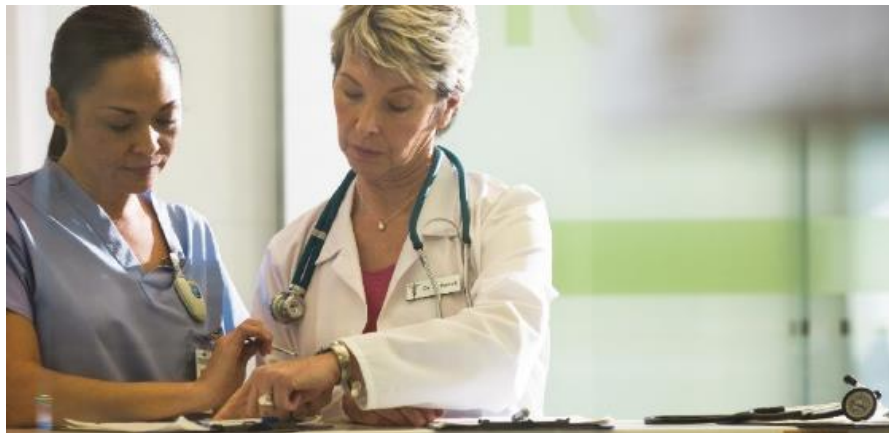# Fee-for-Service Prior Authorization 101

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2021

Agenda

- General Requirements for Prior Authorization
- Creating Prior Authorization Request
- Viewing Prior Authorization Status
- System Update to 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 IHCP funding is used 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: `99600`

Procedure Code Range: `___` to `___`

Procedure Code Description: `___`

[Submit]

* 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:** | |

Outpatient Fee Schedule

2	Notes										
3	- Cov column: If the code is covered within the Indiana Health Coverage Programs (IHCP), the column lists **Yes**. If it is a noncovered code, the column lists **No**.										
4	- Pricing column:										
5	1) **ASC** = Use ASC column to determine price when billed with surgical revenue code.				5) **NONE** = This code is not separately reimbursable in the outpatient setting.						
6	2) **PC** = Sometimes priced on the procedure code (depends on revenue code billed).				6) **MCE** = This procedure code may only be billed to a managed care entity.						
7	3) **MANUAL** = Use Manual Method column to determine what should be paid.				7) **Multiple types listed** indicate that the pricing is dependent upon the revenue code billed.						
8	4) **FLAT RC** = The code is only billable with a flat-rate revenue code.										
9	- Manual Method column:										
10	1) If **only a percentage** is listed, reimbursement is based on a percentage of billed charges.										
11	2) If **SMAC** is listed, use the document located here:			https://prdgov-rxadmin.optum.com/rxadmin/INM/202105_Blood%20Factor%20Rate%20Analysis.pdf							
12	3) If **105% WAC** is listed, reimbursement should be 105% of the WAC price for the NDC billed on the claim.										
13	4) If **75% MSRP / 120% Cost**, reimbursement is based on either a percentage of the MSRP amount or the cost invoice amount. An attachment is required.										
14	- HAF Exempt? column: If "Yes" then the code is on the CMS Clinical Lab Fee Schedule and therefore is not eligible for the HAF increase. If "No" then the code should be processed as normal with the HAF increase included.										
15	- If a particular value has been left blank it means that the column does not impact the pricing for the procedure code in question.										
16	- Prior Authorization column: During the COVID-19 Health Emergency, please use the Professional Fee Schedule for up to date status on PA requirements										
17											
18	Proc Code	Description	IPO CODE	PA	Cov	Pricing	HAF Exempt?	Fee Sched Amt	Manual Method	Price Effective	ASC
882	59510	CESAREAN DELIVERY	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A
883	59514	CESAREAN DELIVERY ONLY	Yes	No	Yes	NONE	No	N/A	N/A	4/1/2015	N/A
884	59515	CESAREAN DELIVERY	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A
885	59525	REMOVE UTERUS AFTER CESAREAN	Yes	Yes	Yes	NONE	No	N/A	N/A	4/1/2015	N/A
886	59610	VBAC DELIVERY	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A
887	59612	VBAC DELIVERY ONLY	No	No	Yes	ASC	No	N/A	N/A	2/1/2015	8
888	59614	VBAC CARE AFTER DELIVERY	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A
889	59618	ATTEMPTED VBAC DELIVERY	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A
890	59620	ATTEMPTED VBAC DELIVERY ONLY	Yes	No	Yes	NONE	No	N/A	N/A	1/1/2016	N/A
891	59622	ATTEMPTED VBAC AFTER CARE	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A
892	59812	TREATMENT OF MISCARRIAGE	No	No	Yes	ASC	No	N/A	N/A	2/1/2015	1

Tab 1 - Intro | Tab 2 - FAQ | Tab 3 - Fee Schedule | Tab 4 - ASC Codes & Rates | Tab 5 - Revenue Codes | Tab 6 - RC 260 Restrictions ...

