2022 IHCP Works Seminar
Prior Authorization 201

Presented by LaToya Robertson

Providing health coverage to Indiana families since 1994

Agenda

- Services Requiring Prior Authorization (PA)
- Provider Resource Website
- Submitting a PA
- MDwise PA Portal
- Continuity of Care
- Scenarios
- Resource Center
- Updates

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About MDwise

Our Mission

To enhance client satisfaction and lower total health care costs by improving the health status of members through the most efficient provision of quality health care services.

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care
- MDwise has a large network of doctors, specialists and hospitals throughout Indiana

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What Services Require PA

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Authorization Requirements

For a full list of services requiring authorizations, visit the Prior Authorization page on our website.

Prior Authorization Forms

MDwise Medicaid Prior Authorization Process

For pharmacy prior authorization forms, please visit our pharmacy forms page.

For more information, see our MDwise Prior Authorization Reference and Contact Guide.

Forms

- Portal Instructions
- Universal PA Form for Hoosier Healthwise and HIP
- Prior Authorization Reference Guide for Hoosier Healthwise and Healthy Indiana Plan
- Behavioral Health Forms

Prior Authorization Lists

- 2020 Maternity Code Exemption List
- Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP Effective 4/1/2022 - ***NEW!***
- Archived v. 3/1/22
- 2021 Searchable Behavioral Health Services that Require Prior Authorization for Hoosier Healthwise and HIP

Prior Authorization Form Archives

For pharmacy prior authorization forms, please visit our pharmacy forms page.

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Maternity Codes

Maternity-Code-Exemption-List.pdf (mdwise.org)

For any code listed under Coding in the table below, a prior authorization is not needed. **For any code not listed, a prior authorization is required.**

Type of Service	PA Required	Coding
Maternity Stays	Required (except for exempt codes – see list under Coding)	**Maternity Codes Exempt from Requiring an Authorization:** 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59409, 59410, 59412, 59414, 59430, 59514, 59515, 59525, 59612, 59614, 59620, 59622, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 80055, S9443, A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, S4005, 01960, 01961, 01967, 01968, 01969, 99221, 99222, 99223, 99224, 99225, 99226, 99227, 99228, 99229, 99230, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **Maternity DRG Codes Exempt from Requiring an Authorization** 540.1, 540.2, 540.3, 540.4, 541.1, 541.2, 541.3, 541.4, 542.1, 542.2, 542.3, 542.4, 560.1, 560.2, 560.3, 560.4, (2018) 765, 766, 767, 768, 774, 775, (2019) 786, 787, 788, 805, 806, 807 **ICD-10 Codes Exempt from Requiring an Authorization for a Maternity Stay** O80, O82, Z37, Z37.0 to Z37.5, Z37.50 to Z37.59, Z37.6, Z37.60 to Z37.69, Z37.7, Z37.9, Z39, Z39.0 to Z39.2

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Prior Authorization and Exclusion List

This is a partial list of the PA requirements for Medical Services

Medical services that require Prior Authorization

Type of Service	Requires PA	Coding
All Out of network services	Yes	With the exception of ER, Ambulance, Urgent Care Center services, Immunizations, Family planning services, chiropractic services, podiatry, and ologists, except if service is otherwise listed on PA list.
Air Ambulance	Yes	A0430, A0431, A0435, A0436
Elective/emergent/urgent medical, surgical inpatient admissions, and skilled nursing facility services	Yes	POS 21, 51, 61, and 31; excluding maternity stays
Inpatient Rehabilitation	Yes	POS 21 or 61 and accommodation codes 024, 931, 932 POS 21 or POS 61. Revenue code 024
Subacute admission	Yes	POS 21
	Yes including	POS 21 - Solid: Heart/lung 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33938, 33939, 33940,33944, 33945 Liver - 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, Pancreas -48550, 48551, 48552, 48553, 48554, 48555, 48556

For a full list of services requiring authorizations, visit the Prior Authorization page on our website.

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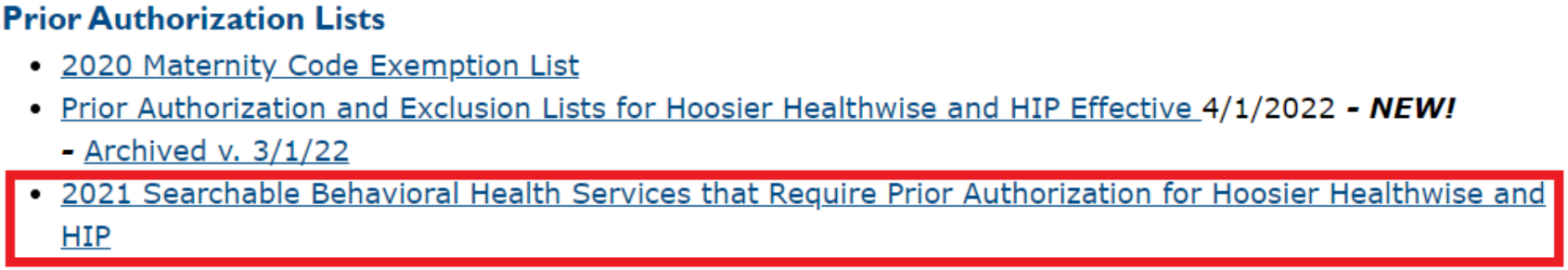
Behavioral Health

For a list of Behavioral Health Services that require PA use our searchable list online.



Prior Authorization Lists

- 2020 Maternity Code Exemption List
- Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP Effective 4/1/2022 - ***NEW!***
  - Archived v. 3/1/22
- 2021 Searchable Behavioral Health Services that Require Prior Authorization for Hoosier Healthwise and HIP

Outpatient therapy services are available without referral and do not require prior authorization when performed by an MDwise contracted and enrolled provider.

Behavioral Health Forms can be found at:
https://www.mdwise.org/for-providers/forms/behavioral-health

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Self-Referral Services

Hoosier Healthwise and HIP members can seek care from any IHCP-enrolled provider qualified to render self-referral services, and without obtaining authorization from their Primary Medical Provider (PMP).

Self-Referral Services do NOT require PA.

Example of self-referral services include but are not limited to:

- Eye care
- Foot care
- Chiropractic services
- Urgent Care
- Family Planning

Emergency Services

An emergency service is a service provided to a member after the sudden onset of an emergency medical condition.

- An emergency medical condition places the health of an individual in serious jeopardy, results in serious impairment to bodily functions or serious dysfunction of any bodily organ or part

Emergency services also do NOT require PA. However, any resulting inpatient stay DOES require prior authorization.

- Please report emergency admissions to MDwise within 48 business hours of admission

Pharmacy

Pharmacy Prior Authorizations

- For Pharmacy PAs or questions, contact the member's Pharmacy Benefit Manager:
  - MedImpact: 1-844-336-2677

- Pharmacy Resources:
  - Pharmacy Resources - MDwise Inc.

