



# Prior Authorizations

IHCP Works Annual Seminar  
October 2023

# *Agenda*

---

- **Prior Authorization Review**
- **Submitting Requests**
- **Portal Submission Tips**
- **Retro Authorizations**
- **Sterilization and Hysterectomy**
- **Mom and Baby Process**
- **Dental**
- **Behavioral Health**
- **NIA Magellan**
- **Important PA Reminders**
- **Updates and Announcements**
- **Contacts**



# ***Prior Authorization Review***

# ***What is a Prior Authorization?***

**A prior authorization (PA) is the process of determining medical necessity for covered services under the CareSource plan.**

- The services must be evidence-based and medically necessary for your care. They must also fall within the coverage terms of the health plan.
- Emergency care does not need prior authorization.
- If the provider is not part of the CareSource network, a prior authorization must be obtained before any services are rendered, not just those listed.

**\*Reminder – An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding, eligibility and benefits.**



# *Prior Authorization Services*

- All Inpatient Services (Skilled Nursing, Acute, Inpatient Rehab/Therapy, Long Term and Respite Care)
- Applied Behavior Analysis Therapy Services (ABA)
- Elective Surgeries (Outpatient and Inpatient)
- Intensive Outpatient Program Services
- All Outpatient Therapies
- Genetic Testing
- Ambulance Transport – non-emergent
- Home Health Care Services
- Hearing Aids
- Prosthetic and Orthotic devices
- DME/All DME Miscellaneous Codes

**\*This is not an all-inclusive list, please verify authorization requirements via the [Procedure Code Look-up Tool](#) on our website.**



# *Prior Authorization Services Continued*

- Pain management
  - Facets
  - Epidurals
  - Sacroiliac Joints
- Outpatient Services
  - Cosmetic/Plastic/Reconstructive Procedures
  - Spinal Cord Stimulators
  - Implantable Pain Pumps
- Organ Transplants
- Partial Hospitalization Program
- Residential Services
- Services beyond benefit limits for members 20 years of age or older.
  - **\*PMP visits are limited to a max of 30 per calendar year without a PA**
- Gender Dysphoria Surgeries

**\*This is not an all-inclusive list, please verify authorization requirements via the [Procedure Code Look-up Tool](#) on our website.**



# Procedure Code Look Up Tool

CareSource evaluates prior authorization based on medical necessity, medical appropriateness, and benefit limits.



Procedure Code Lookup

## Complete Steps

1 Choose Line of Business

-- Line of Business --

2 Enter a CPT/HCPCS Code

ABC90 or 92507



[CareSource | Procedure Code Lookup](https://procedurelookup.caresource.com)  
<https://procedurelookup.caresource.com>





# Procedure Code Look-Up Tool

## DISCLAIMER

- Results are provided “AS IS” and “AS AVAILABLE” and do not guarantee approval or payment for services.
- Approval or payment of services can be dependent upon the following, but not limited to:
  - Member eligibility
  - Members < 21 years old
  - Medical necessity
  - Covered benefits
  - Modifiers
  - Diagnosis and revenue codes
  - Limits and number of visit variances
  - Provider contracts, Provider types
  - Correct coding and billing practices
- For specific details, please refer to the [Health Partner Provider Manual](#)







# ***How to Submit Authorizations***

# *How to Submit PA Requests*

**Provider  
Portal**

[Provider Portal](#)

**Phone**

844-607-2831  
Monday thru Friday  
8 a.m. to 5 p.m. EST  
Confidential Voice mail  
available 24/7

**Fax**

Fax the prior authorization form to 844-432-8924 including supporting clinical documentation. The [prior authorization request form](#) can be found on [CareSource.com](#).

**Mail**

CareSource  
P.O. Box 1307  
Dayton, OH 45401-1307



# Medicaid Prior Authorization Form

## IHCP Universal Prior Authorization Request Form

**Indiana Health Coverage Programs  
Prior Authorization Request Form**

Select 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	Kepro	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132	F: 866-406-2803
	<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-465-5581
	<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan (HIP)	<input type="radio"/> Anthem HIP	P: 844-533-1995	F: 866-406-2803
	<input type="radio"/> CareSource HIP	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise HIP	P: 888-961-3100	F: 866-613-1642
	<input type="radio"/> MHS HIP	P: 877-647-4848	F: 866-912-4245
Hoosier Care Connect	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798	F: 866-406-2803
	<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848	F: 866-912-4245
	<input type="radio"/> UnitedHealthcare	P: 877-610-9785	F: 844-897-6514

Please complete all appropriate fields.

