



2018 IHCP Annual Provider Seminar: Prior Authorization for Medicaid Fee-For-Service



PA Department Contact Information

Cooperative Managed Care Services, LLC
Medicaid FFS PA

1-800-269-5720

CMCS adjudicates Medicaid Fee-for-Service (FFS) PA requests, Medicaid Rehabilitation Option (MRO), PRTF PA requests, and Traumatic Brain Injury (TBI) Program admissions.

PA for prescription drugs are processed and adjudicated by OptumRx for Medicaid Fee-for-Service.



Helpful Hints to Get Started for all PA Requests

- Always verify eligibility on PA submission date and date of service;
- Access the IHCP Fee schedule at indianamedicaid.com/Providers/Quick Links/Outpatient Fee Schedule

IHCP Professional Fee-For-Service Fee Schedule - Search

The Professional Fee Schedule can be searched by Procedure Code, Procedure Code Range, or Procedure Code Description. If the search returns more than 100 records, you will be asked to further refine your search criteria. Wild card searches using special characters are not used and will display an error message.

Procedure Code: Enter at least three characters of the Procedure Code to filter by specific Procedure Code. This search criteria cannot be used in combination with the Procedure Code Range criteria.

Procedure Code Range: Enter a beginning and ending five-character Procedure Code to obtain all Procedure Codes within a range. This search criteria cannot be used in combination with the Procedure Code criteria.

Procedure Code Description: Enter a text string to obtain records containing the entered text in either the short or long Procedure Code Description. This search criteria can be used in combination with the Procedure Code or the Procedure Code Range criteria.

Procedure Code:
Procedure Code Range: to
Procedure Code Description:

* Code values are described on the [Fee Schedule Instructions](#) page.
 View ASC Code Pricing information by clicking on the ASC Code, or you can view the entire [ASC Pricing Table](#).
 View a chart of reimbursement percentages for [manually priced CPT codes with effective dates for UB-04](#).

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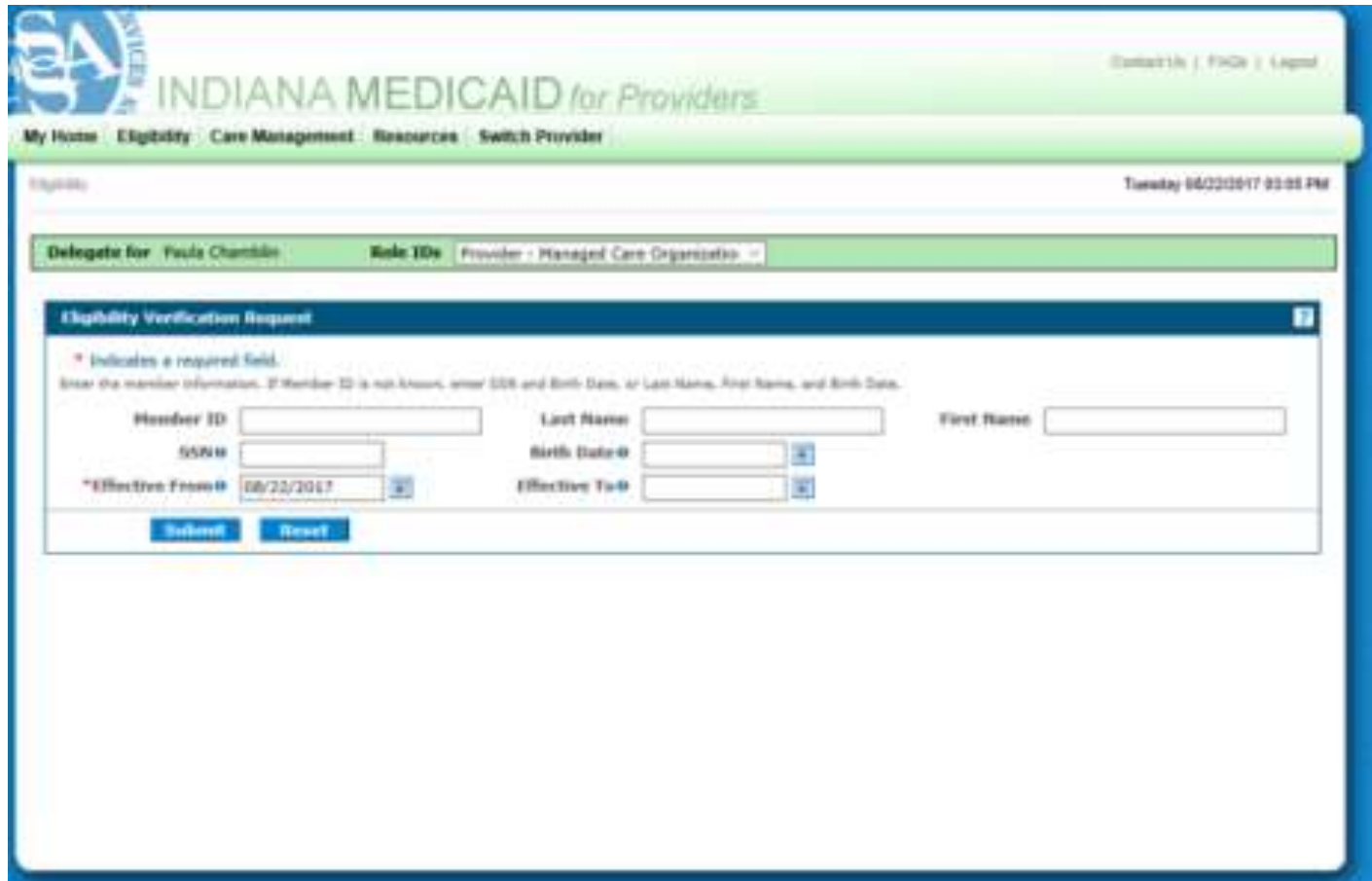
Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Service Category Desc	Rate Type	Pricing Method	Pricing Effective Date	Pricing End Date	PA Req'd	Attach Req'd	Gender
ED260	RR				DME	Durable Medical	Rev	MAXFEE	1/1/2014		Y		
Min-Max Units					Fee Schedule Amt:		\$126.22	Base Units:	0	Age Min-Max:	ASC Code:		
Procedure Desc:					HOSP BED SEMI-ELECTR W/ MATT				CMS Add Date:	1/1/1986	CMS Term Date:		
ED260	RU				DME	Durable Medical	Rev	MAXFEE	1/1/2014		Y		
Min-Max Units					Fee Schedule Amt:		\$1,755.84	Base Units:	0	Age Min-Max:	ASC Code:		
Procedure Desc:					HOSP BED SEMI-ELECTR W/ MATT				CMS Add Date:	1/1/1986	CMS Term Date:		

