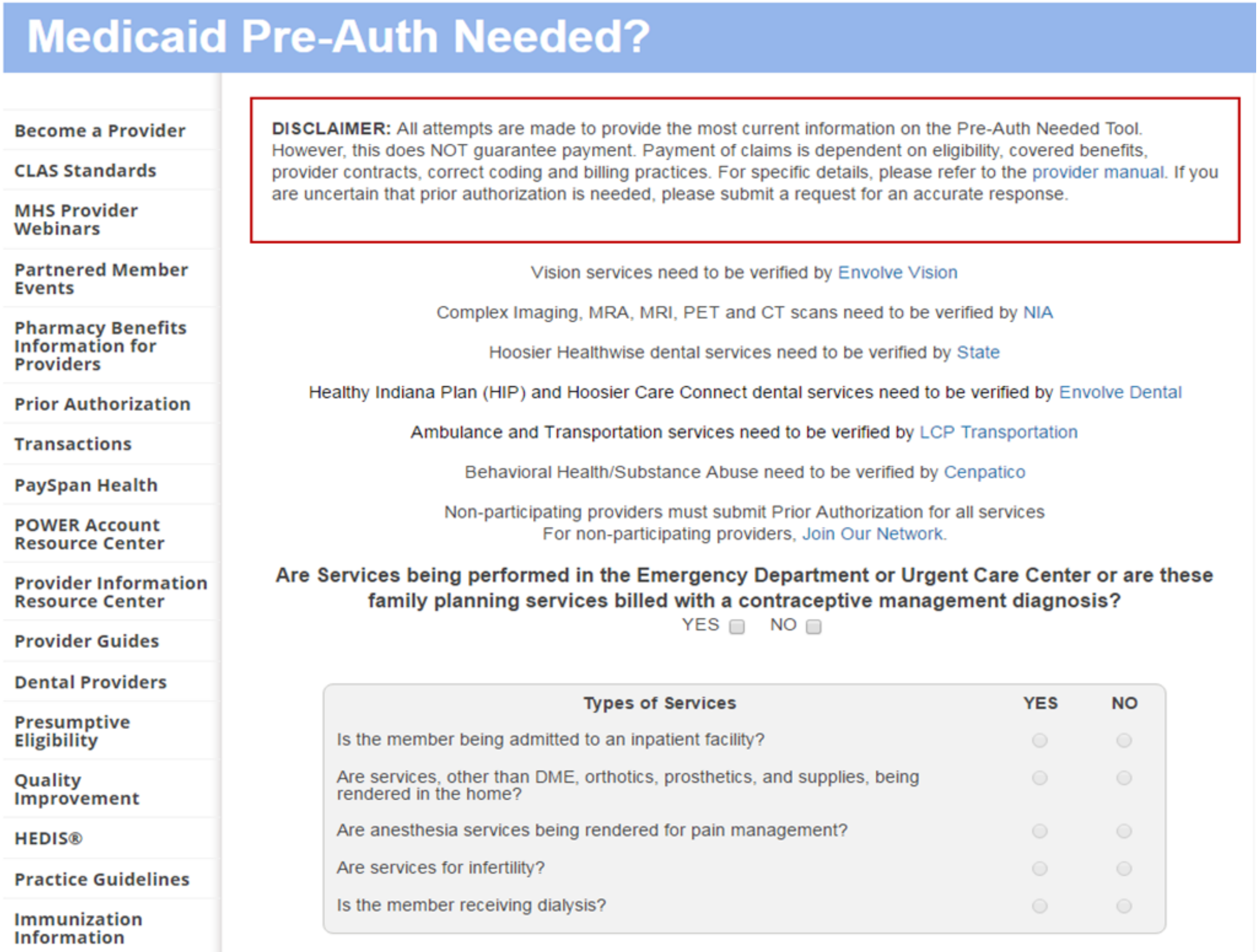
- **Need to know what requires Authorization:**
  - Pre-Authorization tool

    https://www.mhsindiana.com/providers/prior-authorization/medicaid-pre-auth.html

- **How to obtain Authorization:**
  - Online: https://www.mhsindiana.com/providers/prior-authorization.html
  - Phone: 1-877-647-4848
  - Fax: 1-866-912-4245

- **Authorizations do not guarantee payment.**

Prior Authorization



Medicaid Pre-Auth Needed?

- Become a Provider
- CLAS Standards
- MHS Provider Webinars
- Partnered Member Events
- Pharmacy Benefits Information for Providers
- Prior Authorization
- Transactions
- PaySpan Health
- POWER Account Resource Center
- Provider Information Resource Center
- Provider Guides
- Dental Providers
- Presumptive Eligibility
- Quality Improvement
- HEDIS®
- Practice Guidelines
- Immunization Information

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by Envolve Vision

Complex Imaging, MRA, MRI, PET and CT scans need to be verified by NIA

Hoosier Healthwise dental services need to be verified by State

Healthy Indiana Plan (HIP) and Hoosier Care Connect dental services need to be verified by Envolve Dental

Ambulance and Transportation services need to be verified by LCP Transportation

Behavioral Health/Substance Abuse need to be verified by Cenpatico

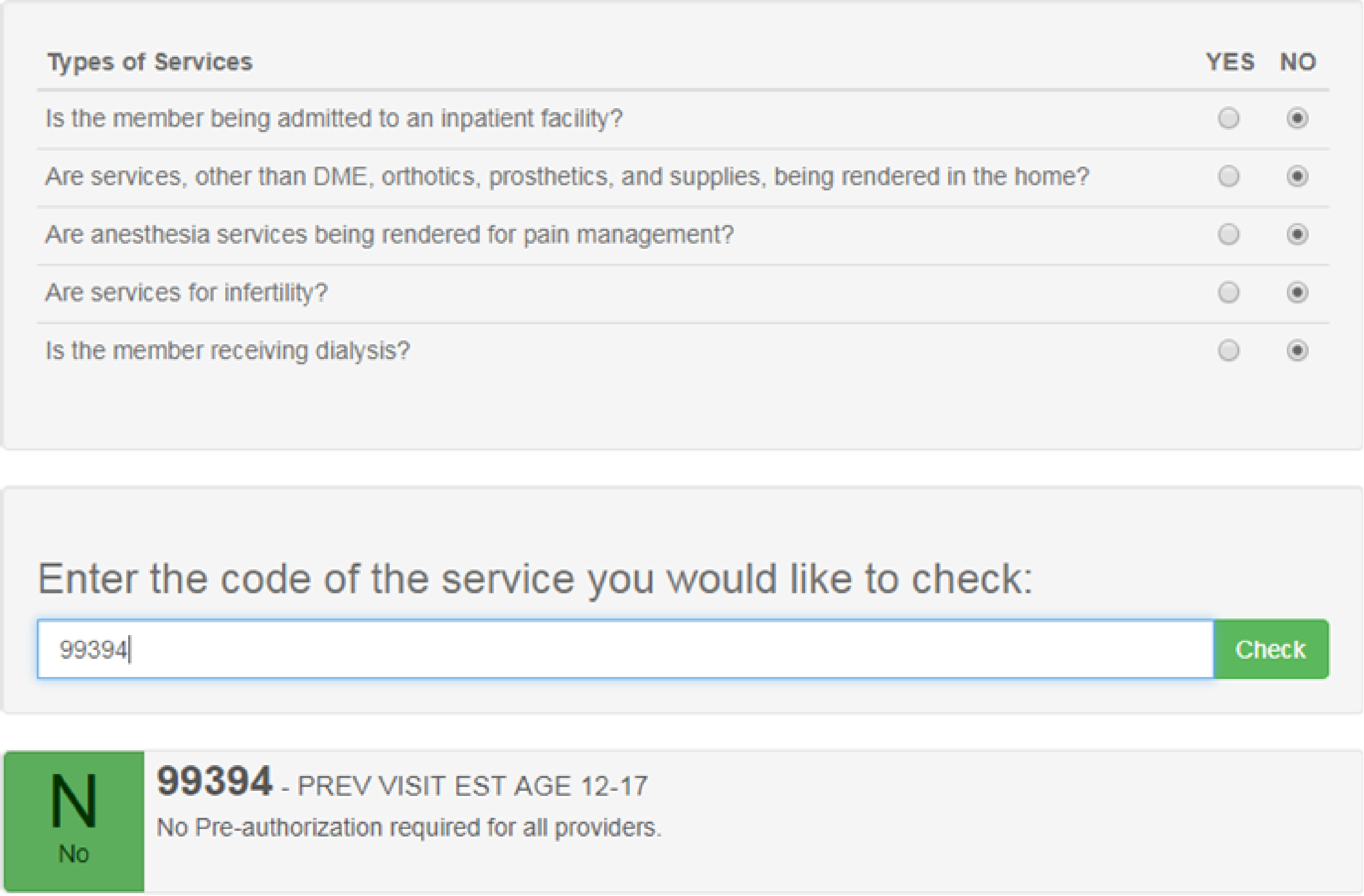
Non-participating providers must submit Prior Authorization for all services
For non-participating providers, Join Our Network.

Are Services being performed in the Emergency Department or Urgent Care Center or are these family planning services billed with a contraceptive management diagnosis?

YES ☐ NO ☐

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	○	○
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	○	○
Are anesthesia services being rendered for pain management?	○	○
Are services for infertility?	○	○
Is the member receiving dialysis?	○	○

Prior Authorization



Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	○	●
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	○	●
Are anesthesia services being rendered for pain management?	○	●
Are services for infertility?	○	●
Is the member receiving dialysis?	○	●

Enter the code of the service you would like to check:

99394

99394 - PREV VISIT EST AGE 12-17

No Pre-authorization required for all providers.

Prior Authorization

Information Needed to Complete All PAs:

- Member’s Name, MID, and Date of Birth
- Type of service needed
- Date(s) of service
- Ordering Physician with NPI number
- Servicing/Rendering Physician with Rendering NPI number
- HCPCS/CPT codes requested for approval
- Diagnosis code
- Contact person, including phone and fax numbers
- Clinical information to support medical necessity (home care requires a signed Plan of Care POC)

Prior Authorization Request

- Providers can **update** previously approved PAs **within 30 days** of the original date of service prior to claim denial for changes to:
  - Dates of service
  - CPT/HCPCS codes
  - Provider

Providers are encouraged to make corrections to the existing PA prior to submitting the claim.

Prior Authorization (PA) Request

- MHS has up to **five days** to render standard PA decisions and 48 hours to render urgent PA decisions.
- Reasons for a delayed decision may include:
  - Lack of information or incomplete request
  - Illegible faxed copies of PA forms – i.e handwriting is illegible, or fax is otherwise not readable
  - Request requiring Medical Director review

Prior Authorization Request

- Medical Management **does not** verify eligibility or benefit limitations:
  - Provider is responsible for eligibility and benefit verification.

Continuity of Care PA Request

- MHS will honor pre-existing authorizations from any other Medicaid Program following the below mentioned guidelines:
  - During the first 30 days of enrollment, or up to the expiration date of the previous authorization, whichever occurs first, and upon notification to MHS request.
  - Providers must include the approval from the prior MCE, once the member transfers to MHS.

Reference: MHS Provider Manual Chapter 7

[MHS - Provider Manual 2023 (mhsindiana.com)]

Sub-Acute Care

- MHS conducts clinical review for ongoing authorization and coordination of discharge needs for our members in subacute facilities at least every 3-5 days.
- The requests for sub-acute care usually have a very short turnaround time of one day.
- Indiana Administrative Code requires that individuals requesting a nursing facility admission to a Medicaid-certified NF meet a nursing facility level of care (*405 IAC 1-3-1* and *405 IAC 1-3-2*.). A Preadmission Screening and Resident Review (PASRR) is required before admission and must be submitted with the admission request and when updated according to IAC requirements.