Patient Information				Requesting Provider Information				
IHCP Member ID:				Requesting Provider NPI/Provider ID:				
Date of Birth:				Taxonomy:				
Patient Name:				Taxpayer Identification Number (TIN):				
Address:				Provider Name:				
City/State/ZIP Code:				Provider Address:				
Patient/Guardian Phone:				Rendering Provider Information				
PMP Name:				Rendering Provider NPI/Provider ID:				
PMP NPI:				TIN:				
PMP Phone:				Name:				
Ordering, Prescribing or Referring (OPR) Provider Information				Address:				
OPR Provider NPI:				City/State/ZIP Code:				
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)				Phone:				
Dx1		Dx2		Dx3		Fax:		
Please check the requested assignment category below: <input type="checkbox"/> DME <input type="checkbox"/> Inpatient <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Purchased <input type="checkbox"/> Observation <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Rental <input type="checkbox"/> Office Visit <input type="checkbox"/> Transportation <input type="checkbox"/> Home Health <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other <input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient								
Dates of Service Start	Stop	Procedure/Service Codes	Modifiers	Service Description	Taxonomy	Place of Service (POS)	Units	Dollars
Notes:								

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

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

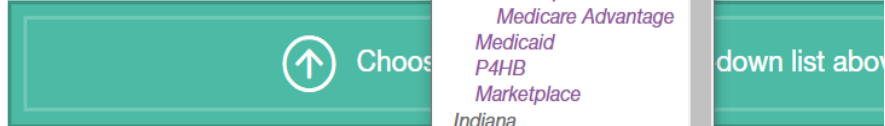
See the [IHCP Quick Reference Guide](#) for information about where to mail this form.

IHCP Prior Authorization Request Form  
Version 8.0, July 2023 Page 1 of 1

Show me information for

-- Select -- GO

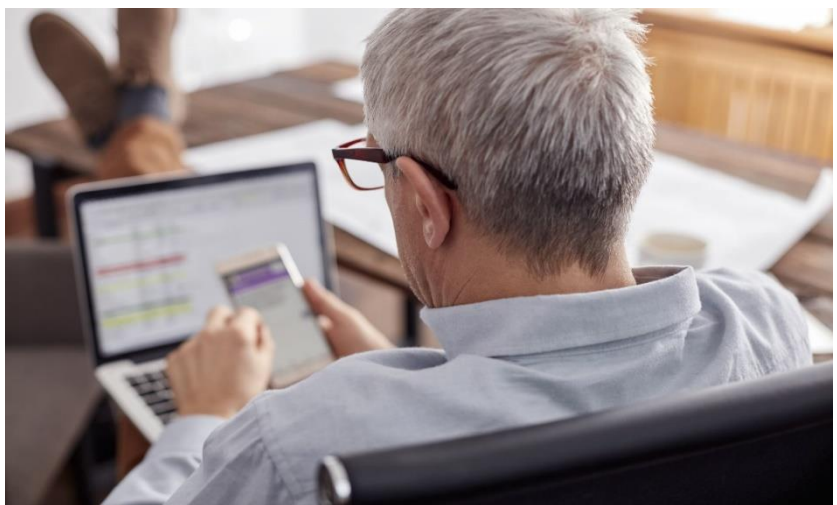
- Select --
- Georgia
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- P4HB
- Marketplace
- Indiana
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid**
- Marketplace
- Kentucky
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- Marketplace



FORMS



# Prior Authorization Timeframes



To check the status of a prior authorization request, please call **844-607-2831** or log into the [Provider Portal](#).

Authorization Type	Decision
Standard pre-service	5 business days
Urgent pre-service	48 hours
Urgent concurrent	1 business day (after receiving all necessary information)
Post service (retrospective review)	30 calendar days



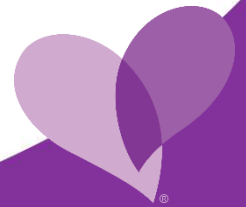
# *Prior Authorization – Specialty Pharmacy*

Refer to the provider portal for a complete list of forms.

<https://www.caresource.com/in/providers/tools-resources/forms/medicaid/>

Due to the complexity of Specialty Pharmacy, there are some drugs that will have their own form that should be used in place of the “Specialty Pharmacy Prior Authorization Form”.

- Example of specialty pharmacy drugs that have a specific form is Growth Hormone, Mental health Medications and Cystic Fibrosis to name a few.