Prior Authorization Contractor

- Gainwell Technologies is the PA contractor for nonpharmacy services in the fee-for-service delivery system.

- The Gainwell Prior Authorization and Utilization Management Unit reviews all PA requests on an individual, case-by-case basis.

- Gainwell Technologies PA Unit decisions to authorize, modify or deny a given request are based on medical necessity, appropriateness and other criteria.

FFS Nonpharmacy	Gainwell Technologies Prior Authorization	800-457-4584, option 7 800-689-2759 (fax)

Please contact the member's managed care entity (MCE) for PA information.

Check Your Knowledge

Mr. Jones reached his annual benefit limit for the medical treatment he's been receiving for the last few months. Dr. Smith, his physician, went ahead and continued Mr. Jones' treatment without requesting a PA – thinking that because there's a medical reason for the treatment, he can request the PA later (before submitting the claim).

Will Dr. Smith be reimbursed for the treatment he provided to Mr. Jones after Mr. Jones had reached his benefit limit for that particular service?

A. Yes
B. No

Check Your Knowledge

Dr. Smith is not sure whether the treatment that her Medicaid patient needs is covered by the Indiana Health Coverage Programs. Which of the following sources would be a quick way for her to find out it that procedure is covered?

A - EVS

B - IHCP Bulletins and Banners

C - Provider Reference Modules

D - Fee Schedule

Check Your Knowledge

Is the following statement True or False?

Providers can request PA on behalf of the IHCP member. After PA is obtained, the member cannot choose other providers to render authorized service. Member must receive service from the requested provider; the approved PA belongs to the provider, not the member.

True
False
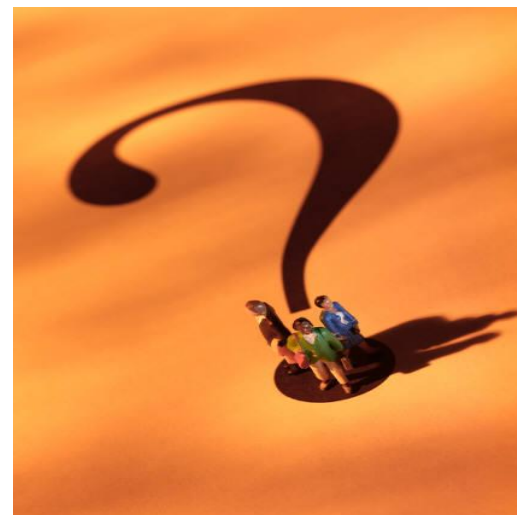
Creating Prior Authorization Request

Care Management

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 [ ]

Search **Cancel**

To select a provider, click the Provider ID.

Total Records: 1

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

Click 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**

Add to Favorites ☐

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.

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Message Information

Message Information

Enter any additional information concerning this Authorization request.

Message

The message should include medical necessity; also, frequency and duration should be included, 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

☐ Click to collapse.

Diagnosis Type ICD-10-CM ▾   **Diagnosis Code** ❶ | E13

Add   Cancel

E1300-OTH DIAB W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA (NKHHC)

E13331-OTH DIAB W MODERATE NONPRLF DIABETIC RTNOP W MACULAR EDEMA

E13339-OTH DIAB W MODERATE NONPRLF DIABETIC RTNOP W/O MACULAR EDEMA

Signature   E133522-OTH DIAB W PROLIF DIAB RTNOP WITH TRCTN DTCH MACULA, L

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

☐ Click to collapse.

*From Date ⊕ [　　　] 🗓 To Date ⊕ [　　　] 🗓 *Code Type [CPT/HCPCS ▼] *Code ⊕ [　　　]

CPT/HCPCS
Revenue

Modifiers ⊕ [　　　]
[　　　]

Units [　　　] Dollars [　　　] Place of Service [　　　 ▼]

Message [　　　]

Rendering Provider (if different from above):

Select from Favorites [No favorite providers available. ▼]

Provider ID [　　　] 🔍 ID Type [▼] Taxonomy [　　　] Name _

[**Add**] [**Cancel**]

Complete the required information – see red asterisks **✱**.
- ✓ Add modifiers, units, dollars, place of service as appropriate and a 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.