Sub-Acute Care

The PASRR is submitted with the admission request and should include complete current information regarding:

- Member's condition
- Level of functioning (prior to admission)
- Medications
- Therapies provided
- Participation in therapies
- Progress toward goals
- New or amended goals
- Updates from care conferences
- Updates to our member's plan of care
- Discharge plans and needs identified (Home Health/DME, etc.)
- Anticipated discharge date

Inpatient Prior Authorization

- To ensure timely and accurate medical necessity review of a physical health inpatient admission, **MHS will only accept notification of an inpatient admission and any clinical information submitted for medical necessity review via fax 1-866-912-4245 or the MHS Provider web tool, using the IHCP universal PA form.**

  https://www.in.gov/medicaid/providers/files/pa-form.pdf

- Notification of admission and submission of clinical information for members enrolled in Hoosier Healthwise, the Healthy Indiana Plan (HIP), Hoosier Care Connect via phone will not be accepted.

Need to Know

Self-Referral Services

Exceptions to PA requirements.

- Members can see these specialists and get these services without a direct referral from their PMP:
  - Podiatrist
  - Chiropractor
  - Family planning
  - Immunizations
  - Routine vision care
  - Routine dental care
  - Behavioral health by type and specialty
  - HIV/AIDS case management
  - Diabetes self management
  - Emergency Services
  - Urgent Care

Benefit limitations apply.

Outpatient Radiology PA Requests

- MHS partners with NIA for outpatient Radiology PA Process
- PA requests must be submitted via:
  - NIA Web site at RadMD.com
  - 1-866-904-5096

****Not applicable for ER and Observation requests.***

Therapy Services (Speech, Occupational, Physical Therapy)

- MHS providers will need to submit authorization requests for therapies to NIA.
- Physical, occupational, and speech therapy (PT, OT, and ST) services will no longer be managed through a post-service review process for MHS. We remain committed to ensuring that these services provided to our members are consistent with nationally recognized clinical guidelines.
- Must follow billing guidelines (GP, GN, GO modifiers).
- The utilization management of these services will continue to be managed by NIA.
- To get started, simply go to RadMD.com, click the New User button and submit a "Physical Medicine Practitioner" Application for New Account. Once the application has been processed and a password link delivered by NIA via email, you will then be invited to create a new password.
- Chiropractic care – No PA is needed for PT when being provided by a licensed chiropractor.

Therapy Services (Speech, Occupational, Physical Therapy)

- Links to the approved training/education documents are found on the *My Practice* page for those providers logged in as a Physical Medicine Practitioner.
- All Health Plan approved training/education materials are posted on the NIA website, RadMD.com. For new users to access these web-based documents, a RadMD account ID and password must be created.
- Fax number to NIA at 1-800-784-6864.
- Medical necessity appeals will be conducted by NIA.
  - Follow steps outlined in denial notification.
  - NIA Customer Care Associates are available to assist providers at 1-800-424-5391.

Orthopedic and Spinal Surgical Procedures

- TurningPoint Healthcare Solutions manages PA for medical necessity and appropriate length of stay (when applicable) for services listed on the following page.
- PA will be required for the following musculoskeletal surgical procedures. (See next page.)

Orthopedic and Spinal Surgical Procedures

Orthopedic Surgical Procedures

- Knee Arthroplasty
- Unicompartmental/Bicompartmental Knee Replacement
- Hip Arthroplasty
- Shoulder Arthroplasty
- Elbow Arthroplasty
- Ankle Arthroplasty
- Wrist Arthroplasty
- Acromioplasty and Rotator Cuff Repair
- Anterior Cruciate Ligament Repair
- Knee Arthroscopy
- Hip Resurfacing
- Meniscal Repair
- Hip Arthroscopy
- Femoroacetabular Arthroscopy
- Ankle Fusion
- Shoulder Fusion
- Wrist Fusion
- Osteochondral Defect Repair

Orthopedic and Spinal Surgical Procedures

Spinal Surgical Procedures

- Spinal Fusion Surgeries
    - Cervical
    - Lumbar
    - Thoracic
    - Sacral
    - Scoliosis
- Disc Replacement
- Laminectomy/Discectomy
- Kyphoplasty/Vertebroplasty
- Sacroiliac Joint Fusion
- Implantable Pain Pumps
- Spinal Cord Neurostimulator
- Spinal Decompression

TurningPoint Cardiac

- Turning Point provides authorizations for Cardiac Services:
    - Leadless Pacemaker
    - Automated Implantable Cardioverter Defibrillator
    - Pacemaker
    - Revision or Replacement of Implanted Cardiac Device
    - Coronary Artery Bypass Grafting (Non-Emergent)
    - Coronary Angioplasty and Stenting
    - Non-Coronary Angioplasty and Stenting

- **Web Portal Intake:** myturningpoint-healthcare.com
- **Telephonic Intake:** 1-574-784-1005 | 1-855-415-7482
- **Facsimile Intake:** 1-463-207-5864

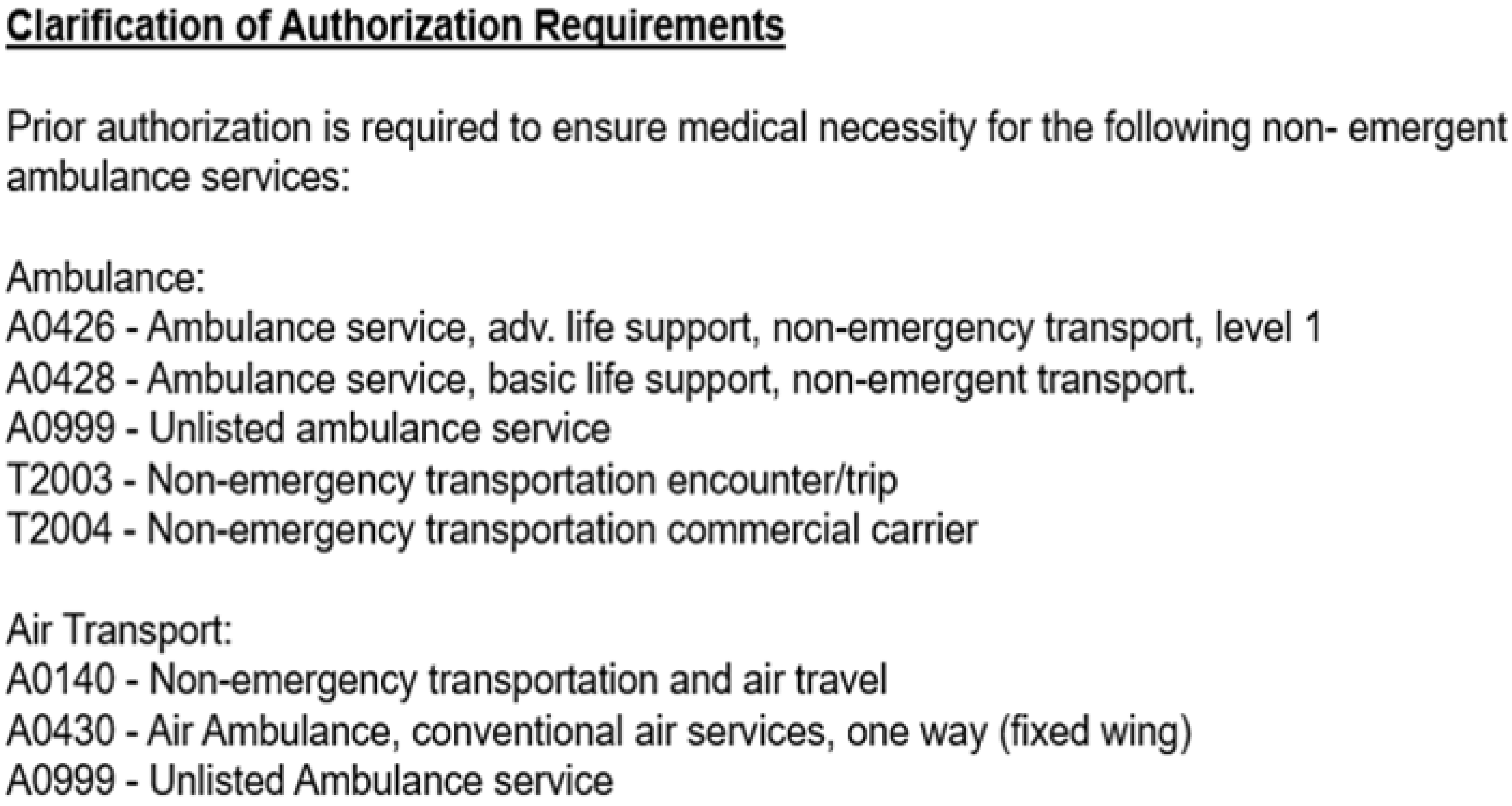
Turning Point

- Emergency-related procedures do not require authorization.
- It is the responsibility of the ordering physician to obtain authorization.
- Providers rendering musculoskeletal services, must verify that the necessary authorization has been obtained; failure to do so may result in non-payment of your claims.
- Clinical Policies are available by contacting TurningPoint at 574-784-1005 for access to digital copies.

Durable & Home Medical Equipment (DME)

- MHS DME participating provider is eligible to render services to MHS members.
- Providers are reminded to review the PA guidelines available at https://www.mhsindiana.com/providers/prior-authorization/medicaid-pre-auth.html
- PA requests must be submitted by the ordering physician. All requests should be faxed directly to MHS at 866-912-4245.

Ambulance Coverage



Clarification of Authorization Requirements

Prior authorization is required to ensure medical necessity for the following non- emergent ambulance services:

Ambulance:
A0426 - Ambulance service, adv. life support, non-emergency transport, level 1
A0428 - Ambulance service, basic life support, non-emergent transport.
A0999 - Unlisted ambulance service
T2003 - Non-emergency transportation encounter/trip
T2004 - Non-emergency transportation commercial carrier

Air Transport:
A0140 - Non-emergency transportation and air travel
A0430 - Air Ambulance, conventional air services, one way (fixed wing)
A0999 - Unlisted Ambulance service

Pharmacy Requests

MHS Pharmacy Benefit Manager is CVS Caremark:

- Preferred Drug Lists and authorization forms are available at mhsindiana.com/providers/pharmacy.html
  - PA requests
  - Phone: 1-866-399-0928
  - Fax non-specialty drugs: 1-866-399-0929
  - Specialty drugs: 1-866-678-6976
- Formulary integrated into many Electronic Health Records (EHR) solutions.
- Online PA submission available through CoverMyMeds:
  - covermymeds.com/main/
- **Specialty Drugs:**

  AcariaHealth General Customer Care

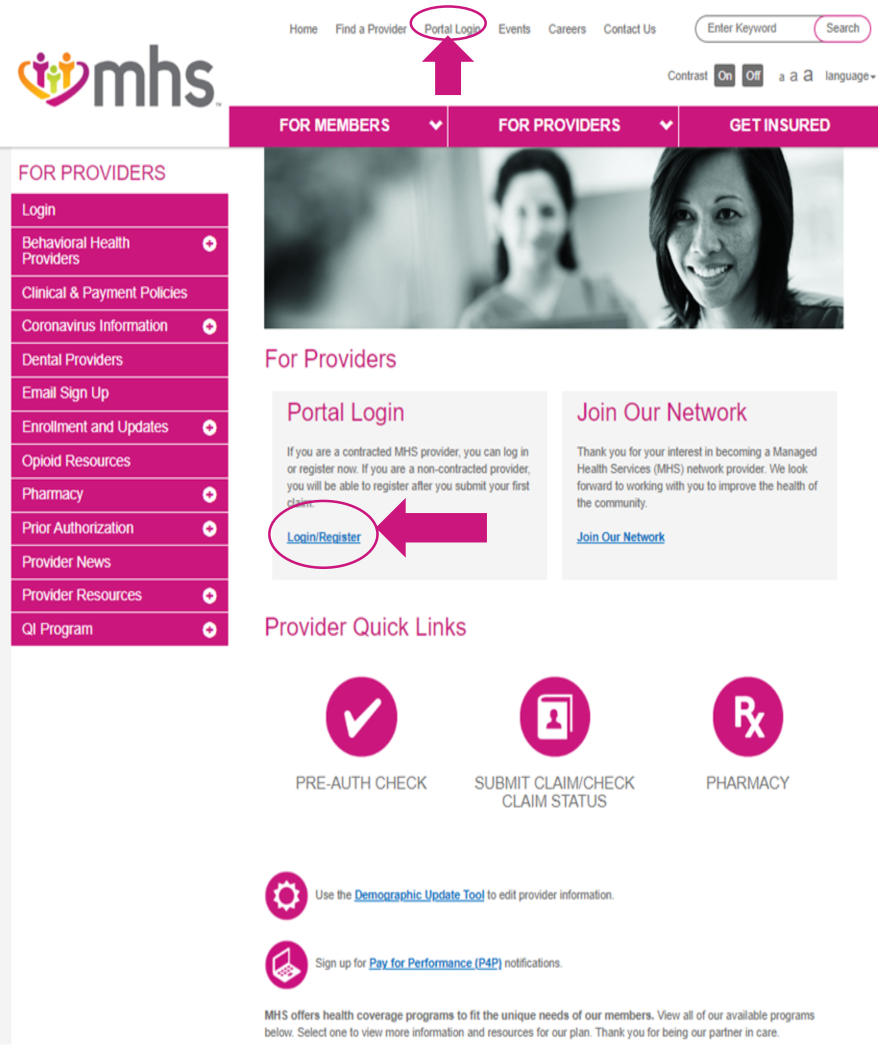
  Phone: 1-800-511-5144 Fax: 1-877-541-1503

Web Portal

Web Authorization

- Providers can submit PAs online via the MHS Secure Provider Portal at: mhsindiana.com/providers.html
  - When using the portal, providers can upload supporting documentation directly.
- **Exceptions**: Must submit hospice, home health, and biopharmacy PA requests via **fax 1-866-912-4245.**
- Providers can check the authorization status on the portal.

