

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201349    OCTOBER 17, 2013



## **PA process changed for services reimbursed fee-for-service**

The Indiana Family and Social Services Administration (FSSA) announces a change in prior authorization (PA) processes for services reimbursed fee-for-service (FFS), including those for Traditional Medicaid and *Care Select* members. Effective November 1, 2013, all FFS prior authorization requests will be processed through a single vendor, ADVANTAGE Health Solutions, Inc.

All PAs approved before November 1, 2013, will continue to be in effect until their authorized end date, including existing PAs for *Care Select* members approved by MDwise. PAs that are approved before November 1, 2013, will continue to be available in IndianaAIM for claims processing and will not necessitate a new request.

PA is required for certain covered services to document the medical necessity for those services. To determine if a procedure code requires PA, access the Indiana Health Coverage Programs [Fee Schedule](#) at indianamedicaid.com.

### **PA submission procedures**

Effective November 1, 2013, when PA is required for services rendered to members as FFS, the appropriate forms must be completed and submitted to:

ADVANTAGE Health Solutions – Fee-For-Service  
ATTN: Prior Authorization Dept.  
P.O. Box 40789  
Indianapolis, IN 46240  
Telephone: 1-800-269-5720  
Fax: 1-800-689-2759

OR

ADVANTAGE Health Solutions – *Care Select*  
ATTN: Prior Authorization Dept.  
P.O. Box 80068  
Indianapolis, IN 46280  
Telephone: 1-800-784-3981  
Fax: 1-800-689-2759

Please note that beginning November 1, 2013, all PA requests for *Care Select* members must be submitted to ADVANTAGE Health Solutions, regardless of the care management organization (CMO) to which the member is assigned. Also, *Prior Authorization System Update Request Forms* for *Care Select* members for PAs initially approved by MDwise must be submitted to ADVANTAGE Health Solutions for review beginning November 1, 2013. To allow for the required 30-day notice, through November 17, 2013, MDwise will forward any misdirected PA requests and update requests to ADVANTAGE for processing. After that date, all misdirected requests will be returned to the provider for appropriate routing.

ADVANTAGE Health Solutions will continue to be responsible for processing PA requests and updates for medical services carved out from risk-based managed care (RBMC), such as psychiatric residential treatment facility (PRTF) and Medicaid Rehabilitation Option (MRO). Catamaran will continue to serve as the pharmacy PA vendor. For pharmacy PA information, contact Catamaran at 1-855-577-6317.

Providers may submit PA requests by fax (preferred), paper, or telephone or through Web interChange. Additional information regarding submission of PA requests via Web interChange can be found in [Chapter 6](#) of the *IHCP Provider Manual* at [indianamedicaid.com](http://indianamedicaid.com).

Established PA and medical necessity forms will continue to be used. Modifications to the universal *IHCP Prior Authorization Request Form* have been made to reflect the change in vendors. An additional revision to the form moves the field for the Ordering, Prescribing, and Referring (OPR) Provider National Provider Identifier (NPI) to an information box separate from the Rendering Provider Information box. (See attached revised form.) Current versions of forms can be found on the [Forms](#) page at [indianamedicaid.com](http://indianamedicaid.com).

## PA processes

The review of PA requests will remain consistent with current IHCP policy. PA determinations will serve as a utilization management measure, allowing payment only for those treatments and/or services that are medically necessary, appropriate, and cost-effective.

Providers must continue to verify member eligibility to determine their program assignment. PA requests for Hoosier Healthwise and Healthy Indiana Plan (HIP) members must be submitted to the RBMC managed care entity (MCE) to which the member is assigned on the date of the request.

## Approved prior authorizations

If a member changes programs while an existing PA is in effect, the existing PA is honored for 30 days or for the remainder of the PA dates of service, whichever occurs first. A duplicate PA is not required.



When a member is reassigned from RBMC to FFS while an existing PA is in effect, it is important for the provider to fax a copy of the PA approval notification to ADVANTAGE Health Solutions so the PA can be entered into IndianaAIM and the provider can be reimbursed for the service.

The reverse is also true. If a member is reassigned from FFS to RBMC while an existing PA is in effect, it is important for the provider to fax a copy of the PA approval notification to the MCE where the member is enrolled so the PA can be entered into the MCE's claims processing system and the provider can be reimbursed for the service.

### **Hearings, appeals, and administrative reviews**

Hearings, appeals, and administrative reviews will be addressed by the PA vendor or MCE that denied the request. In the event that the hearing, appeal, or administrative review is submitted to the incorrect vendor, the request will be returned to the provider for submission to the appropriate vendor. If the member has been reassigned to a different program since the request for PA was denied, providers can either appeal to the PA vendor that denied the request **or** submit a new PA request for review to the appropriate vendor.

The policies and procedures regarding hearings and appeals and the administrative review process remain unchanged. This information is distributed to the provider and member with the PA decision letter or PA update letter. Further information regarding hearings, appeals, and administrative review process can be found in [Chapter 6](#) of the *IHCP Provider Manual* at indianamedicaid.com.

#### **QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

#### **COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP Email Notifications.

#### **TO PRINT**

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.

# Indiana Health Coverage Programs Prior Authorization Request Form

Check the box of the plan in which the member is enrolled.

<b>Traditional</b>	<input type="checkbox"/> ADVANTAGE Traditional	P: 800-269-5720	F: 800-689-2759
<b>Hoosier Healthwise</b>	<input type="checkbox"/> Anthem Hoosier Healthwise	P: 866-408-7187	F: 866-406-2803
	<input type="checkbox"/> Anthem HHW – SFHN	P: 800-291-4140	F: 800-747-3693
	<input type="checkbox"/> MDwise Hoosier Healthwise	See <a href="http://www.mdwise.org">www.mdwise.org</a>	
	<input type="checkbox"/> MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
<b>Healthy Indiana Plan</b>	<input type="checkbox"/> Anthem HIP	P: 866-398-1922	F: 866-406-2803
	<input type="checkbox"/> MDwise HIP	See <a href="http://www.mdwise.org">www.mdwise.org</a>	
	<input type="checkbox"/> MHS HIP	P: 877-647-4848	F: 866-912-4245
<b>Care Select</b>	<input type="checkbox"/> ADVANTAGE and MDwise Care Select	P: 800-784-3981	F: 800-689-2759

**Please complete all appropriate fields.**

Patient Information					
Medicaid ID/RID#:					
DOB:					
Patient Name:					
Address:					
City/State/ZIP Code:					
Patient/Guardian Phone:					
PMP Name:					
PMP NPI:					
PMP Phone:					
Medical Diagnosis (Use of ICD-9 Diagnostic Code Is Required)					
Dx1		Dx2		Dx3	
Preparer's Information					
Name:					
Phone:					
Fax:					

Requesting Provider Information
Requesting Provider NPI#:
Tax ID#:
Service Location Code:
Provider Name:
Rendering Provider Information
Rendering Provider NPI#:
Tax ID#:
Name
Address:
City/State/Zip:
Phone:
Fax:
Ordering, Prescribing, or Referring (OPR) Provider Information
OPR Physician NPI#:

Dates of Service Start	Stop	Procedure/ Service Codes	Modifier(s)	Requested Service	Taxonomy	POS	Units	Dollars

**Notes:**

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner \_\_\_\_\_ Date: \_\_\_\_\_