- Pharmacy Forms:
  - Pharmacy Forms - MDwise Inc.

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Provider Resources Website

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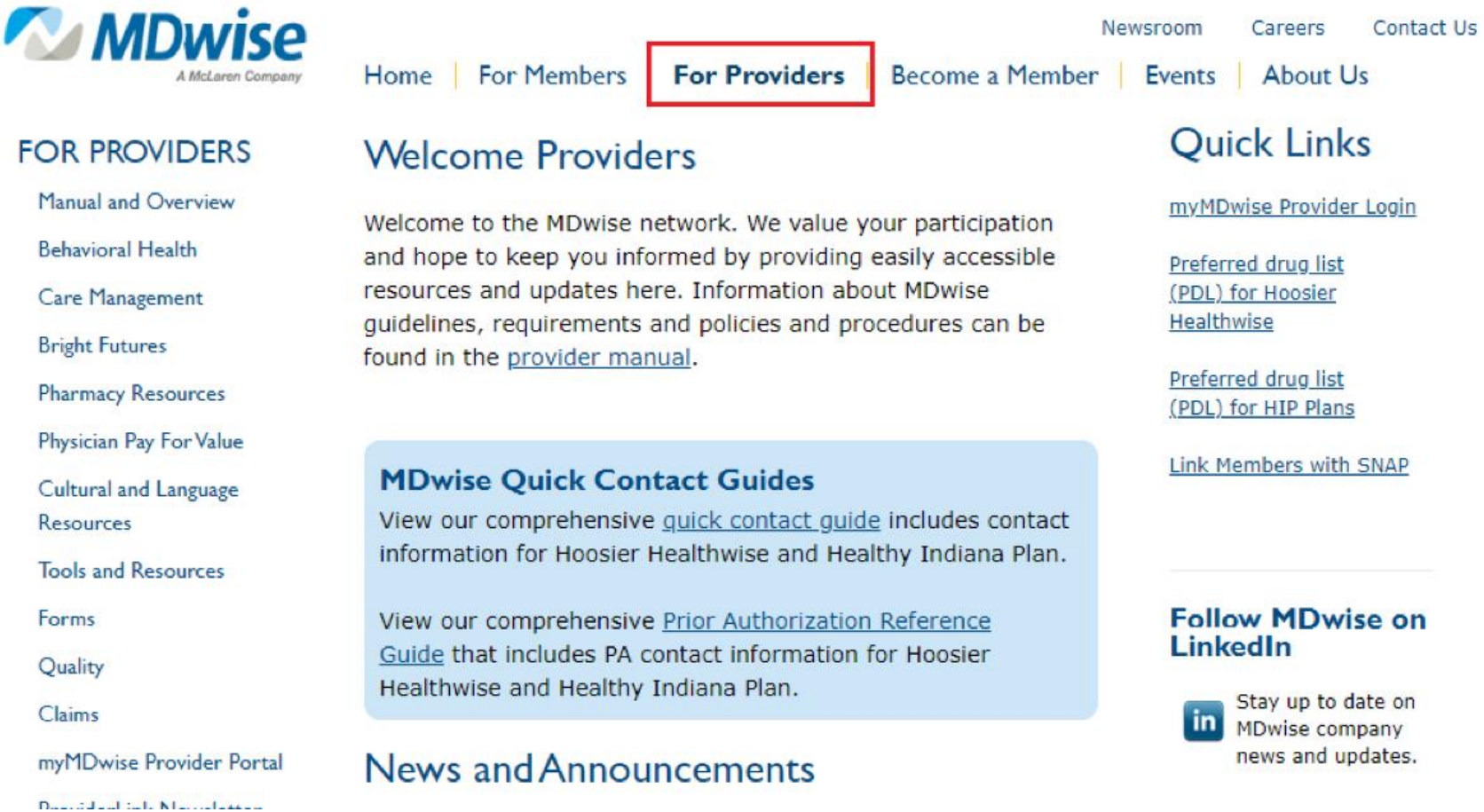
Provider Resources

MDwise Website



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Provider Resources

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Newsroom Careers

Home | For Members | **For Providers** | Become a Member | Events | About Us

- Manual and Overview
- Behavioral Health
- Care Management
- Bright Futures
- Pharmacy Resources
- Physician Pay For Value
- Cultural and Language Resources
- Tools and Resources
- **Forms**
  - Behavioral Health Forms
  - Care Management Forms
  - Claims Forms
  - Member Management Forms
  - Pharmacy Forms
  - Prior Authorization Forms
  - Provider Enrollment Forms

Provider Forms

Provider forms are available in the following categories:

Behavioral Health Forms

Care Management Forms

Claims Forms

Member Management Forms

Pharmacy Forms

Prior Authorization Forms

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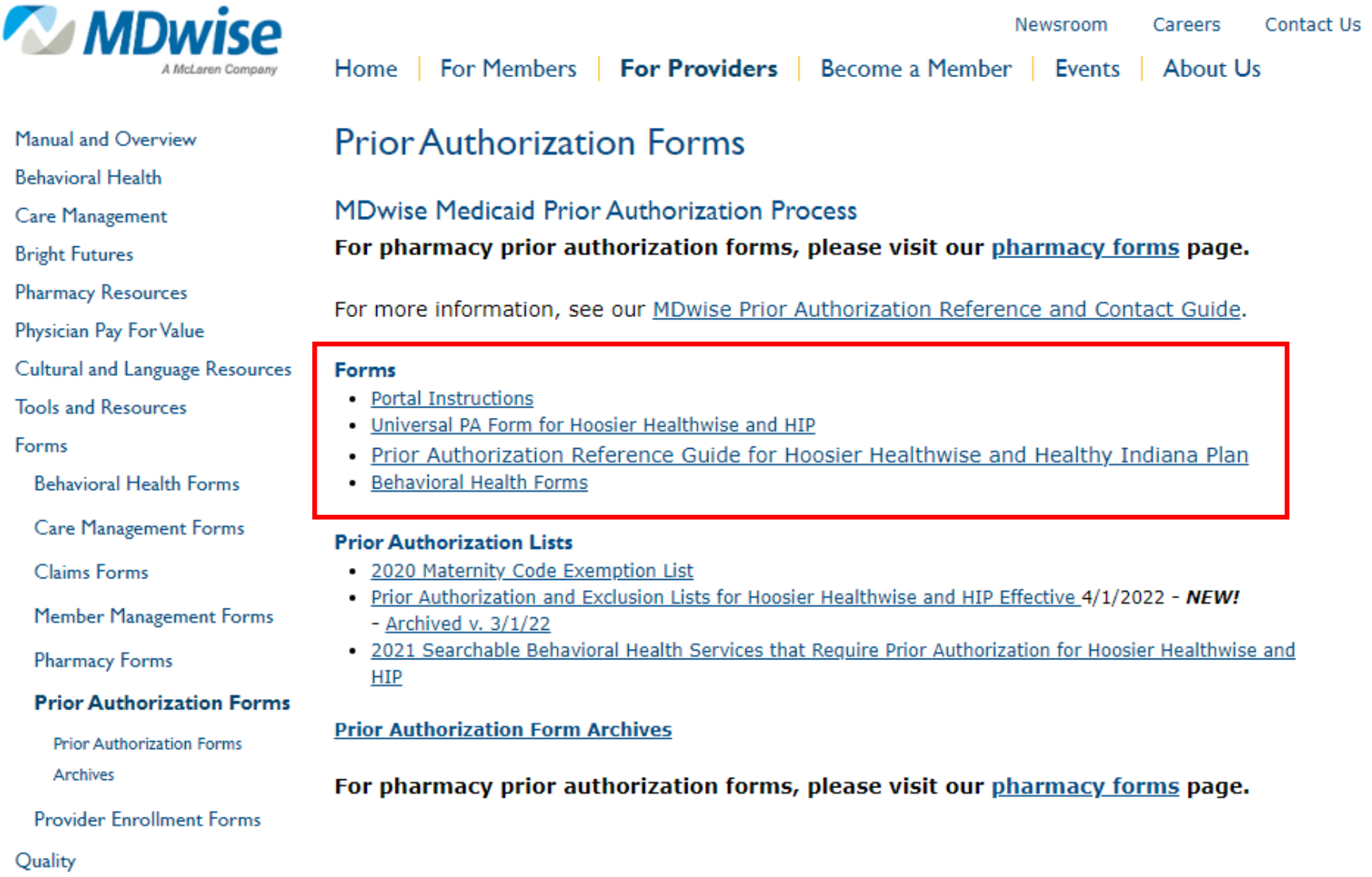
Provider Resources