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Helpful Hints to Get Started for all PA Requests

- Submit PA to the member's health plan



The screenshot shows the 'Indiana Medicaid for Providers' website interface. At the top, there is a navigation bar with the logo on the left and links for 'Contact Us', 'FAQs', and 'Logout' on the right. Below the logo, the text 'INDIANA MEDICAID for Providers' is displayed. A secondary navigation bar contains links for 'My Home', 'Eligibility', 'Care Management', 'Resources', and 'Switch Provider'. The main content area is titled 'Eligibility' and shows the date 'Tuesday 06/22/2017 03:05 PM'. A dropdown menu is set to 'Delegate for Paula Chamblin' and 'Role IDs Provider - Managed Care Organization'. The 'Eligibility Verification Request' form is the central focus, featuring a header with a close button. Below the header, a note states: '* Indicates a required field. Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.' The form contains several input fields: 'Member ID', 'SSN', '*Effective From' (with a date of 06/22/2017), 'Last Name', 'Birth Date' (with a dropdown arrow), 'First Name', and 'Effective To' (with a dropdown arrow). At the bottom of the form are 'Submit' and 'Reset' buttons.



Helpful Hints to Get Started for all PA Requests

FFS example:

The screenshot shows the Indiana Medicaid for Providers website interface. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Care Management', 'Resources', and 'Switch Provider'. The main content area is titled 'Eligibility Verification Request' and includes a form for entering member information. Below the form, there is a section for 'Eligibility Verification Information' which includes a table of coverage details.

Eligibility Verification Request

* Indicates a required field.
Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID: [Redacted] Last Name: [Redacted] First Name: [Redacted]
SSN: [Redacted] Birth Date: [Redacted]
*Effective From: 08/22/2017 Effective To: 08/22/2017

Eligibility Verification Information for [Redacted] from 08/22/2017 to 08/22/2017

To see details about the member's coverage, click any Coverage.
To see details about Other Insurance that the member may have, click **Other Insurance Detail Information**.
Please be sure to click the Coverage link to determine if the member has Managed Care (HIP 2.0, Hoosier Healthwise, Hoosier Care Connect) coverage in effect.