Secure Portal Registration or Login



Home
Find a Provider
Portal Login
Events
Careers
Contact Us
Enter Keyword
Search
Contrast
On
Off
a a a
language
mhs
FOR MEMBERS
FOR PROVIDERS
GET INSURED
FOR PROVIDERS
Login
Behavioral Health Providers
Clinical & Payment Policies
Coronavirus Information
Dental Providers
Email Sign Up
Enrollment and Updates
Opioid Resources
Pharmacy
Prior Authorization
Provider News
Provider Resources
QI Program
PRE-AUTH CHECK
SUBMIT CLAIM/CHECK CLAIM STATUS
PHARMACY

For Providers

Portal Login

If you are a contracted MHS provider, you can log in or register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Login/Register

Join Our Network

Thank you for your interest in becoming a Managed Health Services (MHS) network provider. We look forward to working with you to improve the health of the community.

Join Our Network

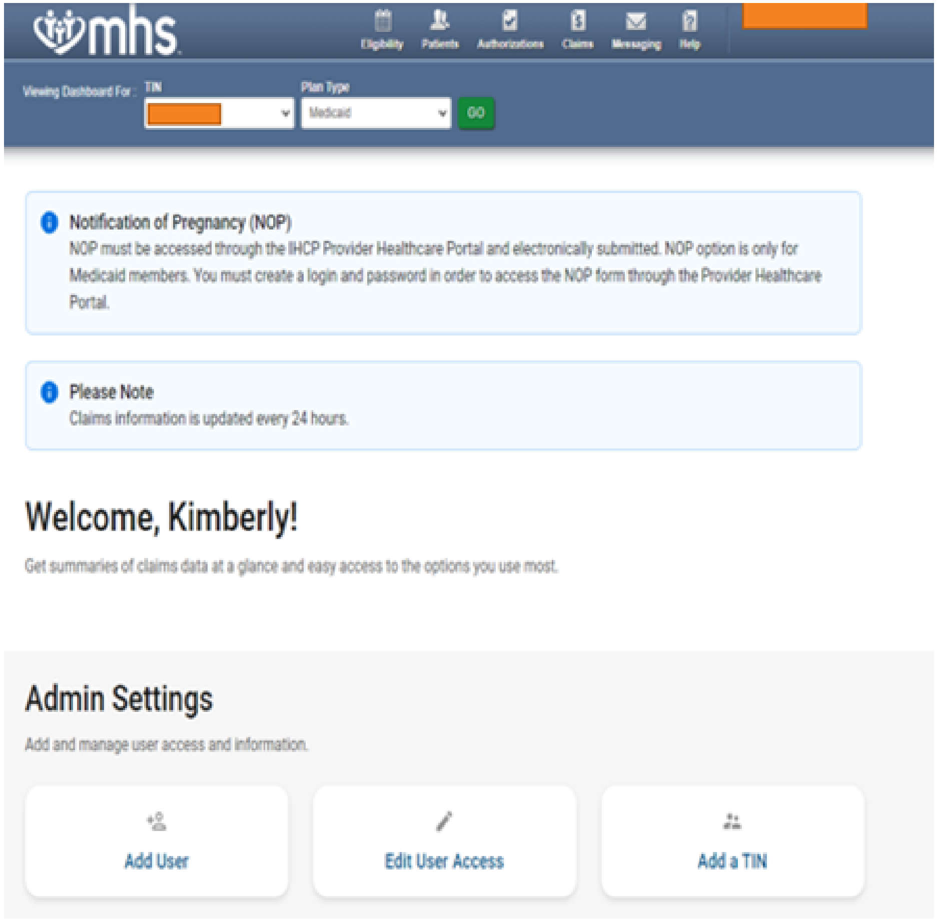
Provider Quick Links

Use the Demographic Update Tool to edit provider information.

Sign up for Pay for Performance (P4P) notifications.

MHS offers health coverage programs to fit the unique needs of our members. View all of our available programs below. Select one to view more information and resources for our plan. Thank you for being our partner in care.

Homepage-MHS (Medicaid)


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help

[redacted]

Viewing Dashboard For: TIN [redacted] Plan Type Medicaid GO

Notification of Pregnancy (NOP)
NOP must be accessed through the IHCP Provider Healthcare Portal and electronically submitted. NOP option is only for Medicaid members. You must create a login and password in order to access the NOP form through the Provider Healthcare Portal.

Please Note
Claims information is updated every 24 hours.

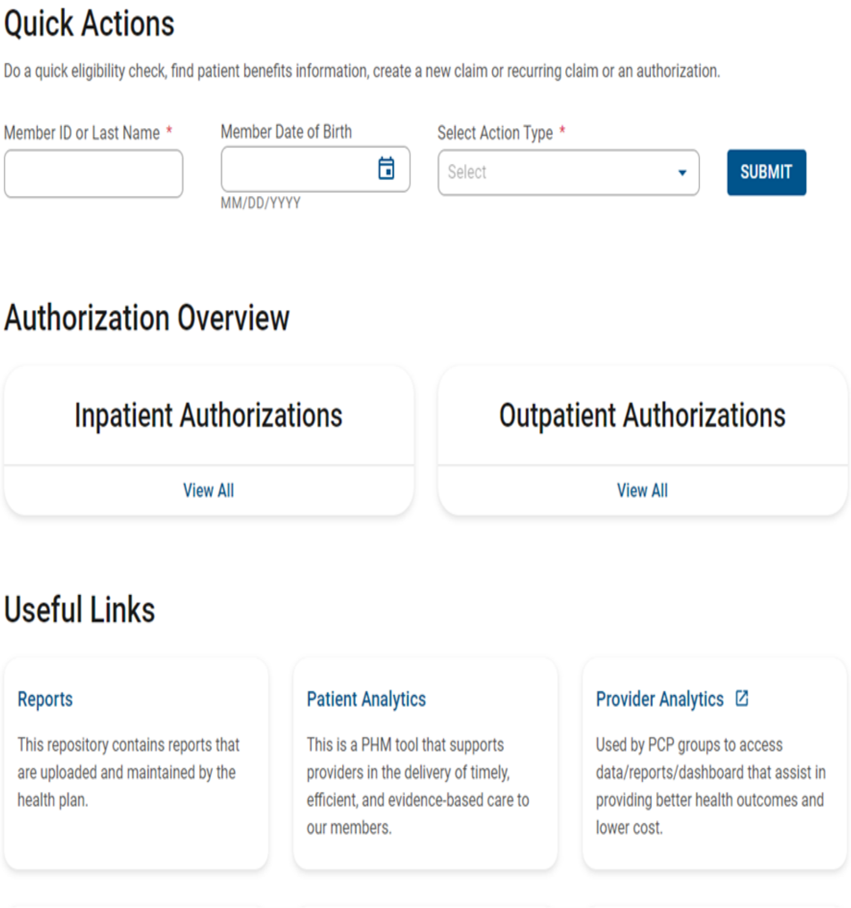
Welcome, Kimberly!

Get summaries of claims data at a glance and easy access to the options you use most.

Admin Settings

Add and manage user access and information.

Add User
Edit User Access
Add a TIN



Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name *
Member Date of Birth: MM/DD/YYYY
Select Action Type *: Select

SUBMIT

Authorization Overview

Inpatient Authorizations
View All
Outpatient Authorizations
View All

Useful Links

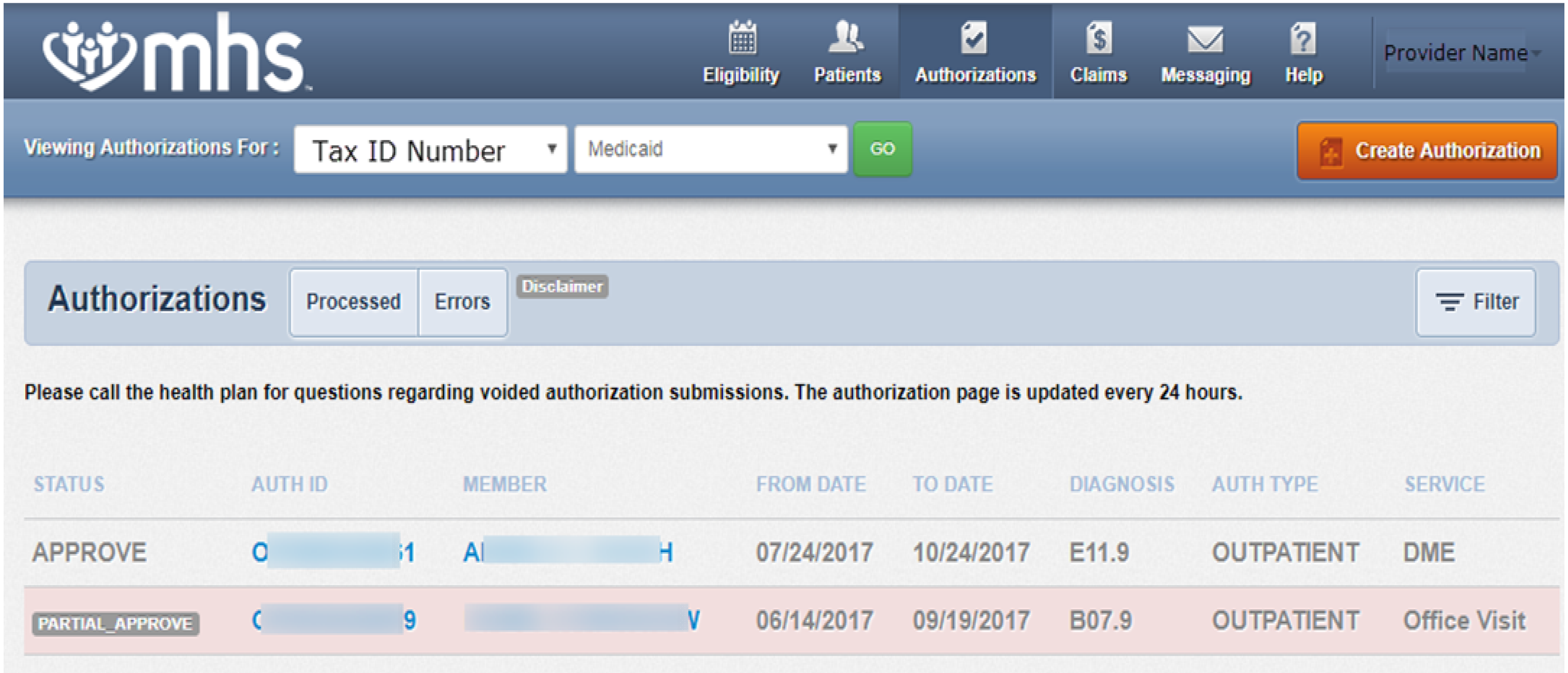
Reports
This repository contains reports that are uploaded and maintained by the health plan.

