

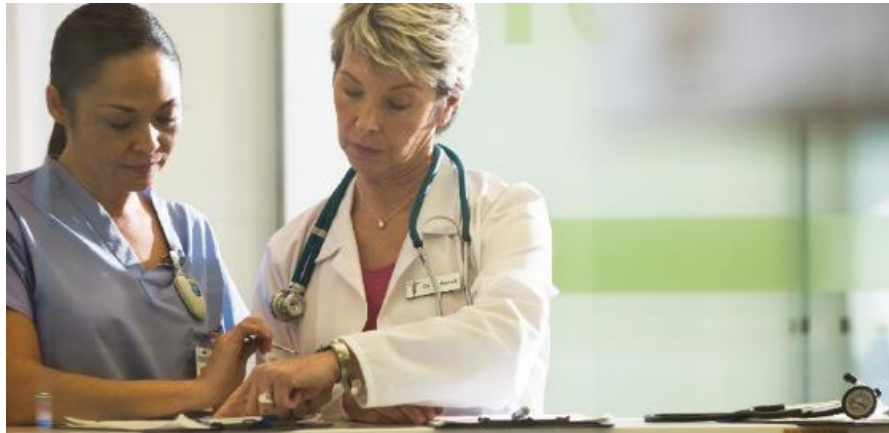
Fee-for-Service Prior Authorization

Indiana Health Coverage Programs
DXC Technology
IHCP Works Seminar– October 2020



Agenda

- General requirements for prior authorization
- Create prior authorization request
- View prior authorization status
- Update prior authorization
- Helpful tools
- Questions



General Requirements for Prior Authorization



Why is Prior Authorization Needed?

According to the Indiana Health Coverage Programs (IHCP) regulations, providers must request prior authorization (PA) for certain services:

- To **determine medical necessity**, or
- When **normal limits are exhausted** for certain services

The main purpose of the PA process is to ensure that Indiana Medicaid funding is utilized only for those services that are:

Medically Necessary

Appropriate

Cost Effective



PA is not a guarantee of payment.



Does the Service Require Prior Authorization?

- For the provider to be reimbursed for services rendered, the provider must make sure that the service is covered by the member's benefit plan.
- When a PA is required, the PA must be requested and approved before the service is rendered.
- A provider can verify if a service is covered by the IHCP and/or whether it requires PA by referring to the fee schedules, accessible from the IHCP Fee Schedules page at in.gov/medicaid/providers.

PA belongs to the member, not the provider.

Professional 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.

1

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
99600					MEDSV	Medical Services	Def	MAXFEE	7/1/2018		Y	
Min-Max Units					Fee Schedule Amt:	\$18.88	Base Units:		0	Age Min-Max:		
Procedure Desc:		HOME VISIT NOS					CMS Add Date:		1/1/2003	CMS Term Date:		

Prior Authorization Contractor

- DXC Technology is the PA contractor for nonpharmacy services in the fee-for-service delivery system.
- The DXC PA Unit reviews all PA requests on an individual, case-by-case basis.
- The DXC decision to authorize, modify, or deny a given request is based on medical necessity, appropriateness, and other criteria.

**FFS
Nonpharmacy**

DXC

**1-800-457-4584, option 7
1-800-689-2759 (fax)**

Please contact the member's MCE for PA information.



Create Prior Authorization Request



Care Management



INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | **Care Management** | Resources

My Home

User Details
Welcome

- My Profile
- Manage Accounts

Provider
Name
Provider ID

- Disenroll
- Provider Maintenance
- Enrollment / Revalidation Status

Provider Services

- Member Focused Viewing
- Search Payment History

Create Authorization

View Authorization Status

Maintain Favorite Providers

Submit RCP Referral to Lock-In List

Notification of Pregnancy Inquiry

HEALTH CARE PROFESSIONAL!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Contact Us

Notify Me

Secure Correspondence

Requesting Provider Information

Create Authorization ?

Any forms relating to Authorization requests can be found [here](#).

* Indicates a required field.

[Expand All](#) | [Collapse All](#)

Requesting Provider Information -

Requesting Provider Information

Provider ID	ID Type	Taxonomy _	Name


The Provider ID, ID Type (NPI or ID), and Name will default to the *Service Location* the requester is currently logged in.



*This is the location where the PA can be viewed.


Member Information


Member Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

 *Member ID

 *Birth Date 

 *Last Name

 *First Name

Enter the member ID, birth date, and at least one letter of the first and last name.

Verify eligibility for accurate information.