*Transmission Method FT-File Transfer ▾
*Upload File Choose File No file chosen
*Attachment Type ▾

Add   Cancel

03-Report Justifying Treatment Beyond Utilization Guidlines
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

* Add attachment when needed
- Limit the information to only what is required to support the need for services
- Word and Excel files are not acceptable

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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.

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.)

[Submit]   [Cancel]

Review the signature guidelines.

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

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

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
+			CPT/HCPCS 99600-HOME VISIT NOS		2.000	500.00

No Attachments exist for this claim

Signature

Your Signature

Back   **Confirm**   **Cancel**

24
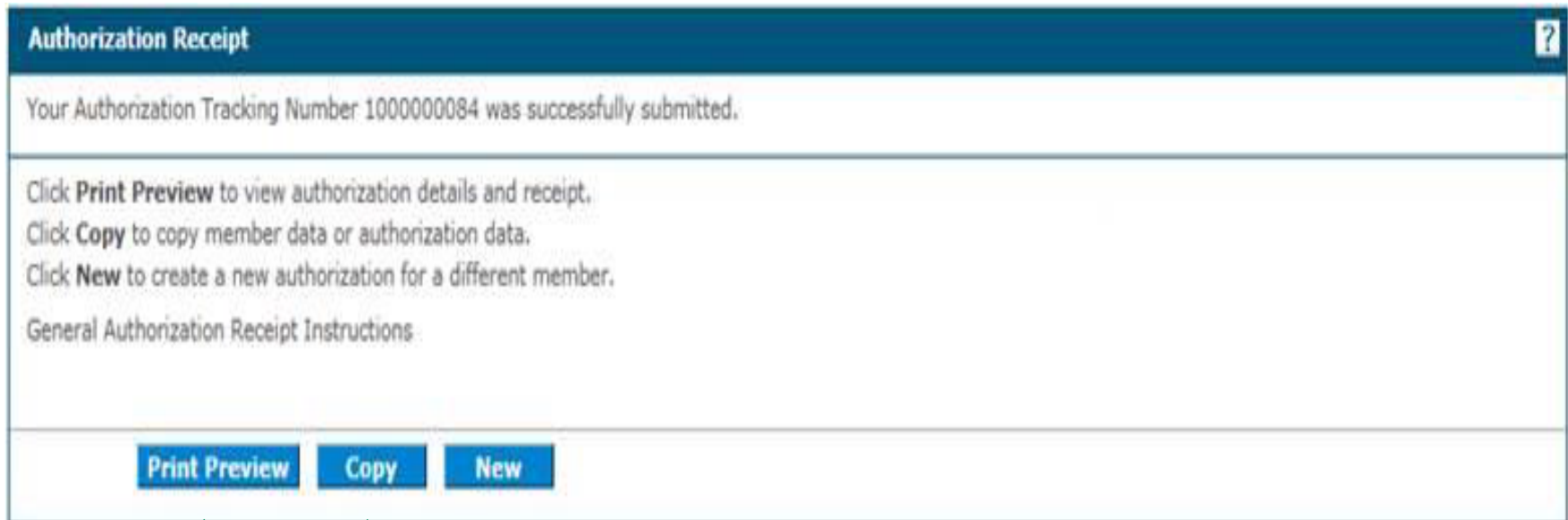
Authorization Receipt

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

Authorization Receipt   ?

Your Authorization Tracking Number 1000000084 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

[**Print Preview**] [**Copy**] [**New**]

Viewing Prior Authorization Status

View Prior Authorization Status

View Prior Authorization Status

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 to when creating the PA request.

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 Date❶ [   ] 📅

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 Date❶ [   ] 📅

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
  - Day Range or Service Date
  - Member Information
  - Provider Information

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
				PSYCHIATRIC		

- 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 any of the column headers. Click the *Authorization Number* to view the authorization.