Patient Analytics
This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.

Provider Analytics
Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.

Authorizations

- View, create, and filter group authorizations.


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
GO
Create Authorization
Authorizations
Processed
Errors
Disclaimer
Filter

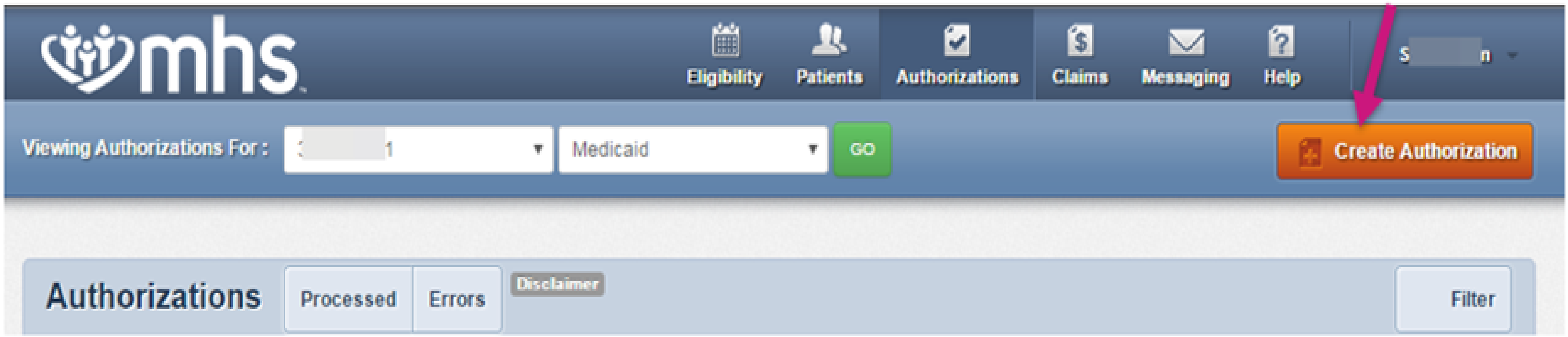
Viewing Authorizations For : Tax ID Number Medicaid

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	[redacted]	[redacted]	07/24/2017	10/24/2017	E11.9	OUTPATIENT	DME
PARTIAL_APPROVE	[redacted]	[redacted]	06/14/2017	09/19/2017	B07.9	OUTPATIENT	Office Visit

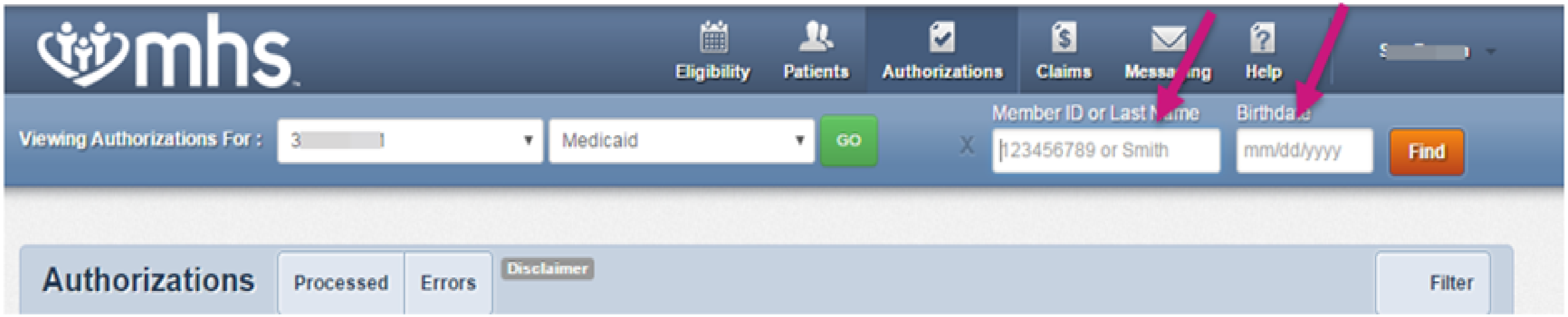
Creating a New Authorization

- Click **Create Authorization.**
- Enter **Member ID** or **Last Name** and **Birthdate.**



Viewing Authorizations For : [redacted] Medicaid

mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
[redacted]
GO
Create Authorization
Authorizations
Processed
Errors
Disclaimer
Filter



Viewing Authorizations For : [redacted] Medicaid

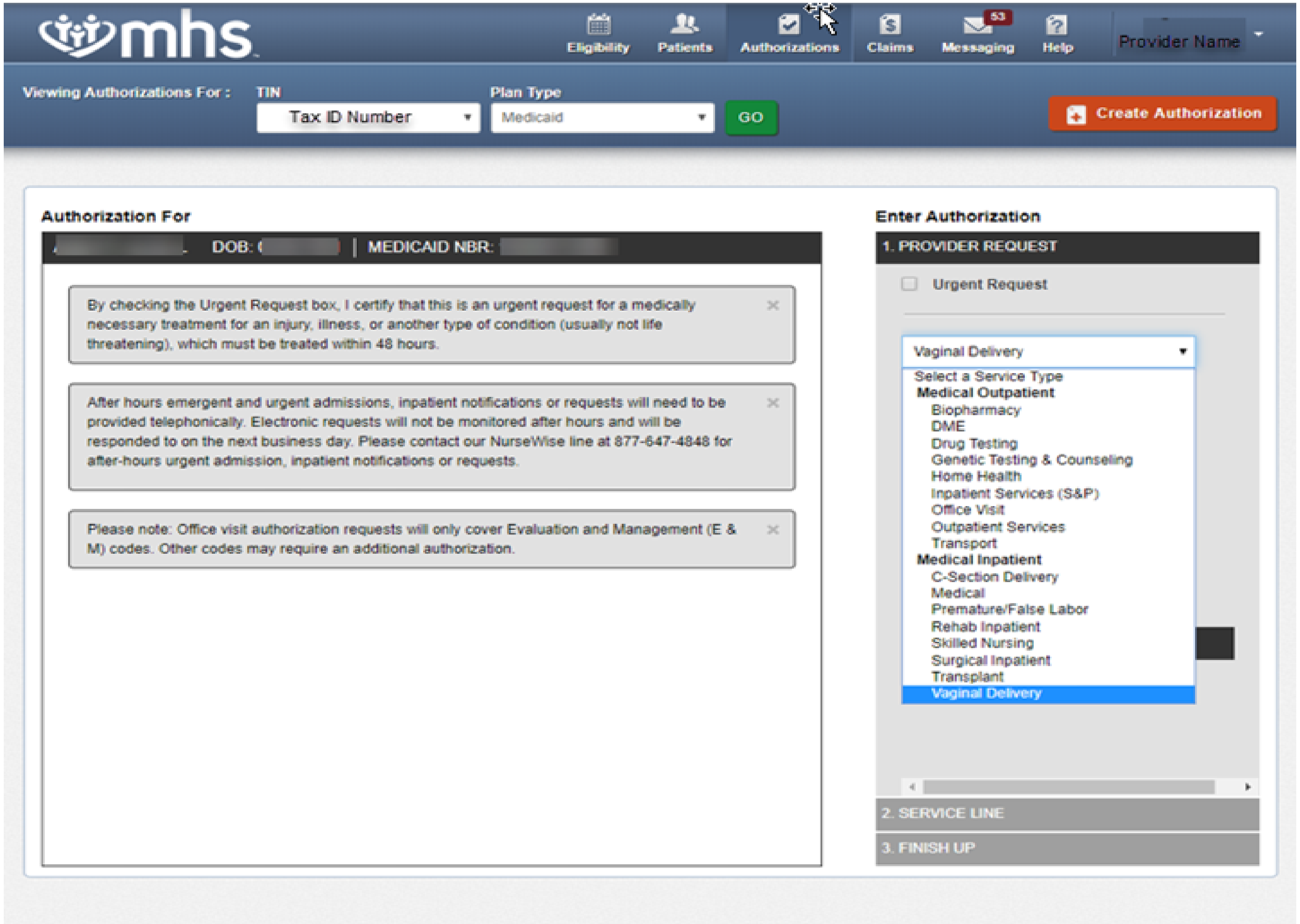
Member ID or Last Name: 123456789 or Smith

Birthdate: mm/dd/yyyy

mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
[redacted]
GO
X
Find
Authorizations
Processed
Errors
Disclaimer
Filter

Creating a New Authorization

- Select a Service Type.


mhs
Eligibility
Patients
Authorizations
Claims
53
Messaging
Help
Provider Name
GO
Create Authorization
2. SERVICE LINE
3. FINISH UP

Viewing Authorizations For :

TIN: Tax ID Number

Plan Type: Medicaid

Authorization For

[redacted] DOB: [redacted] | MEDICAID NBR: [redacted]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 877-647-4848 for after-hours urgent admission, inpatient notifications or requests.

Please note: Office visit authorization requests will only cover Evaluation and Management (E & M) codes. Other codes may require an additional authorization.

Enter Authorization

1. PROVIDER REQUEST

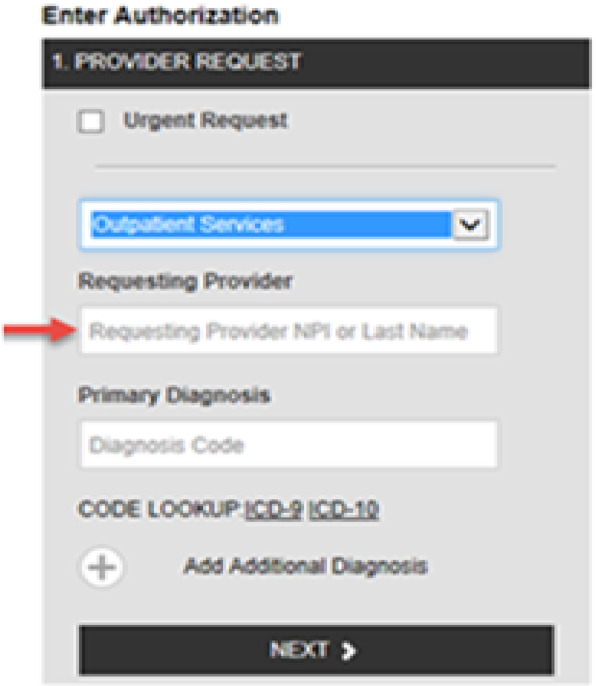
☐ Urgent Request

Vaginal Delivery

Select a Service Type
Medical Outpatient
Biopharmacy
DME
Drug Testing
Genetic Testing & Counseling
Home Health
Inpatient Services (S&P)
Office Visit
Outpatient Services
Transport
Medical Inpatient
C-Section Delivery
Medical
Premature/False Labor
Rehab Inpatient
Skilled Nursing
Surgical Inpatient
Transplant
Vaginal Delivery