Rendering Provider Information

Rendering Provider Information

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from you list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as ☐ Requesting Provider

Select from Favorites No favorite providers available. ▼

Provider ID  ID Type ▼ Name ☐ Add to Favorites

Taxonomy

*Service Type ▼

Use the search spyglass for accuracy.



Rendering Provider Information

Provider ID Search ?

Search By ID Search By Name Search By Organization

* Indicates a required field.

→ *Last Name → First Name



To select a provider, click the Provider ID.

Total Records: 1

<u>Provider ID</u>	<u>Provider Name</u> ▲	<u>Provider Type</u>	<u>Taxonomy</u>	<u>Provider Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
000000000	.	Physician		RENDERING PROVIDER NO ADDR	INDIANAPOLIS	Indiana	



Click on the Provider ID.



Rendering Provider Information

Rendering Provider Information

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from your list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as Requesting Provider ☐

Select from Favorites

Provider ID ID Type Name

☐

Taxonomy

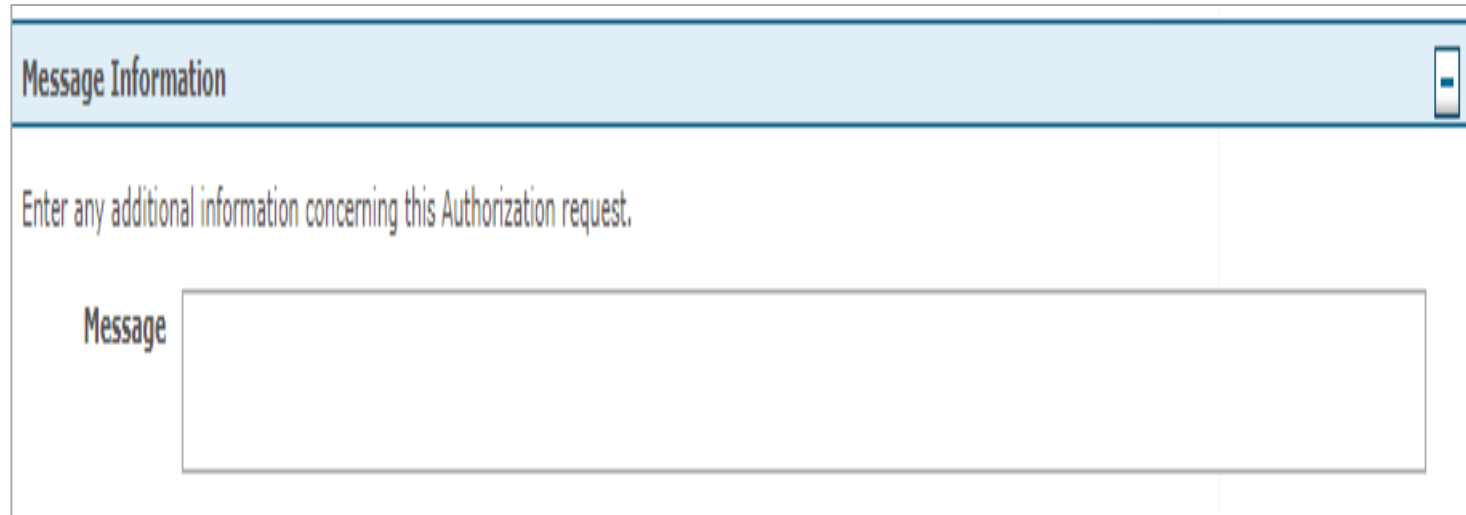
*Service Type

- ABORTION
- ACUPUNCTURE
- ADJUNCTIVE DENTAL SERVICES
- AIDS
- ALCOHOLISM
- ALLERGY
- ALLERGY TESTING
- ALTERNATE METHOD DIALYSIS
- ANESTHESIA
- AUDIOLOGY EXAM
- BURN CARE
- CANCER
- CARDIAC
- CARDIAC REHABILITATION
- CARE MANAGEMENT
- CHEMOTHERAPY
- CHIROPRACTIC
- CHRONIC RENAL DISEASE (CRD) EQUIPMENT
- COGNITIVE THERAPY

If there is no taxonomy in the rendering profile, do *not* enter one here.

The populated rendering information may be added to favorites for future reference.

Message Information



The screenshot shows a web form titled "Message Information" in a light blue header bar. Below the header, there is a text prompt: "Enter any additional information concerning this Authorization request." Underneath this prompt is a label "Message" followed by a large, empty rectangular text input box.

The message should include medical necessity; also, frequency and duration, when appropriate.



Diagnosis Information

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Do not use a decimal point when entering the Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
Diagnosis Type	ICD-10-CM	Diagnosis Code
<div><div>Add</div><div>Cancel</div></div>		

Start entering a diagnosis – choose from the drop-down list.
Click **ADD** to save.



