

## Best practices: Nonpharmacy prior authorization

To make prior authorization (PA) for nonpharmacy services go as smoothly as possible, here are some helpful hints for both paper and electronic PA requests. These tips apply to fee-for-service PA requests. Contact the managed care entities for tips specific to their PA processes.

### Requesting PA on the Portal

Prior authorization requests can also be submitted electronically through the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal). For your convenience, you can request prior authorization for multiple services in one request. Follow these tips when submitting prior authorizations via the Portal:

- Before creating a PA request, save time and avoid submitting codes that don't require PA by looking up the codes on the [Professional Fee Schedule](#), accessible from this site. You will find easy access to the Fee Schedule from Search Fee Schedule link on the Portal's home page.
- Diagnosis codes are not always required when you submit a PA request but are helpful.
- The Portal will accept units or dollar amounts for PA requests.
- There is a 5MB limit on attachments per authorization request. If you are mailing or faxing supporting documentation, be sure to include the PA number, so the IHCP can match the PA with its accompanying documentation.
- When searching for a member's PA, it's best to enter only a few characters in the search field, rather than entering the member's complete name. The system searches for an exact name match, so if, for instance, you type "Johnathan" in the First name field, and the name is "John" in the system, the system will give you an error message, because the names did not match.
- On the Portal, you can create a favorite providers list – a compilation of up to 20 frequently used facilities and providers that will "auto-populate" Portal PA fields for quick assignment when you request PA. This list of favorites can be sorted by provider name or ID.

For more information about requesting PA in the Portal, see the *Requesting Prior Authorizations* web-based training on the [Provider Healthcare Portal Training](#) page and the [Prior Authorization](#) provider reference module on the *Provider Reference Materials* page

### Requesting PA via paper

- Remember to verify member eligibility to ensure that the PA request is submitted to the correct vendor for review. PA requests sent to the wrong vendor are rejected. See the [IHCP Quick Reference Guide](#) to find PA contact information for fee-for-service and managed care programs.
- PA requests and documentation that have been faxed multiple times are often illegible when received. When submitting fax documents to the PA vendor, it may be helpful to also submit an unsigned clear copy of the request for review marked "for clarity only." The clarity document does not require a signature.
- Please remember to include the PA number on all telephone or system PA updates to prevent duplicate PA requests in the PA database. Duplicate requests in the database result in the mailing of multiple decision letters. PA forms submitted by providers require a physician's signature and date. PA forms that are not signed and dated will suspend, delaying services.
- Ensure that the National Provider Identifier (NPI) or IHCP Provider ID, member ID number, and other information are correct on PA forms. Remember that the ICD diagnosis code must be listed. Service codes must be valid, including modifiers.
- Providers should verify that their mail-to addresses are correct in CoreMMIS to ensure that PA letters are mailed to the appropriate location. Registered providers may verify the accuracy of their mail-to addresses via the Portal.

- Medical clearance forms and certifications of medical necessity are located on the [Forms](#) page at indianamedicaid.com. Remember to complete and attach these forms, as applicable, for easier processing.
- If you are faxing multiple PA requests, fax each IHCP PA request separately. Each PA request should be sent with its own cover sheet. Providers should keep the fax confirmation in case of fax transmission issues.
- When a PA request is suspended for additional information, please be sure to submit the additional documentation within 30 days to avoid an automatic system denial.
- Please remember to write "Retro Request" and the reason for the retroactive request on any PA request for past dates of service. Otherwise, the PA request will be modified to the date of service received. Please see the [Prior Authorization](#) provider reference module on the *Provider Reference Materials* page for more information regarding retroactive PA.
- When PA requests are "returned to provider (RTP)," please include the RTP form when resubmitting the request to the PA vendor.
- The decision date printed on the PA notification letter is the date the PA was originally entered into the PA database, not the date the decision was rendered. For example, a PA is received and entered into the system May 10; however, a decision is not rendered until May 17. The decision date included on the letter is May 10, the date the PA is entered into the system.

## Pharmacy PA

For information about pharmacy PA, contact the appropriate pharmacy benefits manager based on the member's enrollment. See the [IHCP Quick Reference Guide](#) to find the Pharmacy PA contact information for all programs.