# *Portal Submission Tips*



# Prior Authorization Submission

Access to the Prior Authorization form can be found by clicking **Providers > Prior Authorization and Notification** from the left navigation menu.

[Prior Authorization and Notifications](#)

## PROVIDERS

- Cardiac & Orthopedic Services Prior Authorization
- Care Management Referral
- Dental Provider Login
- ER Referral
- File Grievance
- HIP Provider Cost Estimator
- Pharmacy
- Prior Authorization and Notifications**

Begin an authorization by searching for the CareSource member by Member ID, CareSource ID, or Member Information and the start date of service.

Once the member is located, click Verified.

or Authorization and Notifications

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

BOT

Observation

Status

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and

For Physician Administered Pharmacy Codes, please [click here](#) to complete your Prior Authorization

Recipient Id

CareSource Id

Member Info

Provider ID:

Impersonate

Recipient Id:

Start Date of Service

Service to start date

End date

Please verify the patient information above is correct.

Verified



# Prior Authorization Type

Complete the authorization form by filling out the following fields:

- Select if the service is Inpatient or Outpatient.
- Select the appropriate category.
- Select the type of prior authorization request.
- Select if the service will be completed in a Facility.

Authorization Request

Select Care Setting

Inpatient

Outpatient

Select Category

Outpatient Services

Select Type of Prior Authorization Request

Office Visit

Will service be performed in a Facility?

Yes

No



# Prior Authorization Provider Info

## Requesting/Ordering Provider Information

Search:

Provider Name

## Servicing/Rendering Provider Information

Same As Requesting/Ordering

**If unable to locate the physician please use the facility.**

Search:

Provider Name

## Ordering, Prescribing, or Referring (OPR) Provider Information

OPR NPI:

Locate the Requesting/Ordering and Servicing/Rendering Provider by searching:

- Provider Name\*
- Provider NPI\*
- CareSource Provider ID

Once searched criteria has been entered, select the appropriate provider from the available list.

\* Required Fields

# Prior Authorization Details

Start Date:	4/7/2023
End Date:	
Treatment Type	
Treatment Type:	--Choose One--
Place Of Service	
Place Of Service:	--Choose One--
Diagnosis Codes	
Code Type:	ICD10 Diagnosis Codes
Search By:	Code

Complete the following fields:

- End Date
- Choose a treatment type
- Choose a Place of Service
- Enter all applicable diagnosis and procedure codes

Procedure Codes	
Code Type:	All Procedure Codes
Search By:	Code

Once a procedure code is entered, units and modifiers may be selected.



# Prior Authorization Contact Info

Enter all required contact information fields.

Attest if clinical information documents will be completed with any additional notes.

### Contact Information

Contact name of person completing this request:

Contact phone number:

Contact phone number extension:

Contact fax number:

Contact email:

### Clinical

Are you prepared to document clinical indications at this time?  Yes  No

Note: You will be able to attach clinical no matter your selection

\* Required

### Additional Information

Save Draft



Continue

Click **Continue**.

A draft authorization may be saved to come back to later by clicking **Save Draft**.



# Prior Authorization Completion

**Authorization Request**  

Patient:  Name:  DOB:  Gender: Male

Authorization:  Type: Beyond Benefit Limits Status: NoDecisionYet  
Diagnosis Codes:  Procedure Codes: 80324(CPT/HCPCS) *primary*

**Disclaimers**

80324 - CPT/HCPCS

- REVIEW REQUIRED: This request requires review. Select the 'Document Clinical' button to continue.

Procedure Code: 80324 (CPT/HCPCS) Requested Units: 1

- The authorization will be processed through the Cite Auto (MCG) program.
- Complete any required clinical documentation by clicking **Document Clinical** and click **Submit Request**.





# Prior Authorization Response

Reference #: [REDACTED]

Reference #: [REDACTED]

Description: Outpatient Elective

Place Of Service: 11 Office

Submitting Provider: [REDACTED]

Requesting/Ordering Provider: [REDACTED]

Servicing/Rendering Provider: [REDACTED]

Facility: [REDACTED]

## Member Information

Member Name: [REDACTED]

CareSource Id: [REDACTED]

Birth Date: [REDACTED]

Gender: [REDACTED]

## Service Event

Diagnosis Code: Z78 Other specified health status

Procedure: 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level

The status of the authorization as well as a reference number will be provided that can be used to review status if needed later.