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Submitting a Prior Authorization

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Submitting a PA

MDwise offers multiple platforms to submit a PA request.

- **Online PA Portal**: https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin
- **Email**: PAdept@mdwise.org
- **Phone:** 1-888-961-3100
- **Fax:**
  - **Hoosier Healthwise 1-888-465-5581**
  - **HIP Inpatient 1-866-613-1631**
  - **HIP All Others 1-866-613-1642**

**** The Preferred Method for requesting a PA request is through our PA portal, where you can also check status online.***

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Universal PA Form

Regardless of which method used to submit PA, the Universal PA form is required.

- pa-form.pdf (mdwise.org)

Refer to the IHCP Prior Authorization Request Form Instructions for required information on

- pa-form-instructions.pdf

NOTE: An incomplete PA form will delay the PA decision.

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MDwise Prior Authorization Portal

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MDwise Authorization Portal Information

Submitting authorization requests via online PA portal is preferred.

Submitting online:

- Improves the timeliness of the review
- Allows for online tracking status
- Increases readability of requests

Step-by-step instructions to help guide you through the online portal request process.

- Authorization Portal Guide

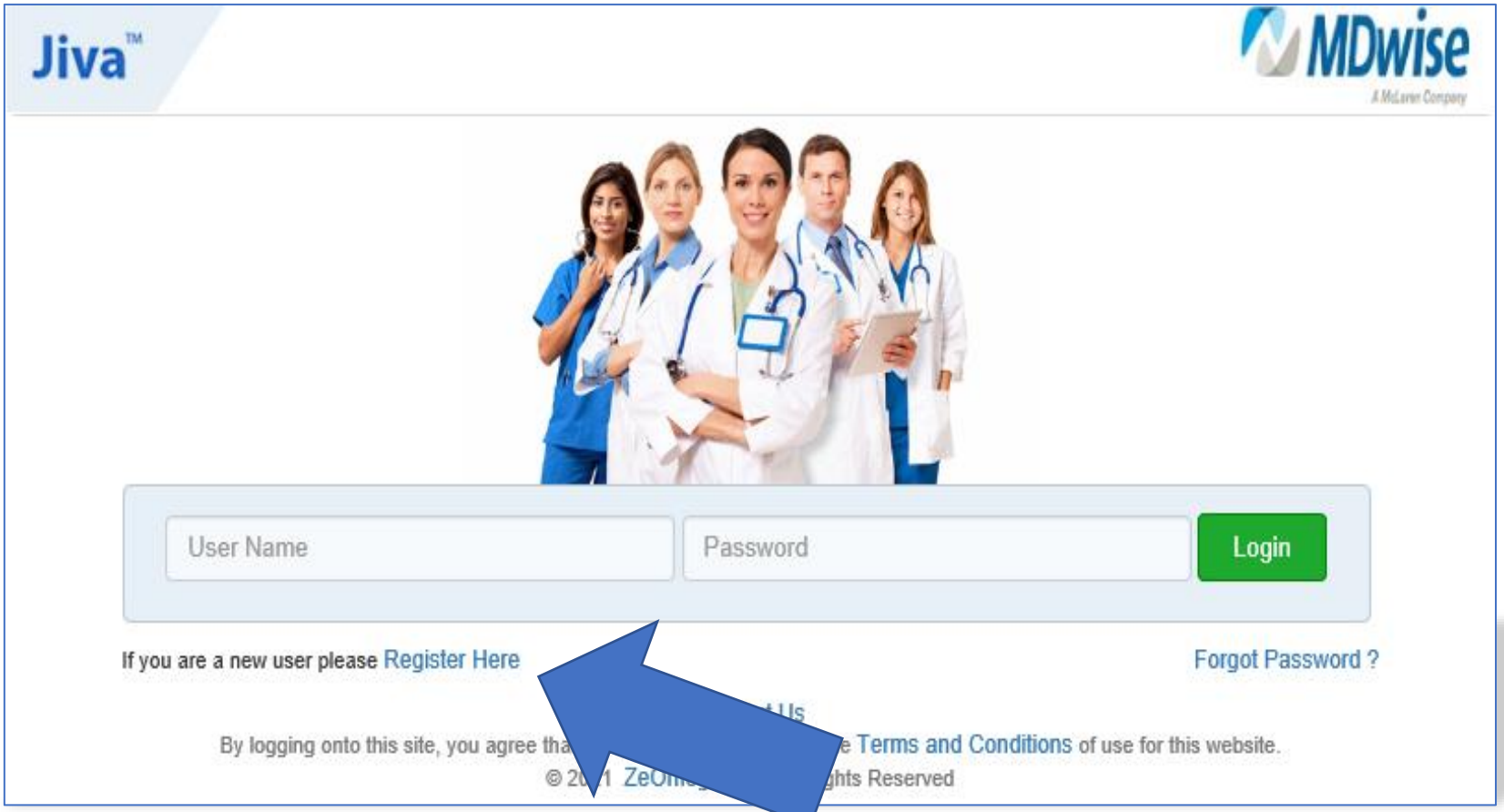
MDwise PA Portal

MDwise Prior Authorization Portal Instruction Manual contains instructions on how to initiate the following:

- NEW Outpatient Prior Authorization
- NEW Inpatient Prior Authorization Request
- Requesting Concurrent Review or an Extension for a Prior Authorization
- How to utilize the Prior Authorization Dashboard

