



## P R O V I D E R   B U L L E T I N

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**To:           All Psychiatric Residential Treatment Facility  
                Providers**

**Subject:    Clarification of Prior Authorization Process for  
                Psychiatric Residential Treatment Facilities**

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## Overview

The Office of Medicaid Policy and Planning (OMPP) has determined the need to clarify current information regarding prior authorization (PA) for psychiatric residential treatment facilities (PRTFs). This bulletin outlines the existing PA process for PRTFs. This bulletin does not replace [BT200404](#), dated February 27, 2004; rather, the OMPP is providing clarification regarding the current PA vendor contact information, as well as specific aspects of current processes.

Per *Indiana Administrative Code 405 IAC 5-20-1*, PA is required for PRTF admissions covered by the Indiana Health Coverage Programs (IHCP). PA requests must be provided to the appropriate PA vendor *before admission*.

## PA Vendors for Indiana *Care Select* and Traditional Fee-For-Service

ADVANTAGE Health Solutions<sup>SM</sup> – FFS  
P.O. Box 40789  
Indianapolis, Indiana 46240  
1-800-269-5720  
1-800-689-2759 (fax)

ADVANTAGE Health Solutions<sup>SM</sup> – Care Management Organization  
P.O. Box 80068  
Indianapolis, Indiana 46280  
1-800-784-3981  
1-800-689-2759 (fax)

MDwise, Inc. – Care Management Organization  
P.O. Box 44214  
Indianapolis, Indiana 46244-0214  
1-866-440-2449  
1-877-822-7186 (fax)

Please refer to [BT200723](#), dated September 13, 2007, for further information about Indiana *Care Select* and the contracted Care Management Organizations (CMO).

## Required Documentation for Initial PA Requests

The following documentation is required for an initial PA request:

- Intake assessment
- PA request form
- Certification of Need for Admission (form 1261A)
- Current (within 60 days of request) physician history and physical
- Current inpatient treatment plan, if appropriate
- Physician progress notes
- Nursing notes from inpatient treatment, if appropriate
- Physician letter recommending the child for residential treatment

## PA Processing Timelines

After the PA request and all required documentation are received, a PA decision will be issued within 10 business days, excluding holidays, for members who are in traditional FFS Medicaid and within five business days, excluding holidays, for members enrolled in *Indiana Care Select*.

## Emergency Requests

If the request warrants emergency review, you must contact the appropriate PA vendor to request an emergency PA. The PA request will be placed in a pending status awaiting all required documentation noted previously. This documentation can be mailed or faxed to the appropriate plan administrator. All documentation must be submitted within **14** business days from the date of the initial request for emergency review. After the documentation is received, a decision will be issued within **10** business days for FFS and within **five** business days for *Care Select*.

- If the admission is approved, the approval will reflect the date of the initial telephone or fax request for admission.
- If the admission occurs before the date on which the PA request is initiated, and the admission is approved, the request will be considered untimely, and the approval will reflect the date on which the request is received and/or initiated. The authorized dates on the PA request will reflect a modified status.
- If the individual is approved for Medicaid with retroactive eligibility, the PA request will be reviewed for medical necessity for the entire stay, and the request for PA will not reflect a modification in the requested dates of service.
- If the request for admission is denied, the IHCP will not reimburse for any days of the PRTF stay. You may request an administrative review (AR) for a modification or denial of a PRTF stay. If the AR denies the original decision, you may choose to appeal. Please refer to Chapter 6 of the *IHCP Provider Manual* for additional information regarding AR and the appeals process.

## Continued Stays

Monthly treatment plans, progress notes, and nursing notes from the physician or health services provider in psychology (HSPP) must be submitted with sufficient detail for review every 30 days of residential care. (The specific list of required documentation is in [BT200404](#)). *If the required documentation is not received timely, the PA will be modified to reflect the date the documentation is received.*