Line #1			
Requested Received Date:	4/6/2023 8:00:00 AM	Requested Units:	1
Start Date of Service:	4/7/2023	Authorized Units:	0
End Date of Service:	4/7/2023	Status:	Pending



# Prior Authorization Status

## Prior Authorization and Notifications

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

Observation

Status

Marketplace and Medicaid lines of business only: To check the status of a previously submitted Physician Administered Pharmacy Prior Authorization, [click here](#)

Recipient Id

Member Id

Member Info

Authorization Number

Facility

Recipient Id:

Start of Service Date Range (Maximum 180 days)

Begin Date

End Date

Search

Reference #:

Reference #:

Description: Outpatient Elective

Place Of Service: 22 On Campus-Outpatient Hospital

Submitting Provider:

Requesting/Ordering Provider:

Servicing/Rendering Provider:

Facility:

Member Information

Member Name:

CareSource Id:

Birth Date:

Gender:

Service Event

Diagnosis Code: M47.816 Spondylolysis without myelopathy or radiculopathy, lumbar region; M54.16 Radiculopathy, lumbar region

Procedure: PAIN - Facet Joint Injections

Line #1

Requested Received Date: 11/25/2022 8:45:00 AM

Requested Units: 4

Start Date of Service: 12/8/2022

Authorized Units: 0

End Date of Service: 3/8/2023

Status: Denied

Service Event

Prior authorization status may be viewed by searching:

- Member ID
- Member Info
- Authorization Number
- Facility



# In Review



1. Select **Provider Authorizations** and **Notifications** on left navigation.
2. Enter **CareSource ID** and **Start Date of Service** and select **Search**.
3. Select **Care Setting** and **type of Prior Auth**.
4. Enter provider information **Name, NPI or CS Provider Number**  
*Please be sure to look closely to choose the correct one.*  
*NPI's can return more than one choice.*
5. Complete **required fields** and select **Continue**.
6. Select **Document Clinical** to continue.
7. Click **Add** to choose **Guideline of Service**.
8. Answer **Guideline questions**, hit **Save**, and **Submit Request**.

# Coordination of Benefits



If CareSource requires a prior authorization for a service, and the member has additional insurance that is primary, the provider must follow the primary insurer requirement for obtaining a prior authorization and must also obtain a prior authorization for CareSource.

# *Updating an Approved PA Submission*

Any changes to an existing prior authorization must be submitted:

Phone 844-607-2831

Fax 844-432-8924

[Provider Portal](https://providerportal.caresource.com/IN/Provider/PriorAuth/PriorAuth.aspx)

<https://providerportal.caresource.com/IN/Provider/PriorAuth/PriorAuth.aspx>

Examples of Changes:

- Rendering provider
- CPT/HCPCS codes
- Location of service
- Dates of service
- Units (service and/or medication)



# ***Retro Authorizations***





## Circumstances for a Retrospective/Post-Service Review

- Services are rendered outside of Indiana.
- Transportation services can be submitted within 12 months.
- Provider is unaware of member eligibility due to these possible reasons:
  - Member refusal to provide insurance information.
  - Member was physically unable to provide Medicaid information.
  - Provider can substantiate reimbursement was continually pursued.



# *Administrative Denials*

## **Examples**

- Late notification of inpatient admission
- Member not eligible at time of request for authorization
- Late Retro Physician Denial
  - Medicaid needs to be submitted **within 60 days** from DOS
- Non-Covered Codes



# Medicaid Retro Authorizations



Upon written request, CareSource shall not permit retro authorization submission after the date of service or admission where a prior authorization was required but not obtained except in the following circumstances as outlined in the IAC (Indiana Administrative Code) rule below:

Prior authorization will be given after services have begun or supplies have been delivered only under the following circumstances:

- Pending or retroactive member eligibility. The prior authorization request must be submitted within twelve (12) months of the date of the issuance of the member's Medicaid card.
- Mechanical or administrative delays or errors by the office.
- Services rendered outside Indiana by a provider who has not yet received a provider manual.
- Transportation services authorized under 405 IAC 5-30. The prior authorization request must be submitted within twelve (12) months of the date of service.

# *Medicaid Retro Authorizations (cont.)*

The provider was unaware that the member was eligible for services at the time services were rendered.

Prior authorization will be granted in this situation only if the following conditions are met:

- The provider's records document that the member refused or was physically unable to provide the member ID (MID) number.
- The provider can substantiate that the provider continually pursued reimbursement from the patient until Medicaid eligibility was discovered.
- The provider submitted the request for prior authorization within sixty (60) days of the date Medicaid eligibility was discovered.