MDwise PA Portal - Registration

MDwise PA Portal – Register Here



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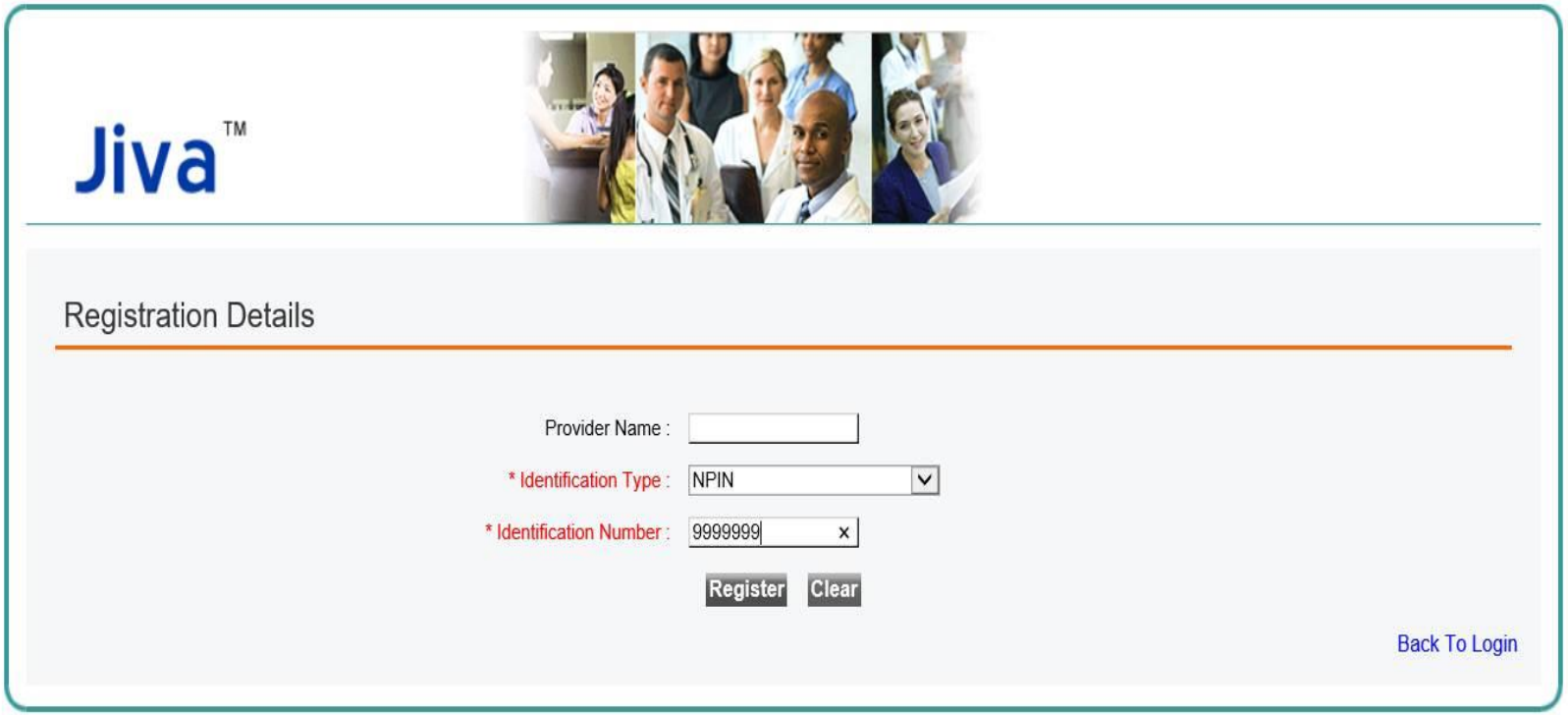
MDwise PA Portal - Registration

Enter the NPI or TIN, Search for the Provider and click Register.



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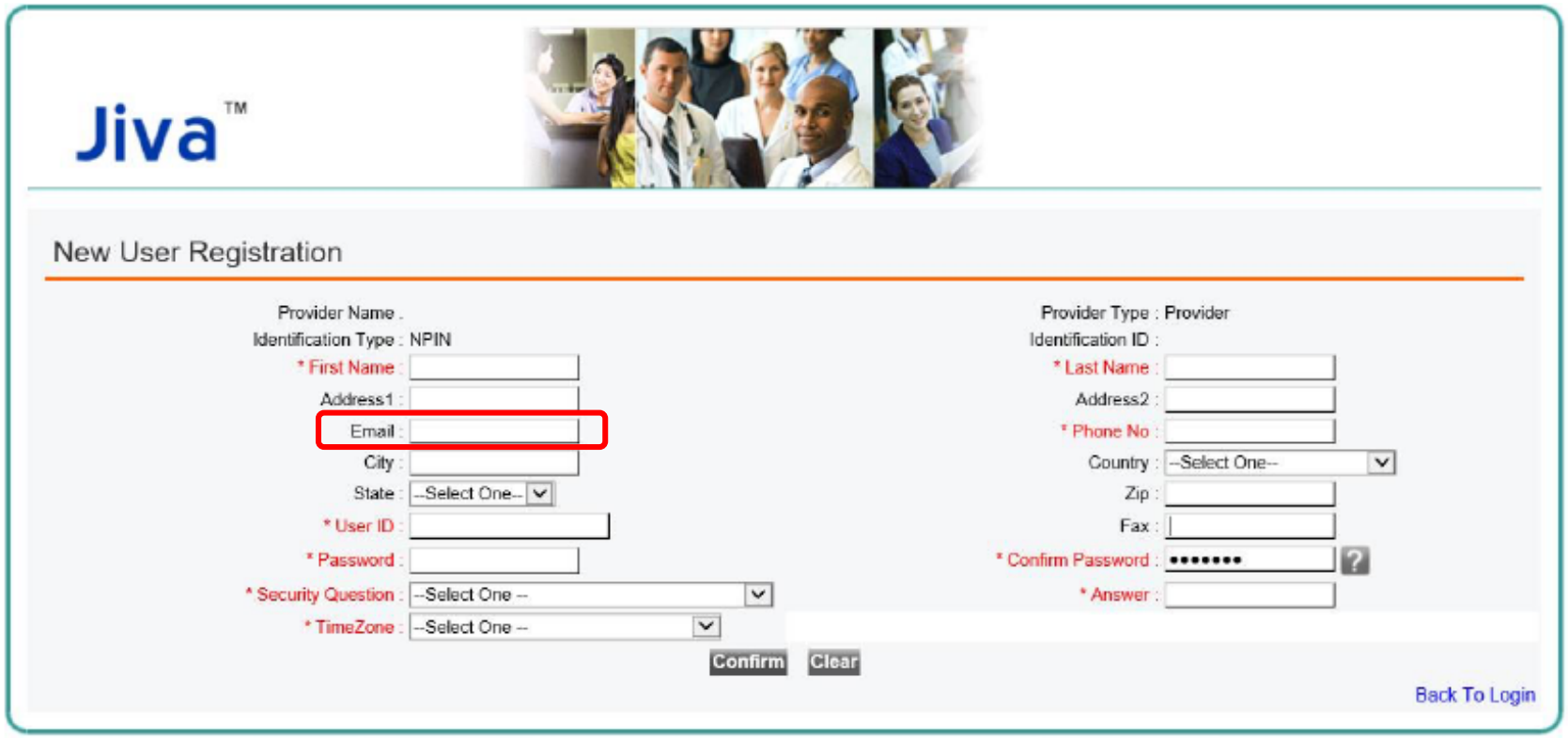
MDwise PA Portal - Registration

On the "New User Registration" screen, complete all RED required fields, including your email address.