View Prior Authorization Status

Service Details

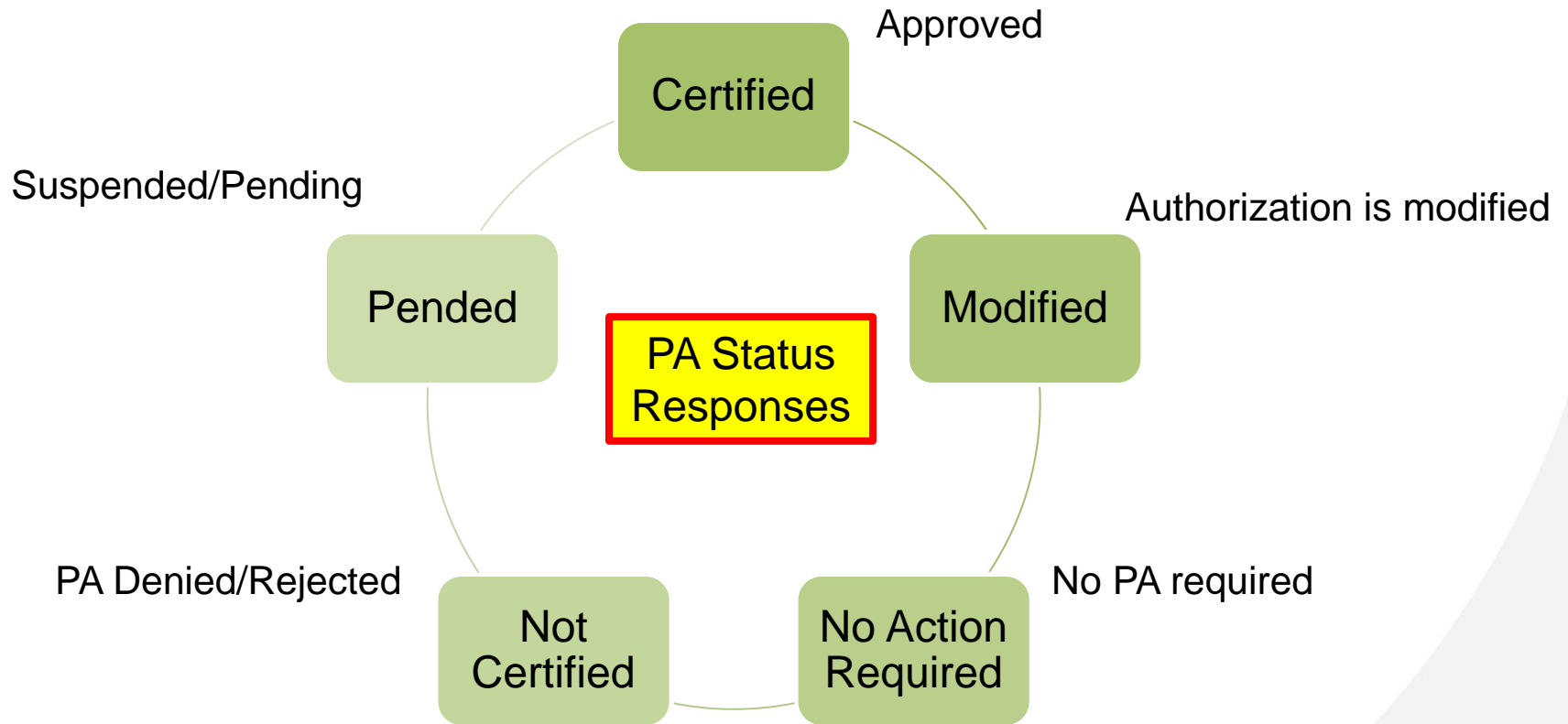|	From Date	To Date	Code	Modifiers	Units	Status
+			Revenue 124-ROOM & BOARD - SEMI-PRIVATE (TWO BEDS) - PSYCHIATRIC		7	Modified

PA Status

Attachment Information +

Indiana Administrative Codes/Descriptions +

Analyst Remarks Authorization is not a guarantee of payment −

Date	Line Number	Remarks
	1	Approval per BT202042. Thank you.
	2	1261A has been received. These dates of service are approved per Indiana Health Coverage Programs BT202042. Thank you. Guarantee Payment: Prior Authorization is not a guarantee of payment. Per 405 IAC 5-3-7: the provider assumes responsibility for verifying the recipient?s eligibility on the service date.

View Prior Authorization Status

Approved

Certified

Suspended/Pending

Authorization is modified

Pended

PA Status Responses

Modified

PA Denied/Rejected

No PA required

Not Certified

No Action Required

System Update to Prior Authorization

System Update to 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 or exhausted PA date.**

- 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 updated.

System Update to Prior Authorization

System Update to Prior Authorization

Check Your Knowledge

Is the following statement True or False?

A system update can be performed on a denied PA or exhausted PA date.

True

False

Check Your Knowledge

Is the following statement True or False?

A rendering provider has the option to click System Update to make any changes.

True

False

Check Your Knowledge

Is the following statement True or False?

A system update should indicate the line item and use the Message field to provide explanation on what is need to be updated.

