

Indiana Medicaid Prior Authorization and Claim Reimbursement Processes

The purpose of this document is to provide information on the processes for Medicaid prior authorization, claim reimbursement, administrative review, and appeals. The Indiana Health Coverage Programs (IHCP) Provider Reference Modules detail the processes for Prior Authorization, Administrative Review and Appeals. If you have Medicaid billing questions, please contact MEU at MedicaidUnit@dcs.in.gov. Additional information regarding prior authorizations, administrative reviews, and appeals can be found at www.indianamedicaid.com.

Prior Authorization

Prior to purchasing a service, prescription, or durable medical equipment, a prior authorization (PA) may be needed to document the medical necessity and approve the purchase. Prior authorizations are processed within 5 days. If a child is newly enrolled in Medicaid, a retroactive Prior Authorization can be requested. Additional units for services or transportation can be approved through a prior authorization.

To determine whether a covered procedure code requires PA for members with traditional Medicaid, see the Indiana Health Coverage Programs (IHCP) provider [Professional Fee Schedule](#). To determine whether a procedure code requires PA for members enrolled in managed care programs (Hoosier Healthwise, Hoosier Care Connect, or Healthy Indiana Plan), contact the managed care entity (MCE) with which the member is enrolled. If you have questions regarding which services require a prior authorization, contact DCS MEU.

If an administrative review is needed for prior authorization, you have up to 7 days to submit the request from the date of receipt of the notification of denial. Administrative review requests should be submitted to the entity that denied the request. Administrative review requests for managed care programs, should be submitted to the child's Managed Care Entity (MCE). An administrative review decision will be issued within 7 days of the receipt of all necessary documentation.

Claim Submission Process

When services are rendered or a prescription or durable medical equipment is needed, Medicaid should always be billed. If a child has another type of medical insurance, Medicaid will be the payer of last resort. All provider claims for payment of services rendered to members must be originally filed within 12 months of the date of service.

If a Medicaid claim is denied, the provider should follow the administrative review and appeal process prior to submitting a bill to KidTraks Invoicing for the denied services, or before paying for the services through another method. The rate of claims overturned as part of the administrative review process is approximately 90%, making it important that this process be utilized first when claims are denied. If a claim is denied during the administrative review process, the claim should be submitted for appeal.

Claim Administrative Review Process

After denial, the Administrative Review process must be followed for proper reimbursement. Per the IHCP Provider Reference Module on the Indiana Medicaid website, prior to submitting an administrative review request for managed care services:

- The provider should review the denial, make applicable corrections, and resubmit the claim if appropriate. If the provider cannot determine why the claim was denied, the provider may contact Customer Assistance at 1-800-457-4587 or submit a written inquiry or secure correspondence per the instructions on the Indiana Medicaid website.

- If the claim was paid, and the provider disagrees with the reimbursement, the provider should submit an adjustment request or a void/replacement request with documentation stating why the provider disagrees with the reimbursement within 60 days of the date on the Remittance Advice.

If the claim is still denied, an administrative review should be filed. To request an administrative review, providers should:

- Write a request using one of the following methods:
 - Complete an *IHCP Administrative Review Request* (available on the “Forms” page at indianamedicaid.com)
 - Write a letter on letterhead stating the reason for disagreement with the denial or amount of reimbursement; Clearly note “Administrative Review” if a letter is being sent
 - Create a secure correspondence message on the Provider Healthcare Portal using the Administrative Review Request category.
- If the formal administrative review request is specific to the National Correct Coding Initiative (NCCI), clearly note “NCCI” on the letter or secure correspondence or select “Request review of NCCI denial” on the form as the reason for the administrative review.
- Submit all pertinent documentation supporting reconsideration with the form or letter.
 - Document the unusual circumstances in which it is believed the claim was coded correctly and would like a reconsideration of the NCCI editing.
 - Document the reason for disagreement.
 - Document the denial reason and the reason the payment is being disputed.
- File the formal administrative review request within 60 calendar days of notification of claim payment or denial from DXC. Send the package of information to the following address:

Administrative Review Requests
DXC Written Correspondence
P.O. Box 7263, Indianapolis, IN 46207-7263

A response will be received to all administrative review requests within 90 business days of receipt of the request, regardless of the decision to pay or deny the claim. Each denial decision is specific, detailed, and fully documented. If the administrative review response is unfavorable, the decision can be appealed.

Appeal Process

The formal administrative review process must be completed prior to filing a request for appeal. Members of managed care programs, must first exhaust their MCE’s appeals process before submitting an appeal to the FSSA.

An appeal request must be sent to the following address within 15 business days after receipt of the administrative review decision notice:

MS 07
Secretary
Indiana Family and Social Service Administration
402 West Washington Street, Room W382
Indianapolis, IN 46204-2739