Creating a New Authorization

Select Provider NPI



Enter Authorization

1. PROVIDER REQUEST

☐ Urgent Request

Outpatient Services

Requesting Provider

Requesting Provider NPI or Last Name

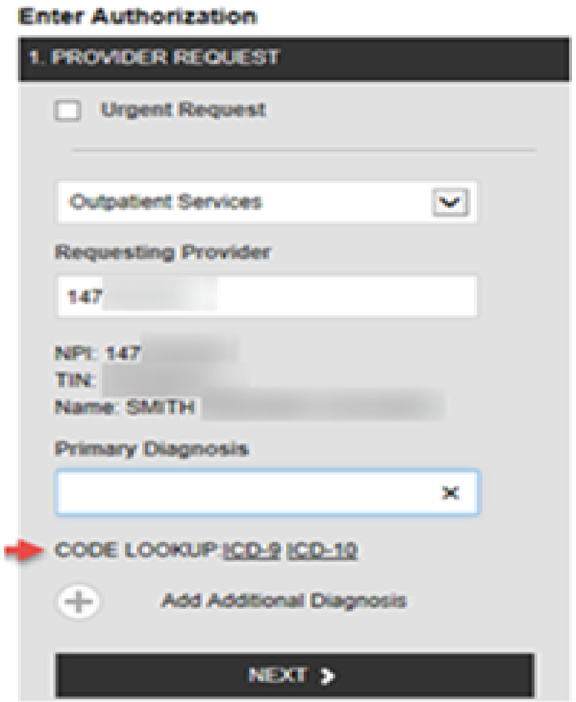
Primary Diagnosis

Diagnosis Code

CODE LOOKUP: ICD-9 | ICD-10

Add Additional Diagnosis
NEXT

Add Primary Diagnosis



Enter Authorization

1. PROVIDER REQUEST

☐ Urgent Request

Outpatient Services

Requesting Provider

147[redacted]

NPI: 147[redacted]
TIN: [redacted]
Name: SMITH [redacted]

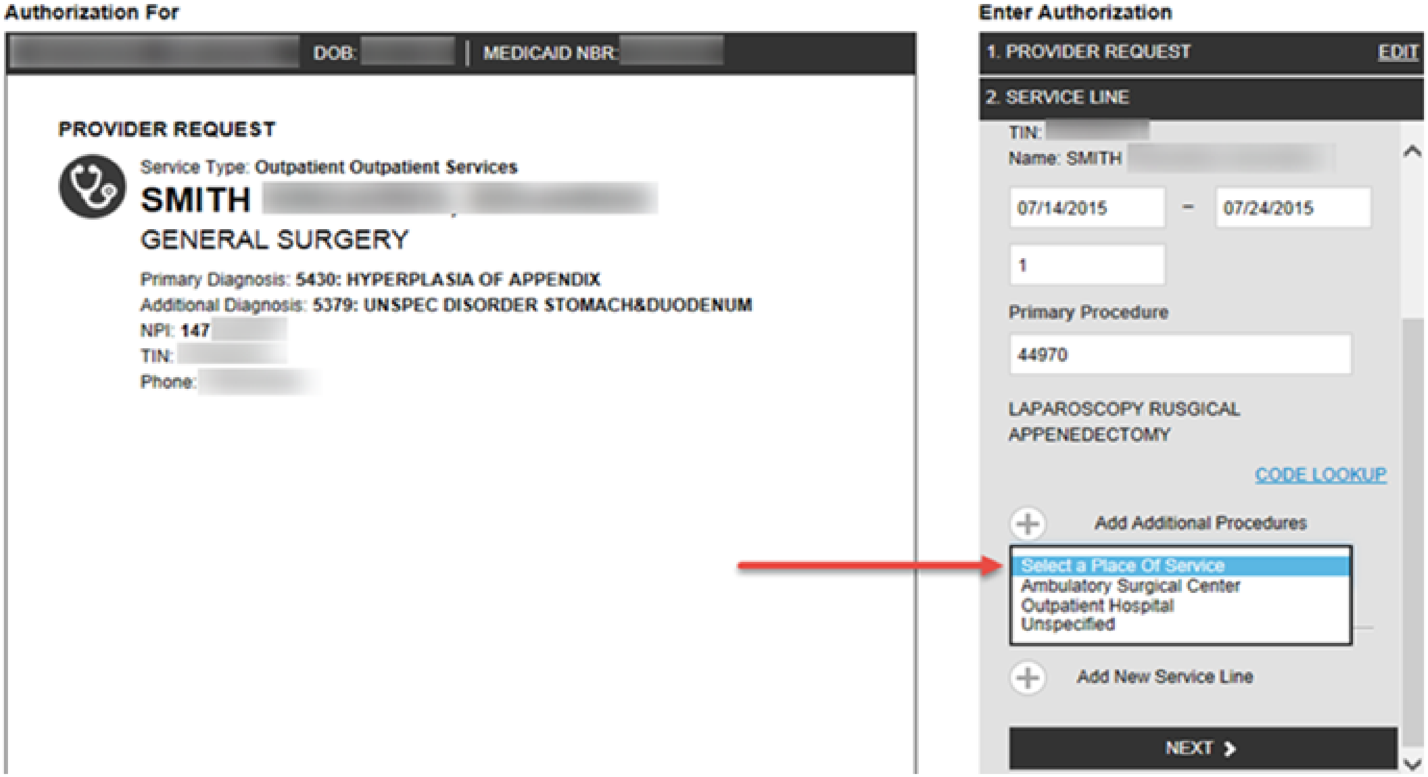
Primary Diagnosis

CODE LOOKUP: ICD-9 | ICD-10

Add Additional Diagnosis
NEXT

Creating a New Authorization

- If required, **Add Additional Procedures.**



Authorization For

[redacted] DOB: [redacted] | MEDICAID NBR: [redacted]

PROVIDER REQUEST

Service Type: **Outpatient Outpatient Services**

SMITH [redacted]

GENERAL SURGERY

Primary Diagnosis: **5430: HYPERPLASIA OF APPENDIX**
Additional Diagnosis: **5379: UNSPEC DISORDER STOMACH&DUODENUM**
NPI: **147**[redacted]
TIN: [redacted]
Phone: [redacted]

Enter Authorization

1. PROVIDER REQUEST
EDIT
2. SERVICE LINE

TIN: [redacted]
Name: SMITH [redacted]

07/14/2015 – 07/24/2015

1

Primary Procedure

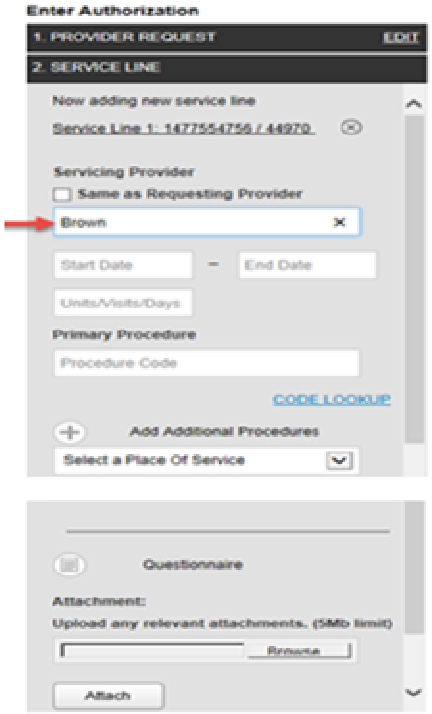
44970

LAPAROSCOPY RUSGICAL APPENEDECTOMY

CODE LOOKUP
Add Additional Procedures
Select a Place Of Service
Ambulatory Surgical Center
Outpatient Hospital
Unspecified
Add New Service Line
NEXT

Creating a New Authorization

- Service Line Details:



Enter Authorization

1. PROVIDER REQUEST

2. SERVICE LINE

Now adding new service line

Service Line 1: 1477554756 / 44970

Servicing Provider

☐ Same as Requesting Provider

Brown

Primary Procedure

Attachment:

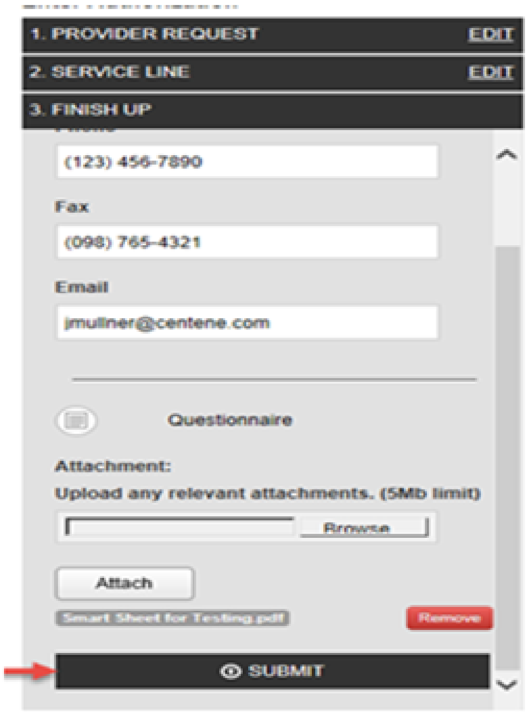
Upload any relevant attachments. (5Mb limit)

EDIT
Start Date
End Date
Units/Visits/Days
Procedure Code
CODE LOOKUP
Add Additional Procedures
Select a Place Of Service
Questionnaire
Browse
Attach

- Provider Request will appear on the left side of the screen.
- Update Servicing Provider:
  - Check box if same as Requesting Provider.
  - Update Servicing Provider information if not the same
- Update Start Date and End Date.
- Update Total Units/Visits/Days.
- Update Primary Procedure:
  - Code lookup provided.
- Add any additional procedures.
- Add additional Service Line if applicable:
  - All service lines added will appear on the left side of the screen.

Creating a New Authorization

- Submit a new Authorization:
  - **Confirmation number**



1. PROVIDER REQUEST EDIT

2. SERVICE LINE EDIT

3. FINISH UP

(123) 456-7890

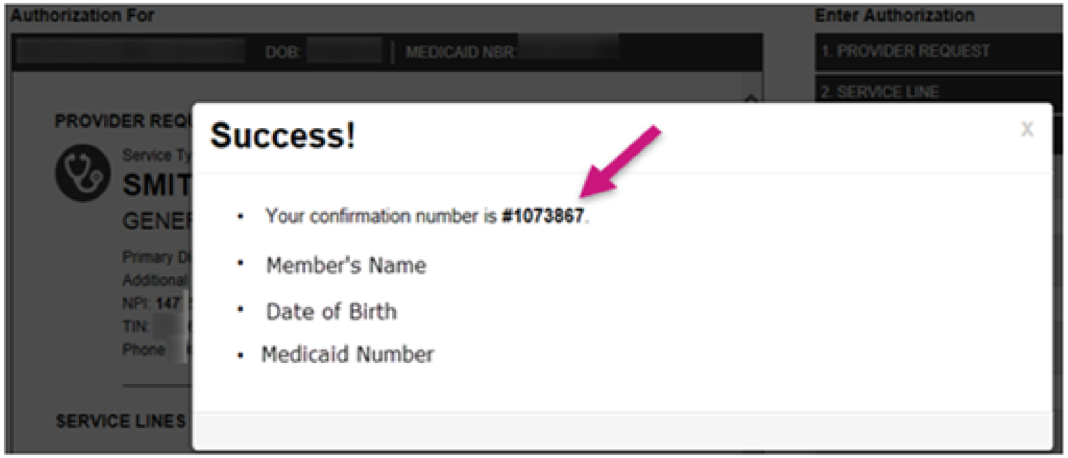
Fax

(098) 765-4321

Email

jmullner@centene.com

Questionnaire
Attachment:
Upload any relevant attachments. (5Mb limit)
Browse
Attach
Smart Sheet for Testing.pdf
Remove
SUBMIT



Authorization For

[redacted] DOB: [redacted] | MEDICAID NBR: [redacted]

Enter Authorization

1. PROVIDER REQUEST

2. SERVICE LINE

PROVIDER REQ

Service Ty

SMIT

GENE

Primary D

Additional

NPI: 147

TIN: [redacted]

Phone [redacted]

SERVICE LINES

Success!

