








# PRIOR AUTHORIZATIONS 201

## 2021 Annual IHCP Works Seminar



# Agenda

-  Prior Authorization 101 Review
-  Turning Point
-  NICU
-  Prior Authorization Appeals
-  Resources
-  MHS Team
-  Questions and Answers

# **Prior Authorization 101 Review**

# Self-Referral Services

## Exceptions to prior authorization requirements.

Members can see these specialists and get these services without a direct referral from their PMP:

- Podiatrist
- Chiropractor
- Family planning
- Immunizations
- Routine vision care
- Routine dental care
- Behavioral health by type and specialty
- HIV/AIDS case management
- Diabetes self-management


*\*Benefit limitations apply.*


# PA Documentation Needed

## Bariatric Surgery:

 Must include cardiac workup, pulmonary workup, diet and exercise logs, current lab reports, and psychologist report.

## Pain Management:

 Must have documentation of at least six weeks of therapy on area receiving treatment.

 Include previous procedures/surgeries, medications, description of pain, any contra-indications or imaging studies.

 Include prior injection test results for injection series.

## Home Health:

 Physician's orders and signed plan of care, including most recent MD notes about the issue at hand.

 Home care plan, including home exercise program.


 Progress notes for medical necessity determination.

# Sub Acute Care

MHS conducts clinical review for ongoing authorization and coordination of discharge needs for our members in subacute facilities at least every 3-5 days. It is important that you provide a complete current clinical update on our member's status at each review.



 The review should include current information (within one day) on:

- Member's condition
- Level of functioning (prior to admission)
- Medications
- Therapies provided
- Participation in therapies
- Progress toward goals
- New or amended goals
- Updates from care conferences
- Updates to our member's plan of care
- Discharge plans and needs identified (home health/DME, etc.)
- Anticipated discharge date

 Indiana Code requires that individuals requesting a nursing facility admission to a Medicaid-certified NF meet a nursing facility level of care (*405 IAC 1-3-1* and *405 IAC 1-3-2*). A PASRR is required before admission and must be submitted with the admission request and when updated according to IAC requirements.

 Please submit this information as requested by MHS nurse reviewer every 3-5 days.

# Continuity of Care PA Request

-  MHS will honor pre-existing authorizations from any other Medicaid program during the first 30 days of enrollment or up to the expiration date of the previous authorization, whichever occurs first, and upon notification to MHS.
-  Include the approval from the prior MCE with the request.

*\*Reference: MHS Provider Manual Chapter 6*

# Prior Authorization (PA) Request

MHS strives to return a decision on **all** PA requests within **two business days** of request. Providers can **update** previously approved PAs **within 30 days** of the original date of service prior to claim denial for changes to:

## Dates of Service

- CPT/HCPCS codes
- MHS has up to **seven days** to render PA decisions.

## PA approval requires the need for medical necessity.

## Medical Management **does not** verify eligibility or benefit limitations; Provider is responsible for eligibility and benefit verification.


## **Denied Authorizations** must follow the authorization appeal process, not the claims appeal process; claims appeals can not change the status of a denied authorization.

**\*Providers may make corrections to the existing PA as long as the claim has not been submitted.**



# Turning Point

# Turning Point

-  Turning Point Healthcare Solutions manages prior authorizations for medical necessity and appropriate length of stay (when applicable) for services listed on the next three slides through MHS' existing contractual relationships.

# Orthopedic and Spinal Surgical Procedures

## Orthopedic Surgical Procedures

Knee Arthroplasty

Unicompartmental/Bicompartmental  
Knee Replacement

Hip Arthroplasty

Shoulder Arthroplasty

Elbow Arthroplasty

Ankle Arthroplasty

Wrist Arthroplasty

Acromioplasty and Rotator Cuff  
Repair

Anterior Cruciate  
Ligament Repair

Hip Resurfacing

Meniscal Repair

Hip Arthroscopy

Femoroacetabular  
Arthroscopy

Ankle Fusion

Shoulder Fusion

Wrist Fusion

Osteochondral Defect  
Repair

# Orthopedic and Spinal Surgical Procedures

## Spinal Surgical Procedures

### Spinal Fusion Surgeries

- Cervical
- Lumbar
- Thoracic
- Sacral
- Scoliosis

### Disc Replacement

### Laminectomy/Discectomy

### Kyphoplasty/Vertebroplasty








### Sacroiliac Joint Fusion

### Implantable Pain Pumps

### Spinal Cord Neurostimulator


### Spinal Decompression

# Cardiac Procedures


-  Automated Implantable Cardioverter Defibrillator
-  Leadless Pacemaker
-  Pacemaker
-  Revision or Replacement of Implanted Cardiac Device
-  Coronary Artery Bypass Grafting (Non-Emergent)
-  Coronary Angioplasty and Stenting
-  Non-Coronary Angioplasty and Stenting