# *Retro Authorizations Timeframes*



Retrospective (post-service) reviews will be decided within **30** calendar days from the receipt of the request



# Peer-to-Peer Review

Upon request, CareSource will provide the clinical rationale or criteria used in making medical necessity determinations.

You may request the information by calling or faxing the CareSource Medical Management Department

Phone: **833-230-2168**

Fax: **844-432-8924**

If you would like to discuss an adverse decision with a physician reviewer, please call the Provider Services line within the plan's specified timeframe.

- Medicaid: within **seven** business days of the determination.





# ***Sterilizations and Hysterectomy***



# *Sterilizations*



**Sterilization renders a person unable to reproduce.**

When are sterilizations reimbursable?

- Sterilizations are reimbursable for men and women only when a valid consent form accompanies all related claims.

What is the timeframes for informed consent?

- At least 30 days and no more than 180 days between consent and procedure.

For sterilizations planned concurrent with delivery, what is the timeframes?

- The patient must give the informed consent at **least 30 days** before the expected date of delivery.

What requirements must the patient meet?

- Voluntary Consent given and form signed.
- 21 years or older at time of consent.
- Is neither mentally incompetent nor institutionalized.
- Medical need is identified.







# ***Sterilization Prior Authorization Checklist***

- Signed Consent Form
- Clinical Notes
- Member must be over 21 or have a medical reason for sterilization







# *Hysterectomy*

- IHCP covers hysterectomies when they are medically necessary.
- The member must give consent.
- IHCP does not cover this service to solely render a member permanently incapable of bearing children.
- Do **not** use the Consent for Sterilization Form.
- The Hysterectomy Consent Form must be submitted with the claim.
- PA is always required, unless Individual is already sterile or experiencing a life-threatening emergency.



# Acknowledgement of Receipt

## Acknowledgement of Receipt of Hysterectomy Information

Member Name: \_\_\_\_\_

IHCP Member ID: \_\_\_\_\_

Physician Name: \_\_\_\_\_

NPI or IHCP Provider ID: \_\_\_\_\_

AMA Education Number: \_\_\_\_\_

It has been explained orally and in writing to \_\_\_\_\_  
that the hysterectomy to be performed on her will render her permanently incapable of bearing children.

- Signed before surgery
- Signed after surgery (at the time of the hysterectomy, eligibility was not established).

\_\_\_\_\_  
(Member or Representative Signature)

\_\_\_\_\_  
(Date)

### Physician Statement

The hysterectomy in the above case is being done for medically necessary reason(s), and the resulting sterilization is incidental and is not, at any time ever, the reason for this surgical operation.

Diagnosis(es)  
\_\_\_\_\_

\_\_\_\_\_  
(Physician Signature)

\_\_\_\_\_  
(Date)

The signed acknowledgement of receipt of hysterectomy information is required in all cases, except when the patient is already sterile or a life-threatening emergency exists for which the physician determines prior acknowledgement is not possible.

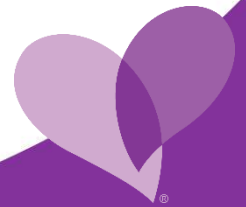




# *Acknowledgement Not Required*

The physician who performs the hysterectomy when the patient is already sterile or a life-threatening emergency exists for which the physician determines prior acknowledgement is not possible, must complete one of the following certification requirements:

- Certify in writing that the individual was already sterile at the time the hysterectomy was performed. The certification must state the cause of the sterility at the time of the hysterectomy.
- Certify in writing that the hysterectomy was performed under a life-threatening emergency in which the physician determined that prior acknowledgement was not possible. The physician must also include a description of the nature of the emergency.





# ***Mom and Baby Process***



# *Newborn Process*

Providers have 60 days to request retro-authorization.

- Include detailed information about the change in eligibility with the PA request.
- Copy of Retro-Authorization is submitted with claim.



# Medicaid Mom and Baby



CareSource does **NOT** require newborn notification.

Deliveries only require authorization if:

- Inpatient stay exceeds **3 days** for vaginal delivery.
- Inpatient stay exceeds **5 days** for C-Section.
- Newborn remains inpatient after mother is discharged.





***Dental***

 ***CareSource***<sup>™</sup>

# *Dental Authorizations Online*

CareSource partners with SkyGen Dental to administer dental benefits. Dental authorization requests may be submitted via paper or online.

## **ONLINE:**

Participating providers may contact the web portal team at <https://pwp.sciondental.com/PWP/Landing> to register for the Scion Provider Web Portal and request a demonstration.