- Your confirmation number is **#1073867**.
- Member's Name
- Date of Birth
- Medicaid Number

Telephone Authorizations

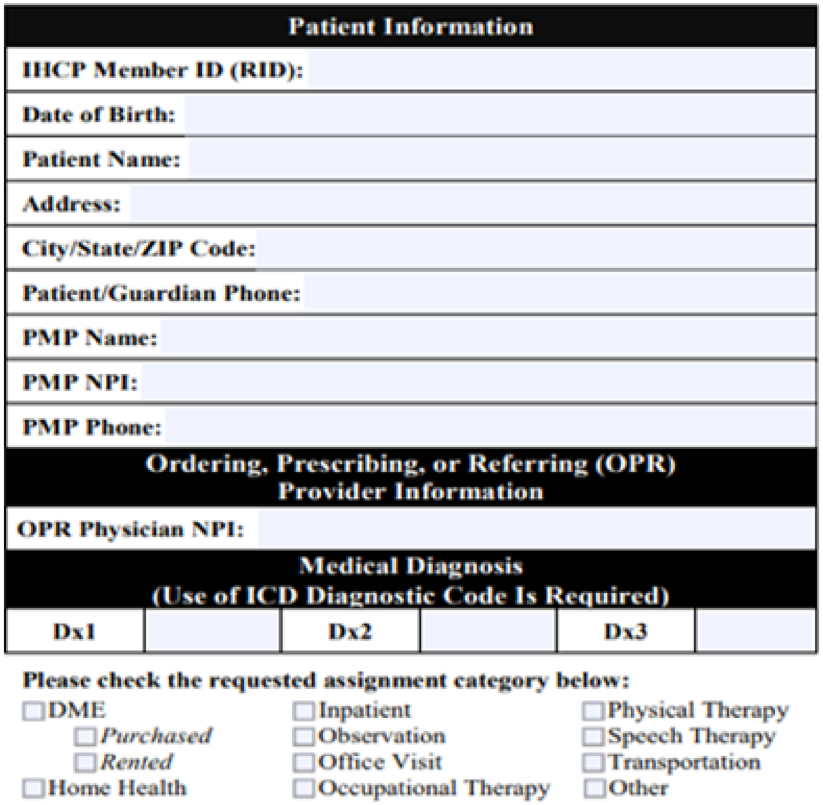
Telephone Authorization

- Providers can initiate PA via the MHS referral line by calling 1-877-647-4848:
  - Monday - Friday 8 a.m. to 5 p.m. (Closed for lunch from noon to 1 p.m.)
  - After hours, MHS 24-Hour Nurse Advice Line is available to take emergent requests by selecting nurse when prompted.
- The PA process begins at MHS by speaking with the MHS non-clinical referral staff.
- For procedures requiring additional review, we will transfer providers to a “live” nurse line to facilitate the PA process.
- Please have all clinical information ready at time of call.

Fax Authorization

Fax Authorization

MHS Medical Management Department at 1-866-912-4245



Patient Information	
IHCP Member ID (RID):	
Date of Birth:	
Patient Name:	
Address:	
City/State/ZIP Code:	
Patient/Guardian Phone:	
PMP Name:	
PMP NPI:	
PMP Phone:	
Ordering, Prescribing, or Referring (OPR) Provider Information	
OPR Physician NPI:	

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)

Dx1		**Dx2**		**Dx3**	

Please check the requested assignment category below:

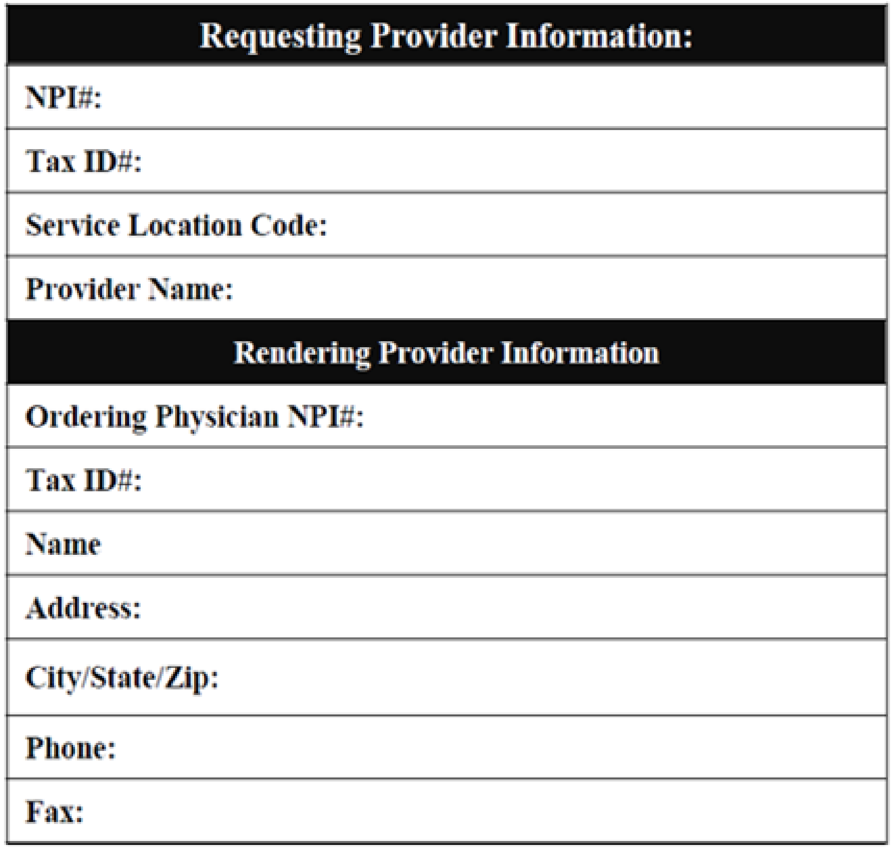
- ☐ DME
  - ☐ *Purchased*
  - ☐ *Rented*
- ☐ Home Health
- ☐ Inpatient
- ☐ Observation
- ☐ Office Visit
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Transportation
- ☐ Other

Member ID, DOB, Patient name, required

Medical Diagnosis code(s), required

Check Service category

Fax Authorization

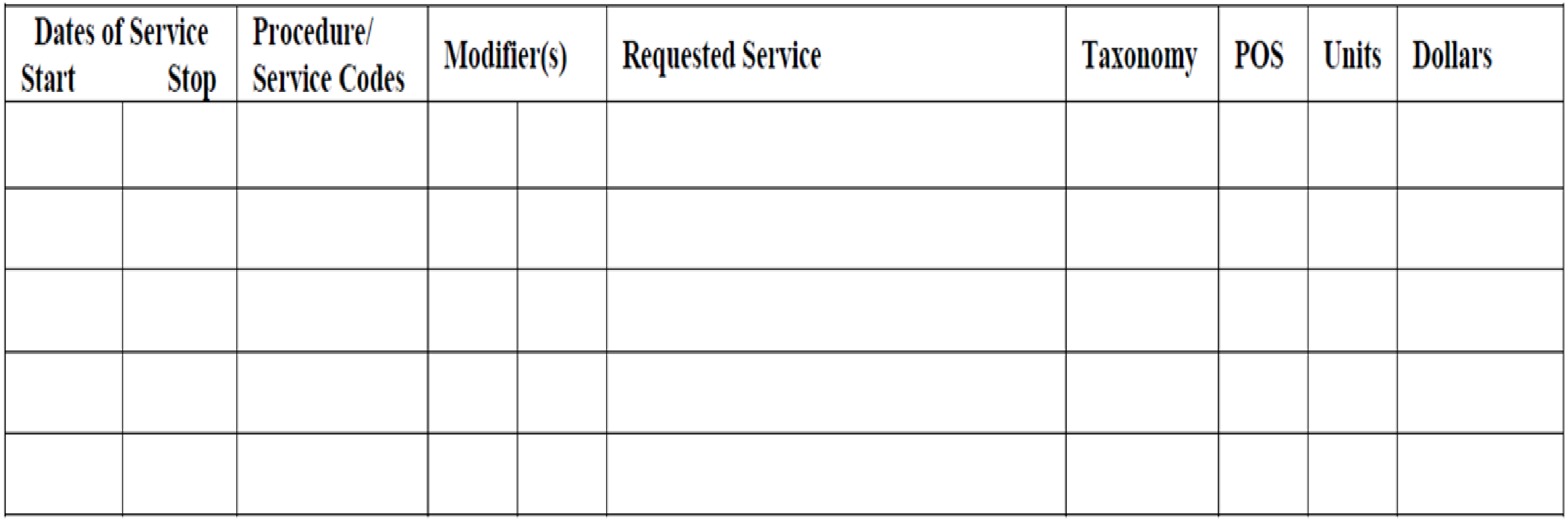


Requesting Provider Information:
NPI#:
Tax ID#:
Service Location Code:
Provider Name:
Rendering Provider Information
Ordering Physician NPI#:
Tax ID#:
Name
Address:
City/State/Zip:
Phone:
Fax:

Enter the **Requesting** provider's information

Enter the **Rendering** provider's individual NPI#

Fax Authorization



Dates of Service		Procedure/ Service Codes	Modifier(s)		Requested Service	Taxonomy	POS	Units	Dollars
Start	Stop								

Prior Authorization/Medical Necessity Appeals

Prior Authorization/Medical Necessity Appeals

- Members, their authorized representatives, or legal representatives of a deceased member’s estate, may appeal adverse determinations regarding their care. A health care practitioner or provider with knowledge of the member’s medical condition may also act as the authorized representative. A provider, acting on behalf of the member and with the member’s written consent, may file the appeal.
- Appeals must be initiated **within 60 days** of the denial to be considered.
- Members may continue to receive benefits while the appeal is pending but may be liable for the costs if the decision is unfavorable.
- Determination will be communicated to the provider within 30 calendar days of receipt. Decisions regarding expedited appeals are made no later than forty-eight (48) calendar hours after receipt.

Prior Authorization/Medical Necessity Appeals

- Member & Provider Appeals may be submitted to MHS in the following ways:
  - Web: Secure Provider Portal
  - Call: Medicaid: 1-877-647-4848
  - Email: Appeals@mhsindiana.com
  - Fax: Medicaid: 1-866-714-7993
  - Mail: MHS Grievance & Appeals

    PO Box 441567

    Indianapolis, IN 46244

Prior Authorization Denial and Appeal Process

PA Denial and Appeal Process

- **If MHS denies the requested service:**
  - And the member is still receiving services, the provider has the right to an expedited appeal. The attending physician must request the expedited appeal.
  - Or if the member already has been discharged, the attending physician must submit an appeal in writing within **60 days** of the denial.
  - The attending physician has the right to a peer-to-peer discussion with an MHS physician:
    - Providers initiate peer-to-peer discussions and expedited appeals by calling an MHS appeals coordinator at 1-877-647-4848.
    - They must request peer-to-peer within **10 days** of the adverse determination.

****PA appeals are also known as medical necessity appeals.***

PA Denial and Appeal Process

Peer-to-Peer Discussion

- The attending physician has the right to a peer-to-peer discussion with an MHS physician:
    - Providers initiate peer-to-peer discussions and expedited appeals by calling an MHS appeals coordinator at 1-877-647-4848.
    - They must request peer-to-peer within **10 days** of the adverse determination.

PA Denial and Appeal Process

- PAs can be completed through our Secure Web Portal.

- Appeal can also be mailed to:

Authorization/Medical Necessity
Managed Health Services
Attn: Appeals Coordinator
P.O. Box 441567
Indianapolis, IN 46244

PA Denial and Appeal Process

- Providers must initiate appeals within **60 days** of the receipt of the denial letter for MHS to consider.
- We will communicate determination to the provider within **20 business days** of receipt.
- This process is applicable to members and non-contracted providers.

A PA appeal is different than a claim appeal request.

Behavioral Health Prior Authorization

Behavioral Health Prior Authorization

- MHS Authorization forms may be obtained on our website: https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html
  - Outpatient Treatment Request (OTR) Form; Fax: 1-866-694-3649
  - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency; Fax: 1-866-694-3649
  - Applied Behavioral Analysis Treatment (OTR); Fax: 1-866-694-3649
  - Psychological & Neuropsych Testing Authorization Request Form Fax: 1-866-694-3649
  - Residential/Inpatient Substance Use Disorder Treatment Prior Auth Form:
    - Fax Inpatient: 1-844-288-2591; Fax: Outpatient: 1-866-694-3649
    - Initial Assessment and Re-Assessment Forms

If using the IHCP Universal form, please fax to the numbers listed above to reduce fax transfers.