Service Details

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

+/-	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/> Click to collapse.	*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type CPT/HCPCS *Code <input type="text"/>	Modifiers <input type="text"/> <input type="text"/>	Units <input type="text"/> Dollars <input type="text"/> Place of Service <input type="text"/>	Message <input type="text"/>
Rendering Provider (if different from above): Select from <input type="text"/> Favorites Provider ID <input type="text"/> ID Type <input type="text"/> Taxonomy <input type="text"/> Name <input type="text"/>						
<div> Add Cancel </div>						

Complete the required information – see red asterisks *.

- ✓ Add modifiers, units, dollars, and place of service, as appropriate, and message for the specific detail.
- ✓ **ALL** services must be included on the PA request.



Attachments

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
<div> <div>*Transmission Method</div> <div>FT-File Transfer</div> </div> <div> <div>*Upload File</div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>*Attachment Type</div> <div> <div>Add</div> <div>Cancel</div> </div> <div> 03-Report Justifying Treatment Beyond Utilization Guidelines 04-Drug Administered 05-Treatment Diagnosis 06-Initial Assessment 07-Functional Goals 08-Plan of Treatment 09-Progress Report 10-Continued Treatment 11-Chemical Analysis 13-Certified Test Report 15-Justification for Admission 21-Recovery Plan 48-Social Security Benefit Letter 55-Rental Agreement 59-Benefit Letter 77-Support Data for Verification A3-Allergies/Sensitivities Document A4-Autopsy Report AM-Ambulance Certification </div> </div>					

- * Add attachment when needed.
- * Limit the information to only what is required to support the need for services.



Signature and Submit

Signature

Providers using electronic systems need to recognize the potential for misuse or abuse with alternate signature methods. Providers are responsible for the authenticity of the documentation and signatures. Physicians are encouraged to check with their attorneys and malpractice insurers regarding electronic signatures. Any provider using an electronic signature must follow the requirements of Indiana Code (IC) 26-2-8-116.

IC 26-2-8-116

Electronic signature involving individual health information

Sec. 116.

- (a) As used in this section, "authorization" means a consent, an approval, or an authorization between an individual and a person.
- (b) As used in this section, "electronic identification" means the electronic identification system for form, location, and endorsement that is specified in subsection (d).
- (c) Electronic signature authentication and identification may be used for an individual who participates in agreements, authorizations, contracts, records, or transactions that involve individually identifiable health information, including medical records and record keeping, transfer of medical records, medical billing, health care proxies, health care directives, consent to medical treatment, medical research, and organ and tissue donation or procurement.
- (d) The electronic authentication and identification under subsection (c) may be accomplished by an interactive system of security procedures that include any of the following:

- (1) A tamper proof electric appliance that receives input of unique identification numbers, unique biometric identifiers, or location devices.
- (2) A computerized authentication process for biometric identifiers that is linked to the appropriate identification numbers upon receipt of the identifiers.
- (3) Transmission of verification of the identifiers to a securely maintained electronic repository.

No provision in this section may be construed to supersede or preempt applicable federal and state law, including the Indiana Uniform Electronic Transactions Act (IC 26-2-8), the Health Insurance Portability and Accountability Act of 1996 and associated regulations, and 21 CFR Part 11. As added by P.L.77-2005, SEC.1.

405 IAC 5-3-10 Providers who may submit prior authorization requests

Authority: IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-15-30-1

Sec. 10. Except as otherwise provided in this title, prior authorization requests may be submitted by any of the following:

- (1) Doctor of medicine.
- (2) Doctor of osteopathy.

(3) Doctor of podiatric medicine.

(4) Doctor of chiropractic.

(5) Physician assistant.

(6) Certified nurse practitioner.

(7) Physician's assistant.

(8) Health care provider.

(9) Health care provider.

(10) Health care provider.

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mail.

If a provider type other than those listed previously submits a PA request electronically via the Portal, the requester must submit additional documentation indicating that the service or supply is physician-ordered. The additional documentation may be uploaded as an attachment to the Portal request, or else must be sent by fax or mail. Unless the attachment is submitted via the Portal at the time the request is made, the original request is suspended for documentation of the physician's order. Failure to submit additional documentation within 30 calendar days of the request results in denial of the request.

The Prior Authorization Request Form terms must be accepted by entering your e-signature below in order to submit the request for approval.

I hereby confirm my understanding that I am the owner or authorized representative of this business entity, that my electronic signature is equivalent to my written signature, and that my electronic signature below confirms my acceptance of all stipulations, conditions, terms and attestations herein. All information and supporting documentation submitted with this form is true, complete and correct.