Some of the time-saving features of the Dental Provider Web Portal include:

- View member service history, covered benefits, and fee schedules.
- Create a member eligibility calendar and view real-time eligibility for multiple members.
- View authorization guidelines and required documentation prior to submitting authorizations.



# *Dental Authorizations Paper*

## **PAPER:**

Paper dental authorization requests may be sent to:

### **CareSource IN: Authorizations**

P.O. Box 745

Milwaukee, WI, 53201

**Remember to always  
submit your  
authorizations with  
attachments for faster  
determination!**





# ***Behavioral Health***



# *Behavioral Health Prior Authorization List*

- All Inpatient admissions
- Applied Behavioral Analysis (ABA therapy)
- Psychiatric inpatient admissions, including admissions for substance use and rehabilitation
- Medicaid Rehabilitation Option (MRO) services, except for crisis intervention
- Partial Hospitalization Program (PHP) services
- Intensive Outpatient Treatment (IOT)



# Medicaid Prior Authorization Form

## Indiana Health Coverage Programs Prior Authorization Request Form

Select 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	Kepro	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132	F: 866-406-2803
	<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-465-5581
	<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan (HIP)	<input type="radio"/> Anthem HIP	P: 844-533-1995	F: 866-406-2803
	<input type="radio"/> CareSource HIP	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise HIP	P: 888-961-3100	F: 866-613-1642
	<input type="radio"/> MHS HIP	P: 877-647-4848	F: 866-912-4245
Hoosier Care Connect	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798	F: 866-406-2803
	<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848	F: 866-912-4245
	<input type="radio"/> UnitedHealthcare	P: 877-610-9785	F: 844-897-6514

Please complete all appropriate fields.

Patient Information		
IHCP Member ID:		
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 Provider NPI:		
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)		
Dx1	Dx2	Dx3

Requesting Provider Information	
Requesting Provider NPI/Provider ID:	
Taxonomy:	
Taxpayer Identification Number (TIN):	
Provider Name:	
Provider Address:	
Rendering Provider Information	
Rendering Provider NPI/Provider ID:	
TIN:	
Name:	
Address:	
City/State/ZIP Code:	
Phone:	
Fax:	
Preparer's Information	
Name:	
Phone:	
Fax:	

Please check the requested assignment category below:

<input type="checkbox"/> DME	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Purchased	<input type="checkbox"/> Observation	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Rental	<input type="checkbox"/> Office Visit	<input type="checkbox"/> Transportation
<input type="checkbox"/> Home Health	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other
<input type="checkbox"/> Hospice	<input type="checkbox"/> Outpatient	

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

Notes:

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

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

See the [IHCP Quick Reference Guide](#) for information about where to mail this form.

## IHCP Universal Prior Authorization Request Form

Show me information for

Choose

FORMS

- Select --
- Georgia
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- P4HB
- Marketplace
- Indiana
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid**
- Marketplace
- Kentucky
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- Marketplace



# Prior Authorization Form - SUD

**Indiana Health Coverage Programs  
Residential/Inpatient Substance Use Disorder Treatment  
Prior Authorization Request Form**

Please use this form and its associated attachment if you have a 3.1 or 3.5 American Society of Addiction Medicine (ASAM) residential designation or are an inpatient psychiatric facility/hospital.

Select the radio button of the entity that must authorize the service based on the member's enrollment/benefits.	<b>Fee-for-Service</b>	<input type="radio"/> Kepro	P: 866-725-9991	F: 800-261-2774
	<b>Hoosier Healthwise</b>	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132	F: Inpatient: 877-434-7578 Outpatient: 866-877-5229
		<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
		<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-465-5581
		<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848	F: Inpatient: 844-288-2591 Outpatient: 866-694-3649
	<b>Healthy Indiana Plan (HIP)</b>	<input type="radio"/> Anthem HIP	P: 844-533-1995	F: Inpatient: 877-434-7578 Outpatient: 866-877-5229
		<input type="radio"/> CareSource HIP	P: 844-607-2831	F: 844-432-8924
		<input type="radio"/> MDwise HIP	P: 888-961-3100	F: Inpatient 866-613-1631 Outpatient: 866-613-1642
		<input type="radio"/> MHS HIP	P: 877-647-4848	F: Inpatient: 844-288-2591 Outpatient: 866-694-3649
	<b>Hoosier Care Connect</b>	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798	F: Inpatient: 877-434-7578 Outpatient: 866-877-5229
		<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848	F: Inpatient: 844-288-2591 Outpatient: 866-694-3649
		<input type="radio"/> UnitedHealthcare	P: 877-610-9785	F: Inpatient and Outpatient: 844-897-6514

Please complete all appropriate fields.