Prior Authorization

- If MHS determines that additional information is needed, MHS will call the provider, using the contact information provided on the OTR form, and providers are typically given 24-48 hours to call us back.
- Medical Necessity appeals must be received by MHS within **60 calendar days** of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal.
- Medical necessity behavioral health appeals should be mailed or faxed to:

MHS Behavioral Health
ATTN: Appeals Coordinator
12515 Research Blvd, Suite 400
Austin, TX 78701
FAX: 1-866-714-7991

Behavioral Health Prior Authorization

- Facility Services:
  - Inpatient Admissions (approved per diem)
  - Intensive Outpatient Treatment (IOT)
    - Outpatient (may be different timeframes depending on codes billed)
  - Partial Hospitalization (approved per diem)

  - SUD Residential Treatment
  - ABA Services (approved by units)

Behavioral Health Prior Authorization

Professional Services:

- Psychiatric Diagnostic Evaluation
- Behavioral Health Outpatient Therapy (BHOP Therapy) Electroconvulsive Therapy
- Psychological Testing
  - Unless for Autism, then no auth is required
- Developmental Testing, with interpretation and report (non-EPSDT)
- Neurobehavioral status exam, with interpretation and report
- Neuropsych Testing per hour, face-to-face
  - Unless for Autism, then no auth is required
  - Non-Participating Providers only
- ABA Services – are approved by units

Behavioral Health

Limitations on Outpatient Mental Health Services:

- MHS follows The Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited to 20 units per member, per provider, per calendar year. Do not request authorizations to span after 12/31 of current year.

Code	**Description**
90832 – 90834	Individual Psychotherapy
90837 – 90840	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845 – 90847 90849 – 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

Behavioral Health

Limitations on BHOP Therapy (cont.):

- If the member requires additional services beyond the 20-unit limitation, providers may request PA for additional units. Approval will be given based on the necessity of the services as determined by the review of medical records.
- "Per Provider" is defined by MHS as per individual rendering practitioner NPI being billed on the *CMS-1500* claim form (Box 24J).
- This change is related to professional services being billed on *CMS- 1500.*

Prior Authorization

Limitations on BHOP Therapy (cont.):

- For submission of PA:
  - BH prior authorization outpatient treatment request (OTR) forms located: mhsindiana.com/providers/behavioral-health/bh-provider-forms.html
  - Fax number for submission at the top: 1-866-694-3649.
  - It is best to include all service codes, duration/units/frequency requests on one OTR form per member.
  - MHS typical approved authorization date span is 3-6 months, depending on medical necessity determination.
  - MHS turnaround time on OTR request is 7 days.
  - A decision letter, referred to either as a Notice of Coverage or Denial Letter is sent as a response to every request.

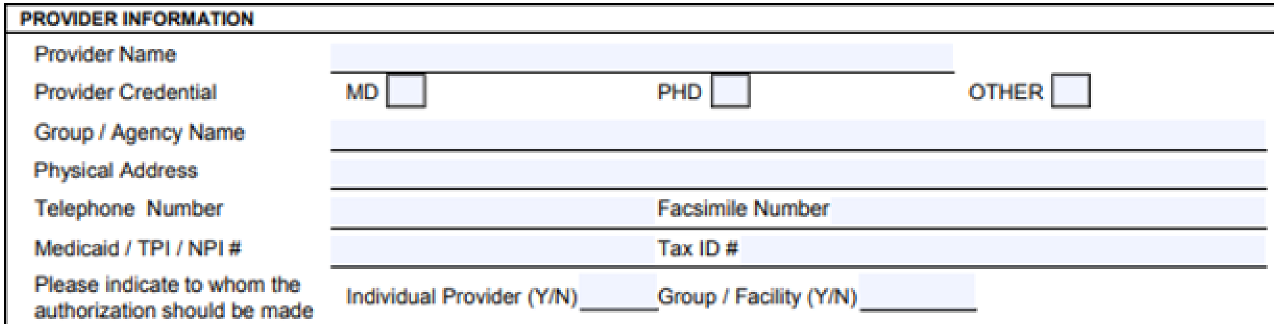
Prior Authorization Form Submission

- The following section provides helpful tips when submitting BH and Substance Abuse PAs.
- **Please Note:** Previously approved PAs can be updated, within 30 days of the original request submission, for changes to:
  - Practitioner, and/or;
  - Dates of Service;
    - Unless the DOS overlaps a previous adverse determination (denial or partial approval), OR;
    - The DOS includes retro days (dates more than 1 business day prior to the initial request).
- Updates/Corrections to PAs must be requested prior to related claim denials.

Prior Authorization Form Submission

Outpatient Treatment Request (OTR) Form:

- Use to submit for professional BH services that require PA, including BHOP Therapy services; (Exception of ABA services which has its own separate Authorization form).
- Form found at the following link: mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-Medicaid-OTR.pdf
- The NPI entered on the OTR form needs to match the NPI of the billing supervising MD, Psychologist, HSPP, or Advanced Practice Registered Nurse (independently practicing:
  - Mid-Level Practitioner NPI should not be entered here.
  - This is not the Group NPI.
- Complete Provider Information: Use Rendering Practitioner that is billing for the service in box 24J of the *CMS-1500* form.
- Indicate yes, under the Individual Provider option for whom the authorization should be made to.



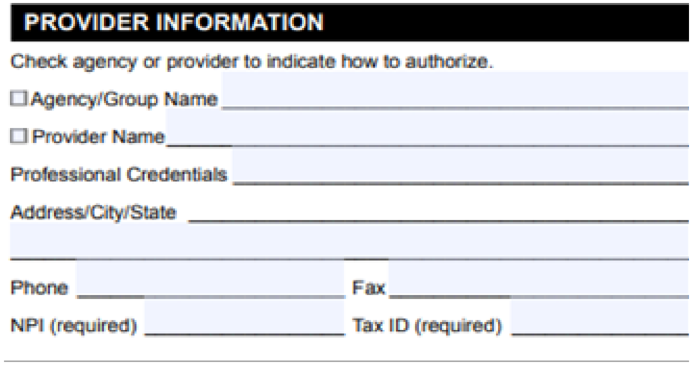
PROVIDER INFORMATION

Provider Name			
Provider Credential	MD ☐	PHD ☐	OTHER ☐
Group / Agency Name			
Physical Address			
Telephone Number		Facsimile Number	
Medicaid / TPI / NPI #		Tax ID #	
Please indicate to whom the authorization should be made	Individual Provider (Y/N)______	Group / Facility (Y/N)______	

Prior Authorization Form Submission

Intensive Outpatient Treatment Form Mental Health/Chemical Dependency:

- Use to submit PA of IOT services with this form found here: mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-Medicaid-IOP-P-Form.pdf
- IOT services can either be billed on a UB-04 form (facility billing) or *CMS-1500* form
- PA submission must match the combination in which the provider intends to bill:
  - Facility Billing: Must submit the authorization form under the facility NPI, and checking the applicable Rev code.
  - Professional Billing: Must submit the IOT Authorization form under the billing practitioner (Psych MD; Psychology HSPP; or APRN) that will be billed within box 24J of the CMS 1500 form; Select the applicable HCPCS code for billing.



PROVIDER INFORMATION

Check agency or provider to indicate how to authorize.

☐ Agency/Group Name ____________________

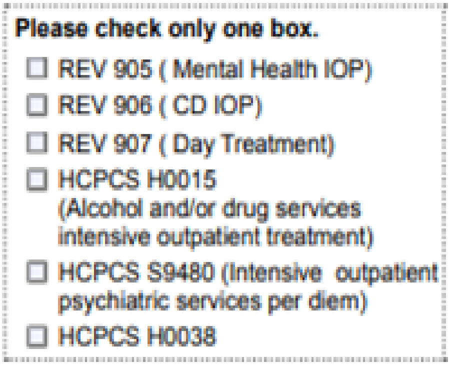
☐ Provider Name ____________________

Professional Credentials ____________________

Address/City/State ____________________

Phone ____________ Fax ____________

NPI (required) ____________ Tax ID (required) ____________



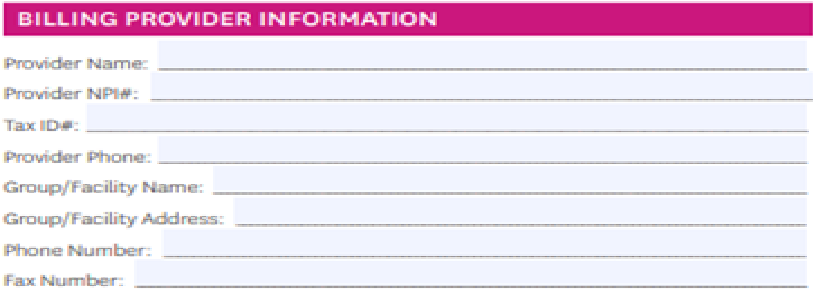
Please check only one box.

☐ REV 905 (Mental Health IOP)
☐ REV 906 (CD IOP)
☐ REV 907 (Day Treatment)
☐ HCPCS H0015 (Alcohol and/or drug services intensive outpatient treatment)
☐ HCPCS S9480 (Intensive outpatient psychiatric services per diem)
☐ HCPCS H0038

Prior Authorization Form Submission

APPLIED BEHAVIORAL ANALYSIS (ABA) AUTHORIZATION FORM:

- Submit for PA of ABA services with this form found here: mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-BH-IN-Medicaid-ABA-OTR.pdf
- Reimbursement of ABA services will be made only to **enrolled ABA therapists** and enrolled school corporations.
  - Enroll as a mental health provider with an ABA therapist specialty (provider type 11/provider specialty 615) to obtain an IHCP Provider ID for billing purposes.
  - Providers already enrolled as a licensed HSPP (provider type 11/provider specialty 114) must add the new ABA specialty to their enrollment profile.
- Enter the enrolled IHCP/MHS ABA therapist (BCBA-D, BCBA, HSPP under the Billing Provider Information for Provider Name and Provider NPI fields. Do not use Group NPI in this field.



BILLING PROVIDER INFORMATION

Provider Name: ______________________

Provider NPI#: ______________________

Tax ID#: ______________________

Provider Phone: ______________________

Group/Facility Name: ______________________

Group/Facility Address: ______________________

Phone Number: ______________________

Fax Number: ______________________

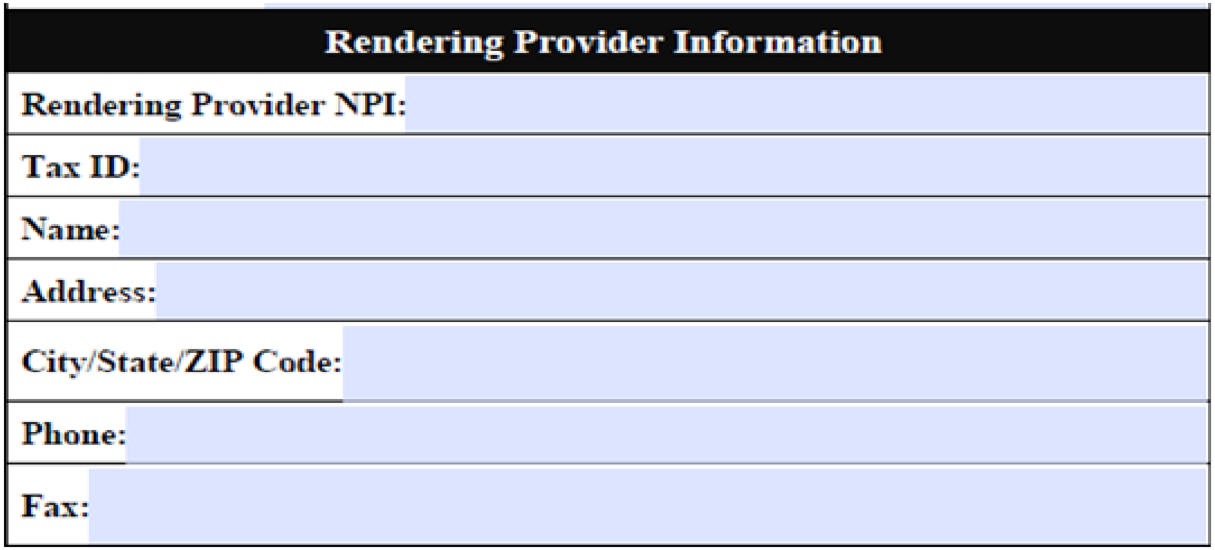
Prior Authorization Form Submission

Residential/Inpatient Substance Use Disorder (SUD) Treatment Prior Authorization Request Form:

- Submit PA of SUD services with this form found here: mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-IHCPSUD-Universal-PA-2021.pdf
- SUD services are facility-based services reimbursed to IHCP enrolled SUD residential addiction treatment facilities.
  - Provider type 35 – *Addiction Services;* and
  - Provider specialty 836 – *SUD Residential Addiction Treatment Facility.*
- Rendering Practitioners are not allowed to be tied to Provider type 35/Specialty 836.
- Providers should bill using a *CMS-1500* claim form.
  - Please Note: When billing SUD services on *CMS-1500*, box 24J **cannot contain the NPI of a practitioner.** You must input the facility NPI in box 24J or leave blank.