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MDwise PA Portal - Registration

After registering, please allow 3-5 business days for the account to become active.

Having issues troubleshooting or setting up a prior authorization?
Email AuthPortalHelp@mdwise.org

Unable to locate a member by searching Member ID?
Contact MDwise Member Customer Service 1-800-356-1204

MDwise encourages providers to utilize the portal for Prior Authorization requests.

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Prior Authorization Portal

New Outpatient/Inpatient Request

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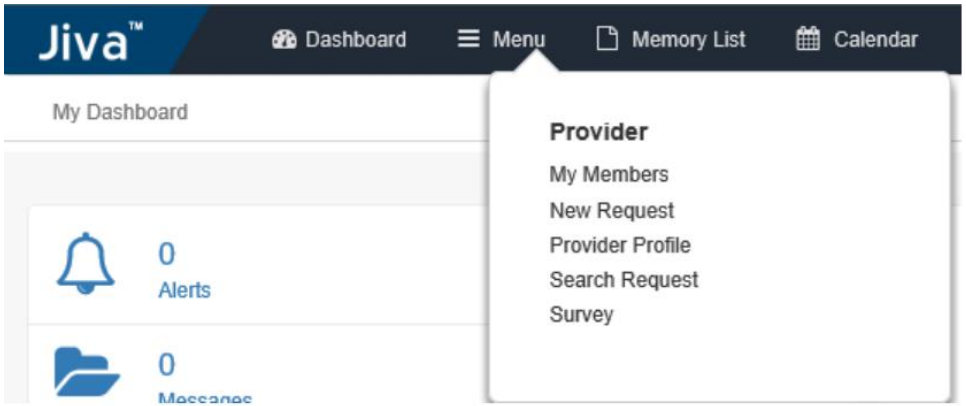
PA Portal - New Outpatient/Inpatient Request

For both Inpatient and Outpatient PA request

Step 1: Select “New Request” from the Menu drop-down.



Step 2: Enter “Member ID”. (You must have the member ID to start a case).

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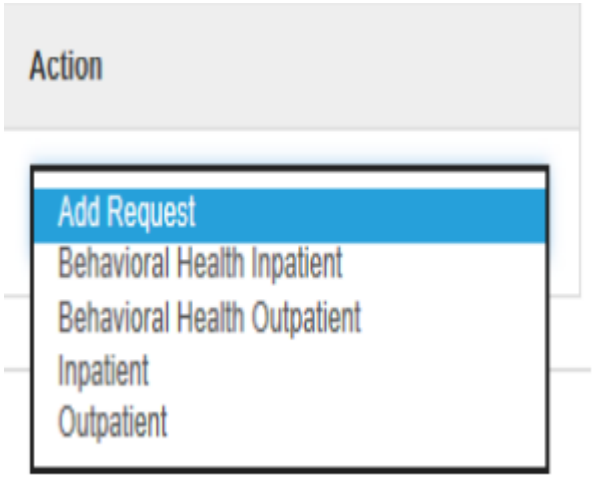
PA Portal - New Outpatient/Inpatient Request

Step 3: Click “Search” button.

Step 4: Click the appropriate “Action” from the drop



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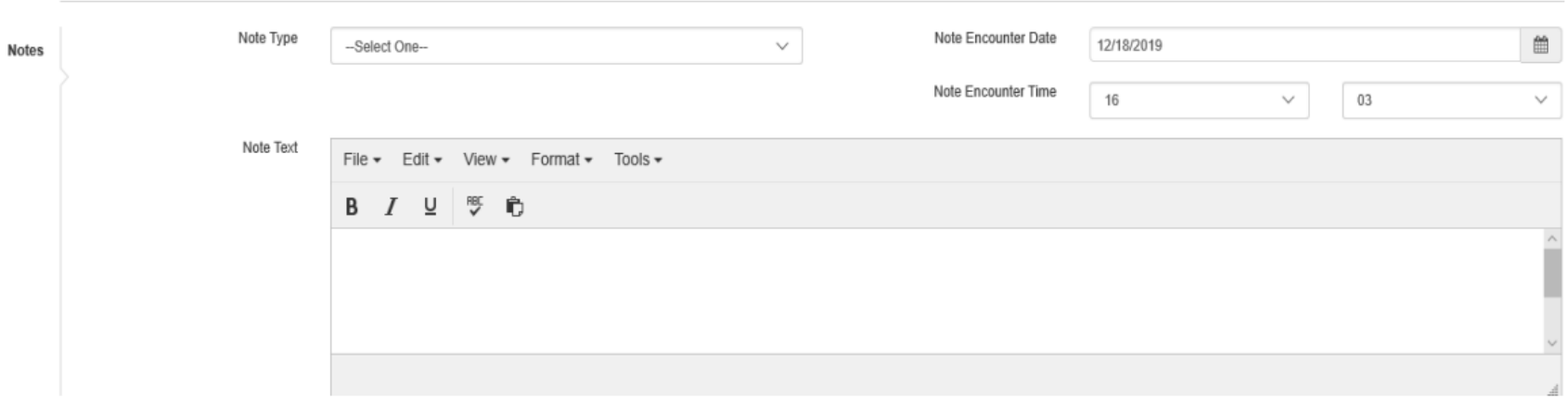
PA Portal - New Outpatient/Inpatient Request

For the remaining steps on the instruction guide, you will fill out the portal with specific information regarding your PA request to mirror what you have entered on the Universal PA form.