***Your Signature**

(Entering your name in the box will constitute your electronic signature.)

Review the signature guidelines.

If a physician signature is needed, upload as an attachment.

Submit

Cancel



Confirm Authorization

Confirm Authorization ?

Review all information for the Authorization displayed below. If the information is correct, click the Confirm button. If you want to make any corrections to the Authorization, click the Back button. If you do not want to submit the Authorization request, click the Cancel button.

[Expand All](#) | [Collapse All](#)

Requesting Provider Information -

Provider ID	ID Type	Taxonomy	Name
-------------	---------	----------	------

Member Information -

Member ID	Member	Birth Date	Gender
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Rendering Provider Information -

Provider ID	ID Type	Name
-------------	---------	------

Service Type

[Expand All](#) | [Collapse All](#)

Diagnosis Information -

Diagnosis Type	Diagnosis Code
ICD-10-CM	R41840-ATTENTION AND CONCENTRATION DEFICIT

Service Details -

	From Date	To Date	Code	Modifiers	Units	Dollars
+	06/19/2020	06/19/2020	CPT/HCPCS 99600-HOME VISIT NOS		2.000	500.00

No Attachments exist for this claim

Signature

Your Signature

Back

Confirm

Cancel

Authorization Receipt

The authorization request is assigned an **Authorization Tracking Number**.

- This number is used to track the status of the requested authorization.

There are three buttons with options:

- ➡ Print the submitted authorization form and receipt.
- ➡ Copy information to a new request.
- ➡ Start a new request for a different member.



The screenshot shows a web interface titled "Authorization Receipt" with a help icon. It displays a success message: "Your Authorization Tracking Number 1000000084 was successfully submitted." Below this, there are instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." At the bottom, there is a section titled "General Authorization Receipt Instructions" and three buttons: "Print Preview", "Copy", and "New".

View Prior Authorization Status



View Prior Authorization Status



The screenshot displays the 'INDIANA MEDICAID for Providers' website. At the top right, there are links for 'Contact Us', 'FAQs', and 'Logout'. A navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Care Management' dropdown menu is open, showing options: 'Create Authorization', 'View Authorization Status' (highlighted with a blue border), 'Maintain Favorite Providers', 'Submit RCP Referral to Lock-In List', and 'Notification of Pregnancy Inquiry'. The left sidebar contains sections for 'User Details' (with links for 'My Profile' and 'Manage Accounts'), 'Provider' (with links for 'Disenroll', 'Provider Profile', 'Provider Maintenance', and 'Enrollment / Revalidation Status'), and 'Provider Services' (with links for 'Member Focused Viewing' and 'Search Payment History'). The main content area features a 'HEALTH CARE PROFESSIONAL!' header, a 'Contact Us' link, a 'Notify Me' link, a 'Secure Correspondence' link, and a photograph of a healthcare professional. Below the photo, a paragraph states: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

View Prior Authorization Status

View Authorization Status ?

Search Options **Prospective Authorizations**

Enter either the Authorization Number or at least one of the other fields to search for authorizations.

Authorization Information

Authorization Number

Service Type

Select a Day Range or specify a Service Date

Day Range **Next 14 days** OR Service Date

Member Information

View Authorization Status

Search Options **Prospective Authorizations**

Prospective authorizations identifying you as the Requesting or Rendering Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations

Click on a Column Heading to change the sort order

<u>Authorization Number</u>	<u>Service Date</u> ▲	<u>Member Name</u>	<u>Member ID</u>	<u>Service Type</u>	<u>Requesting Provider</u>	<u>Rendering Provider</u>
				DENTAL CARE		
				DENTAL CARE		
				DENTAL CARE		

Only the *requesting* provider can view the PA *without the PA number*.
*The PA is specific to the *Service Location* the requester was logged in when creating the PA request.



View Prior Authorization Status

View Authorization Status



Search Options

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Rendering Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations

Click on a Column Heading to change the sort order

Authorization Number	Service Date ▲	Member Name	Member ID	Service Type	Requesting Provider	Rendering Provider
				DENTAL CARE		
				DENTAL CARE		
				DENTAL CARE		

- Prospective authorizations
 - Lists up to 20 authorization requests
 - Service date is today or a future date
 - Requests have not been approved or denied

Authorizations can be sorted by clicking on any of the column headers. Click the *Authorization Number* to view the authorization.

View Prior Authorization Status

View Authorization Status ?

Search Options **Prospective Authorizations**

Enter either the Authorization Number or at least one of the other fields to search for authorizations.