Prior Authorization Form Submission

- Under the “Rendering Provider Information” fields of the authorization form, please enter the IHCP/MHS enrolled SUD **facility NPI** under the Rendering Provider NPI field.



Rendering Provider Information

Rendering Provider NPI:

Tax ID:

Name:

Address:

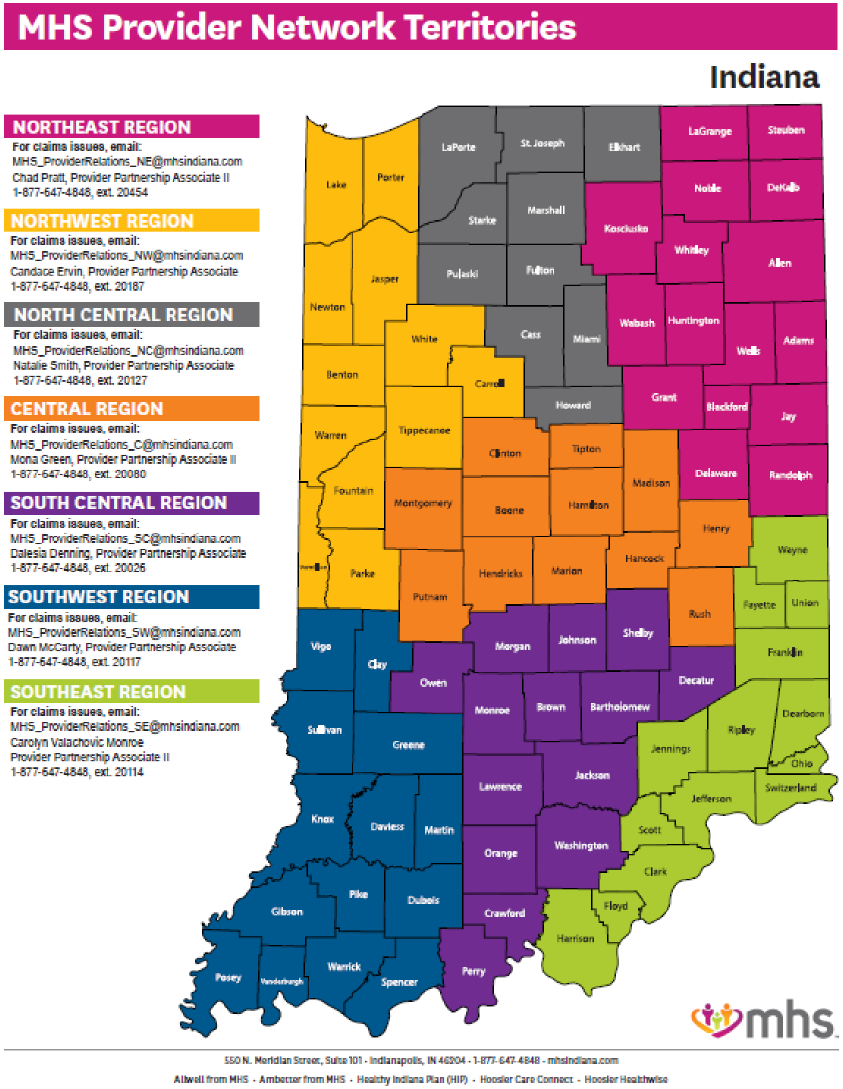
City/State/ZIP Code:

Phone:

Fax:

Provider Relations Team

MHS Team



MHS Provider Network Territories

Indiana

NORTHEAST REGION
For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate II
1-877-647-4848, ext. 20454

NORTHWEST REGION
For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION
For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie Smith, Provider Partnership Associate
1-877-647-4848, ext. 20127

CENTRAL REGION
For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate II
1-877-647-4848, ext. 20080

SOUTH CENTRAL REGION
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION
For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION
For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate II
1-877-647-4848, ext. 20114

LaPorte
St. Joseph
Elkhart
LaGrange
Steuben
Lake
Porter
Starke
Marshall
Kosciusko
Noble
DeKalb
Whitley
Allen
Jasper
Pulaski
Fulton
Newton
White
Cass
Miami
Wabash
Huntington
Wells
Adams
Benton
Carroll
Howard
Grant
Blackford
Jay
Warren
Tippecanoe
Clinton
Tipton
Madison
Delaware
Randolph
Fountain
Montgomery
Boone
Hamilton
Henry
Wayne
Parke
Vermillion
Putnam
Hendricks
Marion
Hancock
Rush
Fayette
Union
Vigo
Clay
Morgan
Johnson
Shelby
Franklin
Owen
Decatur
Sullivan
Monroe
Brown
Bartholomew
Dearborn
Greene
Jennings
Ripley
Ohio
Lawrence
Jackson
Switzerland
Jefferson
Knox
Daviess
Martin
Scott
Orange
Washington
Clark
Gibson
Pike
Dubois
Floyd
Crawford
Harrison
Posey
Vanderburgh
Warrick
Spencer
Perry
mhs

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Allwell from MHS - Ambetter from MHS - Healthy Indiana Plan (HIP) - Hoosier Care Connect - Hoosier Healthwise

NORTHEAST REGION

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NORTH CENTRAL REGION

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Provider Partnership Associate II
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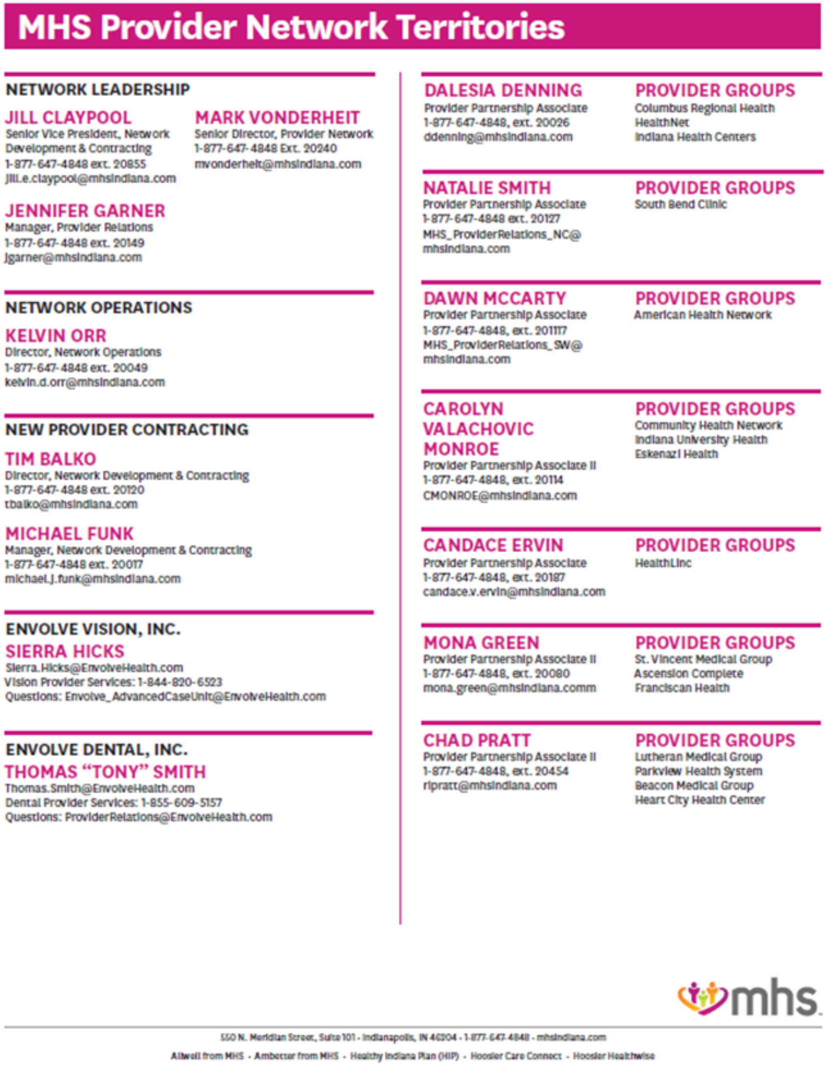
MHS Team



MHS Provider Network Territories

NETWORK LEADERSHIP

JILL CLAYPOOL
Senior Vice President, Network Development & Contracting
1-877-647-4848 ext. 20855
Jill.e.claypool@mhsindiana.com

MARK VONDERHEIT
Senior Director, Provider Network
1-877-647-4848 Ext. 20240
mvonderheit@mhsindiana.com

JENNIFER GARNER
Manager, Provider Relations
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com

NETWORK OPERATIONS

KELVIN ORR
Director, Network Operations
1-877-647-4848 ext. 20049
kelvin.d.orr@mhsindiana.com

NEW PROVIDER CONTRACTING

TIM BALKO
Director, Network Development & Contracting
1-877-647-4848 ext. 20120
tbalko@mhsindiana.com

MICHAEL FUNK
Manager, Network Development & Contracting
1-877-647-4848 ext. 20017
michael.j.funk@mhsindiana.com

ENVOLVE VISION, INC.

SIERRA HICKS
Sierra.Hicks@EnvolveHealth.com
Vision Provider Services: 1-844-820-6523
Questions: Envolve_AdvancedCaseUnit@EnvolveHealth.com

ENVOLVE DENTAL, INC.

THOMAS “TONY” SMITH
Thomas.Smith@EnvolveHealth.com
Dental Provider Services: 1-855-609-5157
Questions: ProviderRelations@EnvolveHealth.com

	PROVIDER GROUPS
DALESIA DENNING Provider Partnership Associate 1-877-647-4848, ext. 20026 ddenning@mhsindiana.com	Columbus Regional Health HealthNet Indiana Health Centers
NATALIE SMITH Provider Partnership Associate 1-877-647-4848 ext. 20127 MHS_ProviderRelations_NC@mhsindiana.com	South Bend Clinic
DAWN MCCARTY Provider Partnership Associate 1-877-647-4848, ext. 201117 MHS_ProviderRelations_SW@mhsindiana.com	American Health Network
CAROLYN VALACHOVIC MONROE Provider Partnership Associate II 1-877-647-4848, ext. 20114 CMONROE@mhsindiana.com	Community Health Network Indiana University Health Eskenazi Health
CANDACE ERVIN Provider Partnership Associate 1-877-647-4848, ext. 20187 candace.v.ervin@mhsindiana.com	HealthLinc
MONA GREEN Provider Partnership Associate II 1-877-647-4848, ext. 20080 mona.green@mhsindiana.comm	St. Vincent Medical Group Ascension Complete Franciscan Health
CHAD PRATT Provider Partnership Associate II 1-877-647-4848, ext. 20454 rlpratt@mhsindiana.com	Lutheran Medical Group Parkview Health System Beacon Medical Group Heart City Health Center

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Questions?

Thank you for being our partner in care.