Member ID	Birth Date	Coverage	Effective Date	End Date
[Redacted]	[Redacted]	Full Medicaid	08/22/2017	08/22/2017
[Redacted]	[Redacted]	Medical Review Team	08/22/2017	08/22/2017
[Redacted]	[Redacted]	Aged and Disabled HCBS Waiver	08/22/2017	08/22/2017
[Redacted]	[Redacted]	Other Insurance Detail Information		



Helpful Hints to Get Started for all PA Requests

FFS example continued:

The screenshot displays the 'INDIANA MEDICAID for Providers' website interface. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Care Management', 'Resources', and 'Switch Provider'. The main content area shows 'Coverage Details' for Paula Chamblin, with a role ID of 'Provider - Managed Care Organization'. The coverage is for the period from 08/22/2017 to 08/22/2017. A table titled 'Benefit Details' lists various services and their descriptions. Below this, a table shows copayments for 'Medically Related Transportation' and 'Hospital - Outpatient' services. The interface also includes expandable sections for 'Limit Details', 'Right Choices Program', and 'Demographic Details'.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Care Management | Resources | Switch Provider

Eligibility > Coverage Details Tuesday 08/22/2017 03:12 PM

Delegate for Paula Chamblin Role IDs Provider - Managed Care Organization

Coverage Details [redacted] from 08/22/2017 to 08/22/2017 Back to Eligibility Verification Request ?

Expand All | Collapse All

Verification Response ID [redacted]

Benefit Details	
Coverage	Description
Aged and Disabled HCBCS Waiver	Authorized Aged and Disabled Waiver services found in the Notice of Action (NOA)
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)
Medical Review Team	Medical Review Team procedure codes only

Coverage	Copayments	Amount
Full Medicaid	Medically Related Transportation	\$2.00
Full Medicaid	Hospital - Outpatient	\$3.00

Limit Details

Right Choices Program

Demographic Details



Helpful Hints to Get Started for all PA Requests

MCE example:

The screenshot shows the 'Indiana Medicaid for Providers' website interface. At the top, there is a navigation bar with 'My Home', 'Eligibility', 'Care Management', 'Resources', and 'Switch Provider'. The main content area is titled 'Eligibility' and shows a 'Delegate for' field with 'Paula Chamblin' and a 'Role IDs' dropdown menu set to 'Provider - Managed Care Organization'. Below this is the 'Eligibility Verification Request' form, which includes fields for Member ID, SSN, Last Name, First Name, Birth Date, Effective From, and Effective To. The form is pre-filled with '08/22/2017' for both effective dates. Below the form is a section for 'Eligibility Verification Information for [Member ID] from 08/22/2017 to 08/22/2017', which includes a table of coverage details.

Member ID	Birth Date	Coverage	Effective Date	End Date
[Redacted]	[Redacted]	HSP 2.0 State Plan Plus	08/22/2017	08/22/2017
[Redacted]	[Redacted]	Medicaid Rehabilitation Option	08/22/2017	08/22/2017

[Other Insurance Detail Information](#)



Helpful Hints to Get Started for all PA Requests

MCE example continued:

The screenshot displays the 'INDIANA MEDICAID for Providers' web portal. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Care Management', 'Resources', and 'Switch Provider'. The main content area shows 'Coverage Details' for a specific provider, Paula Chamblin, with a role ID of 'Provider - Managed Care Organizatio...'. The coverage is for the period from 08/22/2017 to 08/22/2017. The page includes several expandable sections: 'Benefit Details', 'Limit Details', 'Managed Care Assignment Details', 'Right Choices Program', and 'Demographic Details'. The 'Managed Care Assignment Details' section contains a table with the following data:

Managed Care Program		Primary Medical Provider	Provider Phone
Healthy Indiana Plan Managed Care			
Effective Date	End Date	MCO / CHO Name	MCO / CHO Phone
08/22/2017	08/22/2017	ANTHEM - HIP	1-800-345-4344



Helpful Hints to Get Started for all PA Requests

- PA decisions made within five (5) business days for Medicaid FFS;
- Suspended PA requests must be responded to within 30 days by the provider.
- Inquiries regarding Benefit Limits, Exclusions and Claims processing should be directed to DXC

Fax – Fax PA request form along with supporting documents.

Healthcare Portal – Allows providers to submit non-pharmacy PA requests with supporting documents.