True
False

Helpful Tools

Prior Authorization Forms

Indiana Health Coverage Programs
Prior Authorization Request Form

Check the radio button of the entity that must authorize the service.
(For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	○ Gainwell Technologies	P: 1-800-457-4584, option 7	F: 1-800-689-2759
Hoosier Healthwise	○ Anthem Hoosier Healthwise	P: 1-866-408-6132	F: 1-866-406-2803
	○ CareSource Hoosier Healthwise	P: 1-844-607-2831	F: 1-844-432-8924
	○ MDwise Hoosier Healthwise	P: 1-888-961-3100	F: 1-888-465-5581
	○ MHS Hoosier Healthwise	P: 1-877-647-4848	F: 1-866-912-4245
Healthy Indiana Plan (HIP)	○ Anthem HIP	P: 1-844-533-1995	F: 1-866-406-2803
	○ CareSource HIP	P: 1-844-607-2831	F: 1-844-432-8924
	○ MDwise HIP	P: 1-888-961-3100	F: 1-866-613-1642
	○ MHS HIP	P: 1-877-647-4848	F: 1-866-912-4245
Hoosier Care Connect	○ Anthem Hoosier Care Connect	P: 1-844-284-1798	F: 1-866-406-2803
	○ MHS Hoosier Care Connect	P: 1-877-647-4848	F: 1-866-912-4245
	○ UnitedHealthcare	P: 1-877-610-9785	F: 1-844-897-6514

Please complete all appropriate fields.

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
☐ Hospice
☐ Inpatient
☐ Observation
☐ Office Visit
☐ Occupational Therapy
☐ Outpatient
☐ Physical Therapy
☐ Speech Therapy
☐ Transportation
☐ Other

Requesting Provider Information

Requesting Provider NPI/Provider ID:	
Taxonomy:	
Taxpayer Identification Number (TIN):	
Provider Name:	

Rendering Provider Information

Rendering Provider NPI/Provider ID:	
TIN:	
Name:	
Address:	
City/State/ZIP Code:	
Phone:	
Fax:	

Preparer's Information

Name:	
Phone:	
Fax:	

Dates of Service Start	Stop	Procedure/ Service Codes	Modifiers	Service Description	Taxonomy	Place of Service (POS)	Units	Dollars

IHCP Prior Authorization Request Form (universal PA form)
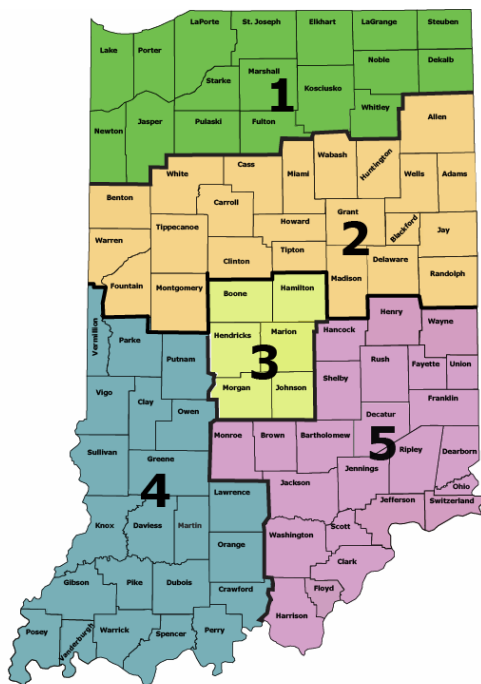
IHCP Dental Prior Authorization Request Form

IHCP Prior Authorization - System Update Request Form

Helpful Tools

Consultants for the Indiana Regions

(F= Field; I= Internal)

Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I)	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 (F) Gretchen Schaller-Golob (I)	INXIXRegion2@dxc.com	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I)	INXIXRegion3@dxc.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I)	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	Tami Foster (F) Vikki Lowllun (I)	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

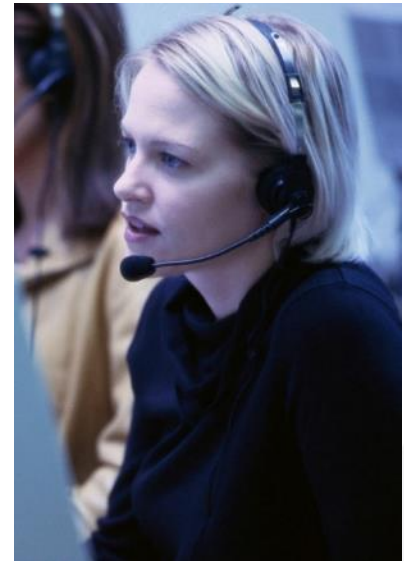**IHCP Provider website at in.gov/medicaid/providers:**

- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance available:

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

Secure Correspondence:

- Via the Provider Healthcare Portal

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

Questions