A "Note" section will be next. Complete this field with the following information:

- Requestor Name, Fax and Phone Number
- Additional/Relevant Information needed to process the request (i.e., reason for expedited request)



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PA Portal - New Outpatient/Inpatient Request

Click the “Submit” button to complete the request. “Save as Draft” will be viewable only from your dashboard and can allow for submission later

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Prior Authorization Portal

Requesting Concurrent Review or Extension

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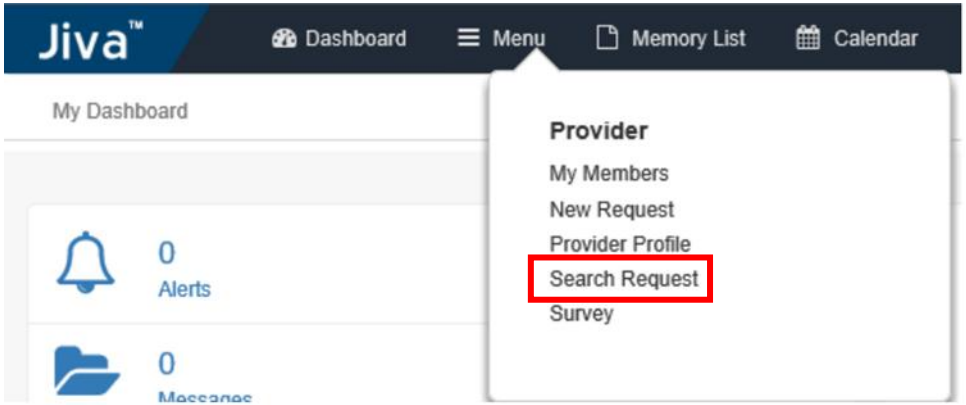
PA Portal - Concurrent Review or Extension

Step 1: Log into the PA Portal and enter your "username" and "password"

Step 2: Select "Search Request" from the Menu option



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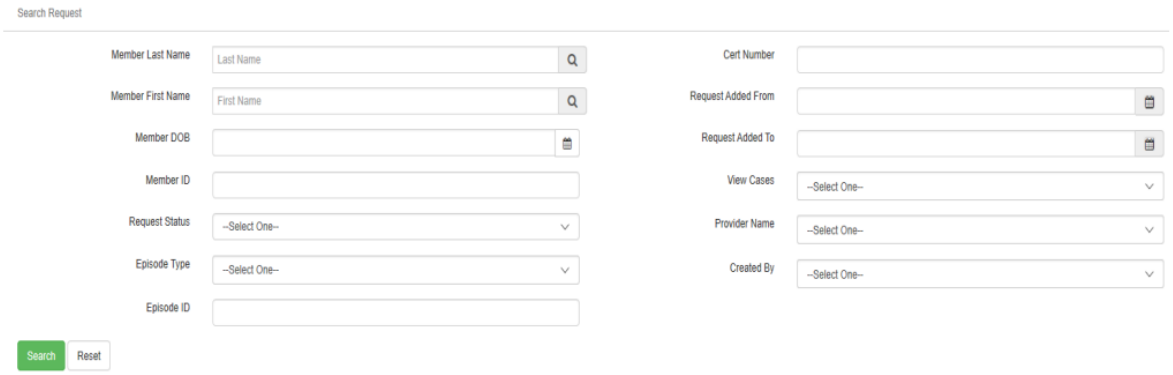
PA Portal - Concurrent Review or Extension

Step 3: Enter details to find the PA request and Click “Search”

(Use a combination of information to view request including but not limited to: Member Name, DOB, or Cert Number)



Step 4: Choose the correct case to begin Extension (Concurrent) Request

Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Status
⚙	896231	Test, Test	IP	12/18/2019	191200010	A02.22 (Salmonella pneumonia)	Testing, Portal	Pending Decision
⚙	896230	Test, Test	OP	12/18/2019	191200009	G43.009 (Migraine without aura, not intractable, without status migrainosus)	Testing, Portal	Pending Decision

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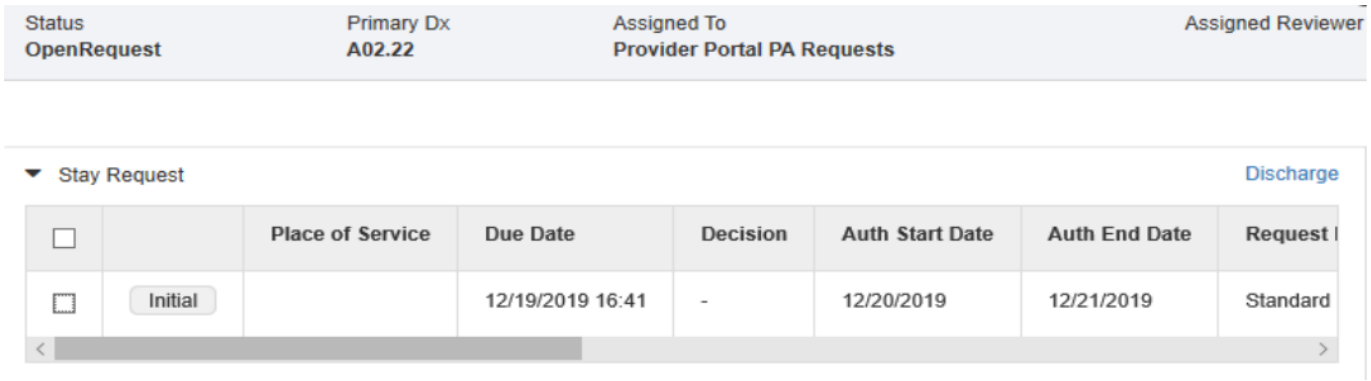
PA Portal - Concurrent Review or Extension

Step 5: Click the function wheel to the left of the Episode ID for the desired request. Select the "Open" option.

Step 6: Place a check in the blank box to the left of the "initial" or the last "extension" button for the desired line item(s).



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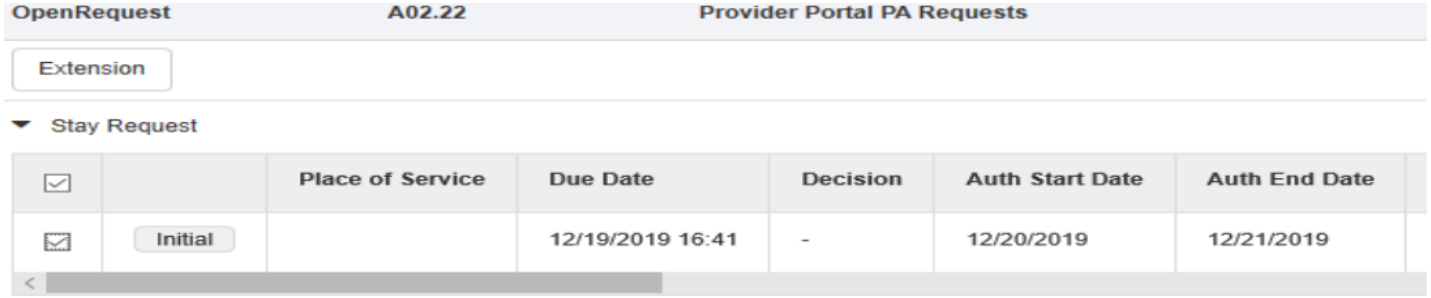
MDwise PA Portal-Requesting Concurrent Review or Extension

Step 7: Click the “Extension” button.



Note: There may be authorizations that are too old for an extension. The user will see a notification from the system that an extension cannot be done in these instances. Please contact MDwise directly for these extensions.