Authorization Information

→ **Authorization Number**

→ **Service Type**

Select a Day Range or specify a Service Date

→ **Day Range** OR → **Service Date**

Member Information

If member information is entered and the Member ID is not entered, then Last Name (at least 1 character), First Name (at least 1 character) and Birth Date are all required.

→ **Member ID**

Birth Date

Last Name

First Name

Provider Information

To narrow the search by Rendering Provider, enter the ID and ID Type or click on the magnifying glass to search for a provider.

→ **Provider ID**

ID Type

Search **Reset**

- Search options – Enter information in the search fields:
 - Authorization number
 - Service type
 - Date range or service date
 - Member information
 - Provider information

View Prior Authorization Status

Search Results						
Click on a Column Heading to change the sort order						
Authorization Number	Service Date ▼	Member Name	Member ID	Service Type	Requesting Provider	Rendering Provider
				DENTAL CARE		
				DENTAL CARE		

Service Details						
	From Date	To Date	Code	Modifiers	Units	Status
+	-	-			0	No Action Required
+	-	-			0	No Action Required
+					1	Modified
+					1	Modified

Dental Request Form		+
Attachment Information		+
Indiana Administrative Codes/Descriptions		+
Analyst Remarks		-
Date	Line Number	Remarks
		Guarantee Payment: Prior Authorization is not a guarantee of payment. <div>Authorization is not a guarantee of payment</div>

System Update

Print Preview

Update Prior Authorization

Update Prior Authorization

- The requesting provider has the option to click the **System Update** button on the *View Authorization Response* page to make changes to an authorization.
- **The System Update function CANNOT be used on a denied PA.**
- A request that has been approved or is pending approval can have a system update to add more units to a service, extend dates for a service, or make other updates.
- Indicate the line item and use the Message field to provide explanation of what needs to be changed.



Update Prior Authorization

Date	Line Number	Remarks
		Guarantee Payment: Prior Authorization is not a guarantee of payment.

System Update

Print Preview

System Update Information

Enter the Line Item number (use 0 if the update applies to the entire Authorization, not a specific Line Item) and a description of the update to be applied.
Click the **Remove** link to remove an entry.

Line Item	Message	Action
-----------	---------	--------

☐ Click to collapse.

*Line Item

*Message

Add

Cancel

Service Details



Attachments



Resubmit

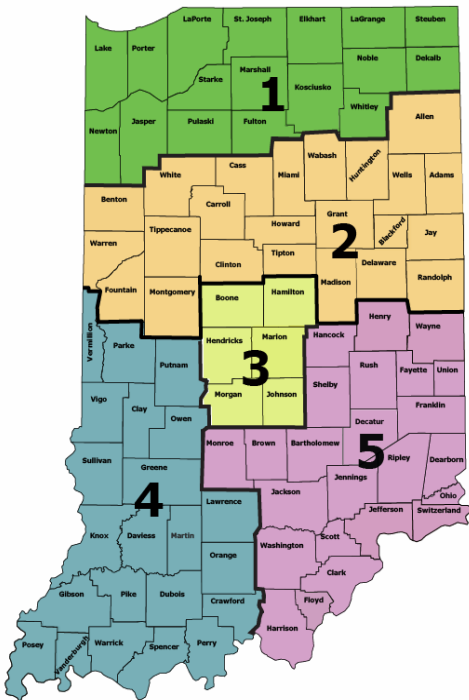
Cancel



Helpful Tools

Helpful Tools

Provider Relations Consultants



Region	Field Consultant	Email	Telephone	Counties Served
1	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Amber Keegan & Emily Redman (interim)	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne



Helpful Tools

IHCP website at in.gov/medicaid/providers:

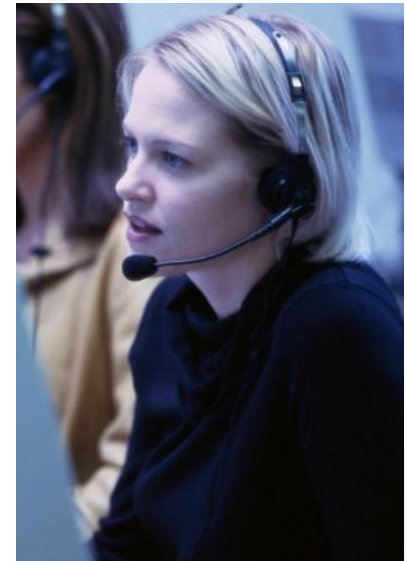
- IHCP Provider Reference Modules
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
*(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*



Thank you