Patient Information				Requesting Provider Information			
IHCP Member ID:				Requesting Provider NPI:			
Date of Birth:				Taxonomy:			
Patient Name:				Taxpayer Identification Number (TIN):			
Address:				Provider Name:			
City/State/ZIP Code:				Provider Address:			
Patient/Guardian Phone:				Rendering Provider Information			
PMP Name:				Rendering Provider NPI:			
PMP NPI:				TIN:			
PMP Phone:				Name:			
Ordering, Prescribing or Referring (OPR) Provider Information				Address:			
OPR Provider NPI:				City/State/ZIP Code:			
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)				Phone:			
Dx1	Dx2	Dx3		Fax:			
				Preparer's Information			
				Name:			
				Phone:			
				Fax:			

Please check the requested assignment category below:

Inpatient     Residential

Dates of Service		Procedure/ Service Codes	Modifiers	Service Description
Start	Stop			

Include the Initial Assessment form and reassessment form when requesting SUD PAs.

The rendering provider is the facility when requesting these services, as specialty type 836 is a billing provider.

The [SUD universal standard PA](#) form is located on the CareSource Website



# ***NIA Magellan***



# NIA Magellan

CareSource partners with NIA Magellan to implement our radiology benefit management program for outpatient advanced imaging services.

## Procedures requiring prior authorization through NIA Magellan:

- CT/CTA
- MRI/MRA
- PET Scans
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan
- Echocardiography
- Stress Echocardiography

## Services NOT requiring prior authorization through NIA Magellan:

- Inpatient advanced imaging services
- Observation setting advanced imaging services
- Emergency room imaging services

## NIA Magellan authorization phone and website information:

- **800-424-4883**
- <https://www1.radmd.com/radmd-home.aspx>





# ***Important PA Reminders***

# Important Reminders



- Verify eligibility.
- Failure to obtain a prior authorization may result in a denial.
- **Authorization is not a guarantee of payment for services.**
- CareSource does not require prior authorization for unlisted CPT codes, however:
  - A signed, clinical record must be submitted with your claim.
  - Claims submitted without clinical records for unlisted CPT codes will be denied.
  - Denials will be reconsidered through the claim's dispute/appeal process.
- **Services beyond applicable benefit limit for members 20 years of age and under require a prior authorization.**



# *Updates and Announcements*



# ***Updates and Announcements***

Visit the **Updates and Announcements page** located on CareSource.com website for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements

**Updates & Announcements | Indiana – Medicaid | CareSource**





# ***Provider Communications Sign Up Form***

The **sign-up** form:

<https://secureforms.caresource.com/ProviderCommunicationSignup>

The **unsubscribe** function at

<https://secureforms.caresource.com/ProviderCommunicationSignup/unsubscribe>



# *Provider Resources*

Visit the **CareSource.com** Plan Resources page to access the following resources:

- Printable health partner manual
- Printable orientation slides
- Formularies
- Covered benefits
- Quick reference guides
- And more

**CareSource Provider Portal:**

**<https://providerportal.caresource.com/IN>**





# Quarterly Friday Forums

- A Save the Date will be published on the Updates & Announcements page.
- Revenue cycle, contracting, credentialing, clinical operations, quality, or administrative staff are welcome to attend.
- Brief presentation covering updates.
- Live Q&A follows presentation.

Please reach out to your HP Engagement Specialist for any topics you want to hear about.





# ***Contacts***

# *How to Reach Us*

<b>Provider Services</b>	<b>844-607-2831</b>
<b>Hours</b>	<b>Monday to Friday 8 a.m. to 8 p.m. (EST)</b>
<b>Member Services</b>	<b>844-607-2829</b>
<b>Hours</b>	<b>Monday to Friday 8 a.m. to 8 p.m. (EST)</b>



## HEALTH PARTNER ENGAGEMENT LEADERSHIP

**Denise Cole, Director**

317-361-5872

[Denise.Cole@caresource.com](mailto:Denise.Cole@caresource.com)

**Amy Williams, Manager**

317-741-3347

[Amy.Williams@caresource.com](mailto:Amy.Williams@caresource.com)

## BEHAVIORAL HEALTH: HEALTH PARTNER RESOLUTION SPECIALISTS

**Amanda Denny – North**

765-620-6722

[Amanda.Denny@caresource.com](mailto:Amanda.Denny@caresource.com)