# Turning Point





 Web Portal Intake: <http://www.myturningpoint-healthcare.com>

 Telephonic Intake: 1-574-784-1005 | 1-855-415-7482




 Facsimile Intake: 1-463-207-5864

 Informational webinars are available! Please register at:  
<https://attendee.gotowebinar.com/rt/6895616165794853901>

# Turning Point

-  It is the responsibility of the ordering physician to obtain authorization.
-  Facilities should not render services without obtaining the PA number from the ordering physician.
-  Failure to ensure the referring provider has obtained the PA may result in a claim denial.
-  It is recommended the facility verify the CPT® code that was authorized as well as the date of service requested.






# Turning Point

-  If the anticipated CPT® billing code changes and a different procedure is done, the rendering provider has up to 30 calendar days, following service, to contact the MHS Turning Point team to update the code that was approved on the PA.
-  If services change from out-patient to inpatient, contact MHS at 877-647-4848 for a new authorization. A new authorization must be initiated for the in-patient stay.
-  Medical Director handles all Turning Point appeals.








# Turning Point

## *Scenario 1:*

-  Ordering physician obtains authorization for total shoulder arthroplasty (TSA), CPT code 23472.
-  Surgeon starts surgery.
-  No change in surgery.
-  Claim is billed with CPT code 23472.
-  Claim is submitted and processed.





# Turning Point

## *Scenario 2:*

-  Ordering physician obtains authorization for total shoulder arthroplasty (TSA), CPT code 23472.
-  Surgeon starts surgery.
-  Surgery changes from TSA to shoulder fusion, CPT code 23800.
-  Rendering provider contacts MHS Turning Point team within 30 days of the service and before claim is submitted to update the code.
-  Claim is submitted and processed.




# Turning Point

## *Scenario 3:*



-  Ordering physician obtains authorization for out-patient total shoulder arthroplasty (TSA), CPT code 23472.
-  Surgeon starts surgery.
-  Place of service changes from out patient to inpatient. MHS is contacted to initiate an authorization for the inpatient stay.
-  Claim is submitted and processed.

# NICU

# NICU




-  Inpatient neonate NICU level or special care nursery admissions the hospital must notify MHS within two business days after the admission date.
-  The facility must notify MHS of an admission of an infant who remains hospitalized after the mother is discharged, within two business days. It is the responsibility of the ordering physician to obtain authorization.
-  The facility is responsible for determining the mother's coverage and chosen/assigned MCE.

# NICU

-  The facility should assume that the member will be assigned to the mother's MCE.
-  If the infant's mother is not covered by an MCE at the time of delivery, the facility must notify MHS of the admission within 60 days of becoming aware of the member's eligibility using the IHCP PA form and the MHS Late Notification of Services Submission form with clinical information supporting the medical necessity for the admission. It is presumed that the facility would become aware of the member's eligibility within one week of visibility on the State Portal.





# NICU

## *Scenario 1:*

-  Mother delivers healthy infant.
-  Mom and infant are discharged and go home together.
-  Claim is submitted and processed.

# NICU






## *Scenario 2:*

-  Mother delivers infant.
-  Newborn admits to special care nursery.
-  Hospital notifies MHS within two business days after the admission date.
-  Claim is submitted and processed.








# NICU

## *Scenario 3:*




-  Mother delivers infant.
-  Mother is discharged from hospital.
-  Infant remains hospitalized after mother is discharged.
-  Ordering physician contacts MHS within two business days to obtain authorization.
-  Claim is submitted and processed.

# **Prior Authorization Appeals**

# Prior Authorization Appeals

-  **Denied Authorizations** must follow the authorization appeal process, not the claims appeal process.
-  A prior authorization appeal is different than a claim appeal.
-  Claim appeals can not change the status of a denied authorization.
-  Written member or provider appeals can be delivered by email to [appeals@mhsindiana.com](mailto:appeals@mhsindiana.com), by fax to 1-866-714- 7993, or by mail to MHS Appeals, PO Box 441567, Indianapolis, IN 46244.
-  Medicaid prior authorization/medical necessity denial appeals can be submitted to MHS through the Secure Provider Portal.

# Prior Authorization Appeals

-  All member or provider appeals of an MHS decision as to medical necessity must include a statement from the provider supporting the appeal and the need for the service.
-  The appeal must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Verbal appeals are accepted but must be followed with a written, signed appeal.
-  If the appeal is received outside of the allotted time frame, MHS will send a letter stating the appeal was received past the 60 calendar day time frame and will not be considered.