*Note: The Healthcare Portal is provided to us and supported by DXC. Questions regarding the Portal should be referred to the Electronic Solutions Help Desk at DXC by calling 1-800-457-4584.

Mail – Submit PA request form along with supporting documents.

Phone – Urgent PA requests as well as Inpatient Admission PA's.



Common PA Suspension/Denial Reasons

- Certificate of medical necessity missing/incomplete. Forms available at indianamedicaid.com/Providers/Quick Links/Forms/Medical Clearance Forms and Certifications of Medical Necessity
 - Forms published and provided by OMPP & DXC

MEDICAL CLEARANCE FORMS AND CERTIFICATIONS OF MEDICAL NECESSITY

Title	Version Date
Augmentative Communication System Selection Form	September 2004
Certification of Medical Necessity: Oxygen	External link
Certification of Medical Necessity: Parenteral and Enteral Nutrition	External link
Medicaid Second Opinion Form	August 2014
Medical Clearance and Audiometric Test Form (the medical clearance form for hearing aids)	October 2014
Medical Clearance Form for Hospital and Specialty Beds	June 2014
Medical Clearance Form for Motorized Wheelchair Purchase	October 2014
Medical Clearance Form for Negative Pressure Wound Therapy	July 2014
Medical Clearance Form for Nonmotorized Wheelchair Purchase	February 2015
Medical Clearance Form for Standing Equipment	March 2015
Medical Clearance Form for TENS Unit	October 2014



Common PA Suspension/Denial Reasons

- PA form missing required data elements
- Home health plan of care missing/incomplete
- Missing physician orders
- Clinical documentation missing



General PA Overview

Required forms located at www.indianamedicaid.com/Providers/Quick Links/Forms/Prior Authorization

- Forms published and provided by OMPP & DXC

PRIOR AUTHORIZATION

Title	Version Date
Prior Authorization - System Update Request Form	July 2012
Indiana Prior Review and Authorization Dental Request Form	February 2016
Indiana Health Coverage Programs Prior Authorization Request Form (universal PA form)	July 2017
Indiana Health Coverage Programs Prior Authorization Request Form - Instructions (universal PA form - instructions)	July 2017
Psychiatric Residential Treatment Facility (PRTF) Admission Assessment	May 2013
Psychiatric Residential Treatment Facility (PRTF) Extension Request Tool	May 2013



General PA Overview

Supporting PA Documentation: PA must be submitted on the appropriate PA request form and be supported by appropriate medical necessity documentation. The IHCP Provider Reference Modules are located at indianamedicaid.com/Providers/Quick Links/Provider Reference Modules
 -References published and provided by OMPP & DXC

Service- and Provider-Specific Modules		
Anesthesia Services	April 1, 2016	1.2
Chiropractic Services	May 1, 2017	2.0
Dental Services	April 1, 2017	2.0
Diabetes Self-Management Training Services	April 1, 2017	2.0
Durable and Home Medical Equipment and Supplies	April 1, 2016	1.2
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/HealthWatch	April 1, 2016	1.2
Emergency Services	April 1, 2016	1.3
Evaluation and Management Services	April 1, 2017	2.0



General PA Overview

<u>Radiology Services</u>	April 1, 2016	1.1
<u>Renal Dialysis Services</u>	April 1, 2016	1.2
<u>School Corporation Services</u>	April 1, 2016	1.1
<u>Surgical Services</u>	May 1, 2017	2,0
<u>Telemedicine and Telehealth Services</u>	April 1, 2016	1.1
<u>Therapy Services</u>	April 1, 2017	2.0
<u>Transportation Services</u>	April 1, 2016	1.2
<u>Vision Services</u>	April 1, 2016	1.2

Note: CMCS retains the right to suspend a PA request to request additional information to make medical necessity determinations.



General PA Overview

PA Submission Procedures

When PA is required for services rendered to members as Medicaid FFS, the appropriate forms must be completed and submitted to:

Cooperative Managed Care Services, LLC or CMCS

ATTN: Medicaid Prior Authorization Dept.

P.O. Box 56017

Indianapolis, IN 46256

Telephone: 1-800-269-5720

Fax: 1-800-689-2759

Please Note: Our PA staff is more than willing to discuss the outcome of individual PA submissions if the provider needs clarification or further explanation. Please feel free to contact our PA department.





Questions?



Cooperative
MANAGED CARE SERVICES LLC