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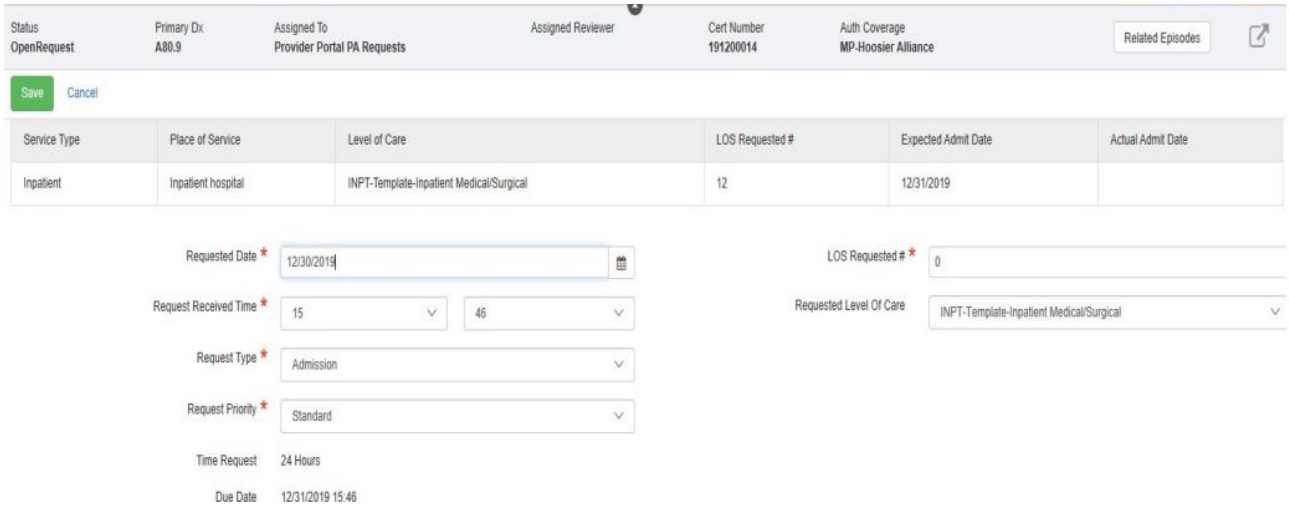
MDwise PA Portal-Requesting Concurrent Review or Extension

Step 8: Enter details for the extension request.



Step 9: Click the "Save" button to finish the request.

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Prior Authorization Portal

Tips and Tricks

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MDwise Authorization Portal

Tips and Tricks

- The MDwise PA Portal is a separate portal from myMDwise Provider Portal. The PA Portal is strictly for submitting PA requests and tracking those requests.

- Documents MUST include **Universal Prior Authorization Form** to be processed. If the PA form is not completed, the process will be voided, and you will receive a message or a fax back to submit the auth request with all required documents.

- MDwise may change the priority if a request does not meet the definition of Urgent.

MDwise Authorization Portal

More Tips and Tricks

- MDwise uses Code Sets to alleviate the need to add similar CPT codes to your requested service.
  - Special Program Code (SPC) Code Sets drive you to choose a category that pertains to your service and reduce time to enter request
  - Refer to Appendix A of the PA Portal Instruction Manual
- Choosing "Multiple Attach" will allow user to repeat the provider selection process. The "Single Attach" option will return user to the request screen.
- Be sure to use the rendering provider's NPI for the request
- You must click "Submit" for MDwise to process the request

Continuity of Care Guidance for Non-Pharmacy

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Continuity of Care

A procedure takes place, and a member enters the procedure with PA approved as fee-for-service but then member eligibility is retroactively changed to MDwise during or after procedure completion. Who is responsible for the payment?

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Continuity of Care

- **From Now through 12/31/2022:** MDwise will honor all previous existing prior authorizations for a minimum of 30 calendar days from the member's date of enrollment with MDwise.

- Our Transition Coordinator will work with other Medicaid providers for continuity of care prior authorizations transition and coordination of care.

- When submitting claims for these services, please make sure you have the correct authorization attached. Not doing so could cause a claims denial.

Transition of Care

- **Effective 1/1/2023:** When receiving members from another MCE or fee-for-service, MDwise will honor previous authorizations for a minimum of 90 calendar days from the member's date of enrollment with MDwise.

- There will be no other impact on transition of care processes.

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Scenarios

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Scenario #1

As a provider, you submitted a claim that was denied for no authorization. You want to dispute this. How would you go about disputing this?

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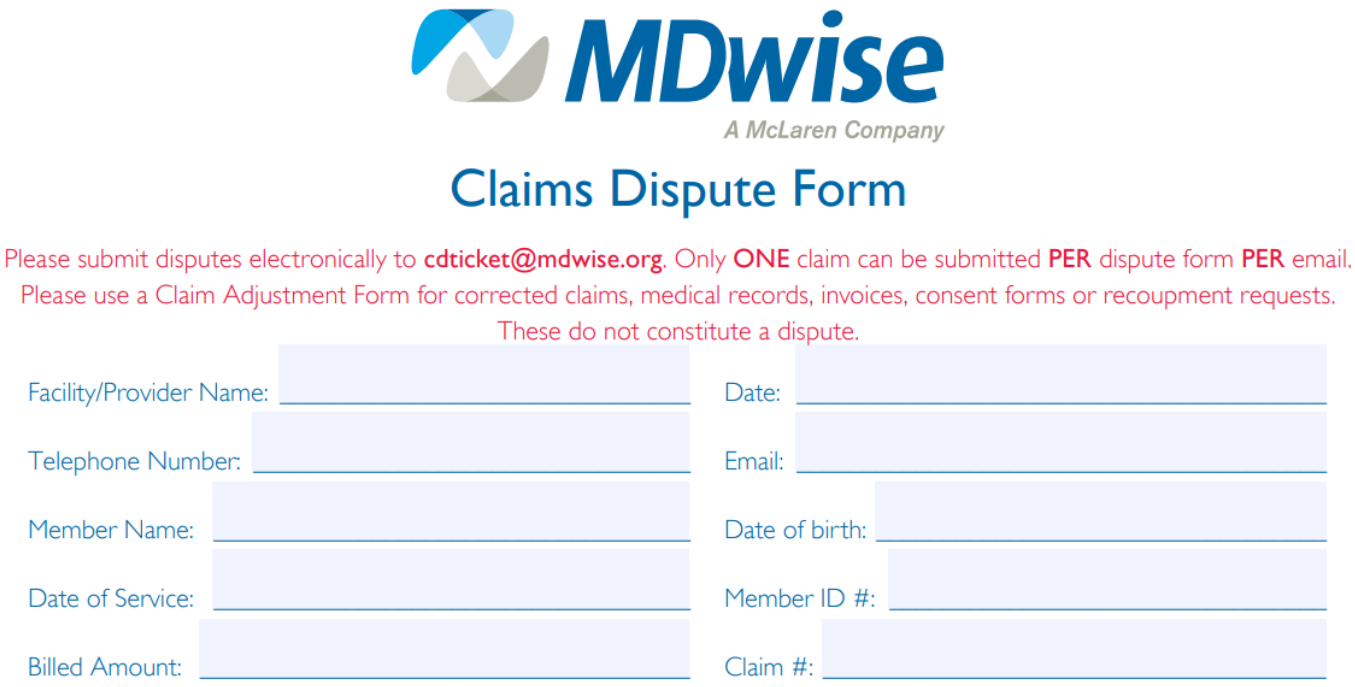
Scenario #1

Answer: Submit as a claims dispute. To file a claims dispute, please complete and submit the MDwise Claims Dispute Form



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Claims Dispute Form

Please submit disputes electronically to **cdticket@mdwise.org**. Only **ONE** claim can be submitted **PER** dispute form **PER** email.
Please use a Claim Adjustment Form for corrected claims, medical records, invoices, consent forms or recoupment requests.
These do not constitute a dispute.