# Resources

# Resources



Prior Authorization:

<https://www.mhsindiana.com/providers/prior-authorization.html>



Clinical & Payment Policies:

<https://www.mhsindiana.com/providers/resources/clinical-payment-policies.html>



Provider Manuals and Quick Reference Guides:

<https://www.mhsindiana.com/providers/resources/guides-and-manuals.html>



Newsletters:

<https://www.mhsindiana.com/providers/resources/newsletters.html>

# Resources



IHCP Prior Authorization Request Form:

<https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/IHCP-Universal-PA-Form-2021.pdf>



Late Notification of Services Submission Form:

[https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Late\\_Notification\\_of\\_Services\\_Submission\\_Form.pdf](https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Late_Notification_of_Services_Submission_Form.pdf)



Provider Education & Training:

<https://www.mhsindiana.com/providers/resources/provider-training.html>

# MHS Team



## MHS Provider Network Territories

### Indiana

#### NORTHEAST REGION

For claims issues, email:  
 MHS\_ProviderRelations\_NE@mhsindiana.com  
 Chad Pratt, Provider Partnership Associate  
 1-877-647-4848, ext. 20454

#### NORTHWEST REGION

For claims issues, email:  
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 Candace Ervin, Provider Partnership Associate  
 1-877-647-4848, ext. 20187

#### NORTH CENTRAL REGION

For claims issues, email:  
 MHS\_ProviderRelations\_NC@mhsindiana.com  
 Natalie Smith, Provider Partnership Associate  
 1-877-647-4848, ext. 20127

#### CENTRAL REGION

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 1-877-647-4848, ext. 20080

#### SOUTH CENTRAL REGION

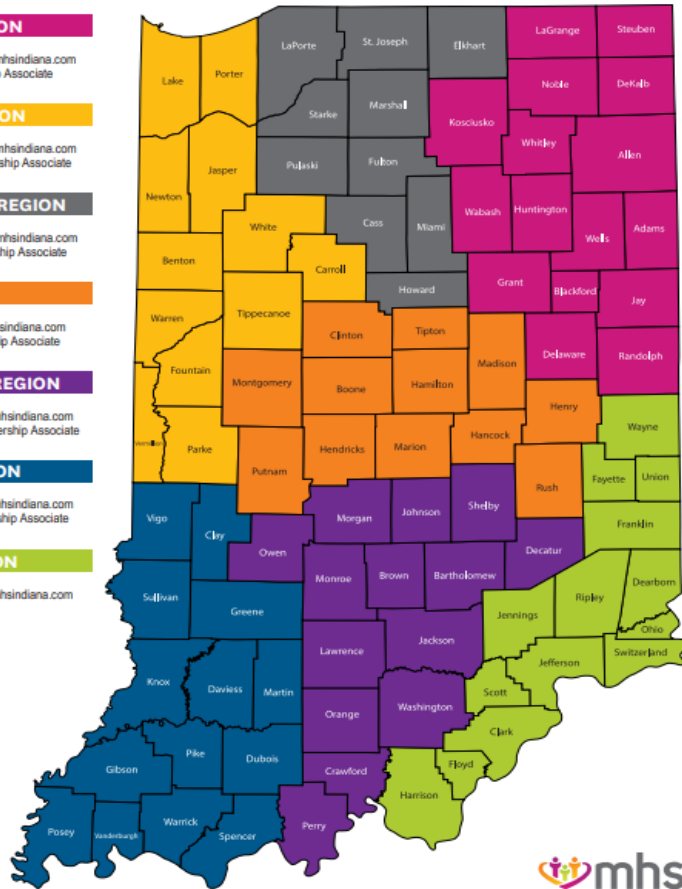
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Available online:

[https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory\\_map\\_2021.pdf](https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2021.pdf)

## MHS Provider Network Territories

### TAWANNA DANZIE

Provider Partnership Associate II  
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### PROVIDER GROUPS

Beacon Medical Group  
Franciscan Alliance  
HealthLinc  
Heart City Health Center  
Indiana Health Centers  
Lutheran Medical Group  
Parkview Health System  
South Bend Clinic

### JENNIFER GARNER

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### PROVIDER GROUPS

American Health Network of Indiana  
Columbus Regional Health  
Community Physicians of Indiana  
HealthNet  
Health & Hospital Corporation of  
Marion County  
Indiana University Health  
St. Vincent Medical Group

### ENVOLVE DENTAL, INC.

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# Network Leadership

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## NETWORK LEADERSHIP

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## NETWORK OPERATIONS

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# Questions?

**Thank you for being our partner in care.**