Facility/Provider Name:		Date:	
Telephone Number:		Email:	
Member Name:		Date of birth:	
Date of Service:		Member ID #:	
Billed Amount:		Claim #:	

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Scenario #2

MDwise receives an Urgent PA request for physical therapy with a start date of today. Per the clinicals, the member has chronic lower back pain and has not participated in physical therapy previously. When should the provider expect a decision to be rendered?

Scenario #2

Answer: Within 7 calendar days of the date of submission. But, per review, the member does not meet criteria for an urgent review. Urgent is any request for medical care to which the application of the periods for making non-urgent care determinations could seriously jeopardize the life, health, or safety of the member.

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Scenario #3

- You are entering a prior authorization request for a member needing occupational therapy services. Multiple rendering providers from your organization may possibly see this member. What feature do you use to list each rendering provider?

Scenario #3

Answer: You would choose the Multiple Attach option

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Resource Center

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PA Reference Guide

Many of your PA questions can be answered on the MDwise **Prior Authorization Reference Guide**. It's updated continuously on our website and includes information such as:

- Contact information
- Timelines for specific requests
- Authorization notifications
- Prior Auth appeals process

Medication PA References

Pharmacy PA page: Pharmacy Forms - MDwise Inc.

- Quick reference guide
- Appeals coversheet
- PA request forms

Pharmacy Quick Reference Guide:
Pharmacy_PA_quick_ref_guide.pdf (mdwise.org)

Resources

Prior Authorization Quick Contact Guide

- http://www.mdwise.org/for-providers/forms/prior-authorization/

MDwise Provider Manuals

- http://www.mdwise.org/for-providers/manual-and-overview/

MDwise Provider Relations Territory Map

- http://www.mdwise.org/for-providers/contact-information/

IHCP Provider Modules

- https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules/

MDwise Prior Authorization Inquiry Line

- 1-888-961-3100

MDwise Claims Provider Customer Service Unit

- 1-833-654-9192

MDwise Member Customer Service

- 1-800-356-1204

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MDwise Provider Relations Team

MDwise Provider Relations Territory Map

Region 1
Robert Tanna
rtanna@mdwise.org
317-407-5910

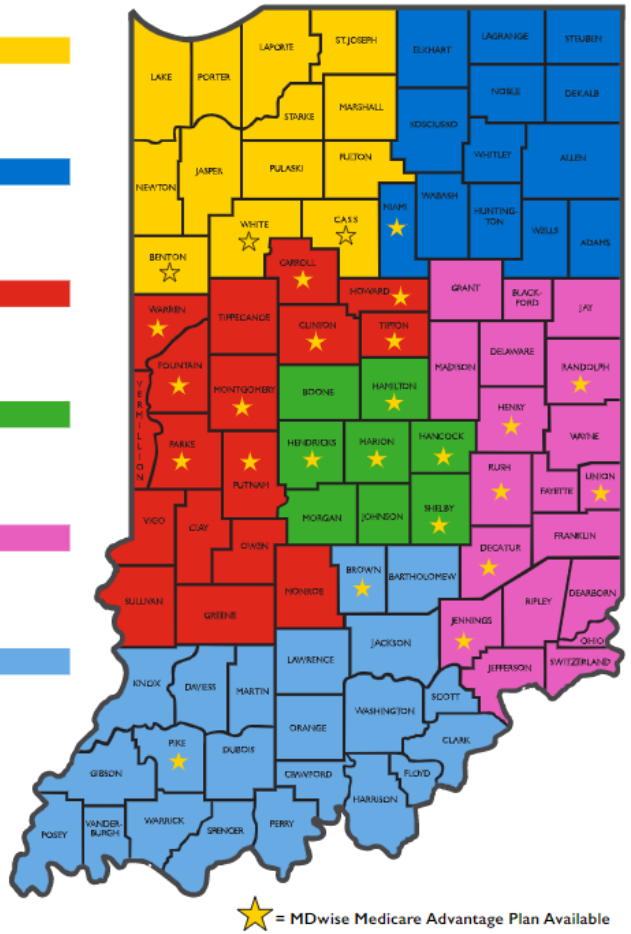
Region 2
Amy Kerr
akerr@mdwise.org
317-741-4352

Region 3
Lauryn Gooch
lgooch@mdwise.org
317-460-3419

Region 4
Joy Diarra
jdiarra@mdwise.org
317-619-5622

Region 5
LeAnne Ramsey
lramsey@mdwise.org
317-460-4697

Region 6
Chris Bryant
cbryant@mdwise.org
317-517-4776



Click here to find our map online.

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MDwise Provider Relations Team

PROVIDER GROUP REPRESENTATIVES

Tonya Trout

ttrout@mdwise.org
317-766-0505

Provider Groups

Ascension St. Vincent
Franciscan Alliance
Beacon
Union
Parkview
Home Health and Hospice
Skilled Nursing Facilities (SNFs)

LaToya Robertson

lrobertson@mdwise.org
317-552-8420

Provider Groups

Federally Qualified Health Centers (FQHCs)
Rural Health Center (RHCs)
Community Mental Health Centers (CMHCs)
Eskenazi Health

PROVIDER RELATIONS LEADERSHIP

Josh Burger

Director of Provider Relations
jburger@mdwise.org
317-460-4510

LaKisha Browder

Manager Provider Relations
lbrowder@mdwise.org
317-822-7298

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Coming Soon

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MDwise Updates

Continuous Glucose Monitors (CGMs)

- Beginning 1/1/2023, CGMs will go through the MDwise Pharmacy PA process
- MDwise Preferred CGM = Dexcom

Transition of Care Process Update

- Beginning 1/1/2023, MDwise will honor previous authorizations for a minimum of 90 calendar days from member's date of enrollment with MDwise when member transitioned from another MCE

Updates

Please be sure to sign up for News, Bulletin and Banner notifications with IHCP, as well as view the News & Announcements page at MDwise Provider website for any updates to the Prior Authorization requirements.

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Thank you!

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QUESTIONS?

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