**Stephanie Gates – South**

317-501-6380

[Stephanie.Gates@caresource.com](mailto:Stephanie.Gates@caresource.com)



## CONTRACTING MANAGERS – HOSPITALS/LARGE HEALTH SYSTEMS

**Cathy Pollick, Director Provider  
Contracting**

260-403-8657

[Catherine.Pollick@caresource.com](mailto:Catherine.Pollick@caresource.com)

**Maria Crawford – North**

317-416-6854

[Maria.Crawford@caresource.com](mailto:Maria.Crawford@caresource.com)

**Sara Culley – South**

765-256-0423

[Sara.Culley@caresource.com](mailto:Sara.Culley@caresource.com)

## HEALTH PARTNER ENGAGEMENT SPECIALIST

**Brian Grcevich – Ancillary, Dental,  
Skilled Nursing Facilities, Home  
Health and Hospice**

317-296-0519

[Brian.Grcevich@caresource.com](mailto:Brian.Grcevich@caresource.com)

# Health Partner Engagement Specialists

## Regional Specialists

**Tammy Garrett**  
219-221-7065  
[Tammy.Garrett@CareSource.com](mailto:Tammy.Garrett@CareSource.com)  
Franciscan Alliance, Fresenius (Statewide)

**Leigh Hoover**  
765-425-0462  
[Leigh.Hoover@CareSource.com](mailto:Leigh.Hoover@CareSource.com)  
Parkview, Lutheran, St. Joseph Regional Medical Center, Beacon

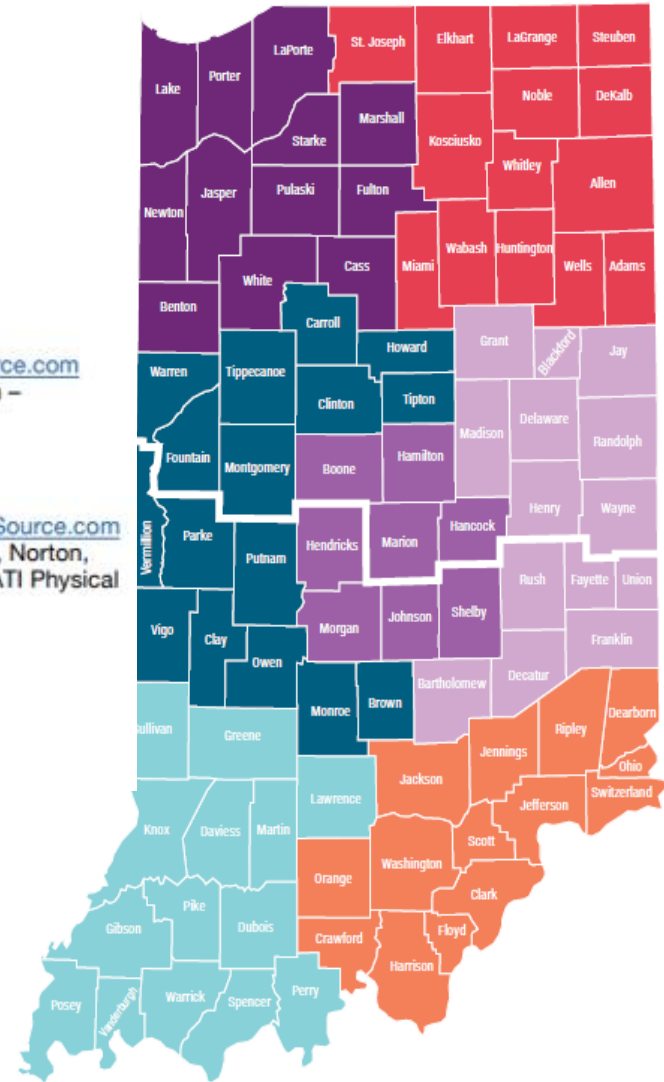
**Amy Wasson**  
317-417-9652  
[Amy.Wasson@CareSource.com](mailto:Amy.Wasson@CareSource.com)  
Community Health Network, Union Hospital, American Health Network

**Sarah Tinsley**  
317-607-4844  
[Sarah.Tinsley@CareSource.com](mailto:Sarah.Tinsley@CareSource.com)  
Indiana University, Suburban Health Organization

**Francesca Mekos**  
317-982-0423  
[Francesca.Mekos@CareSource.com](mailto:Francesca.Mekos@CareSource.com)  
Eskenazi, Reid Health

**Paula Egan**  
812-447-6661  
[Paula.Egan@CareSource.com](mailto:Paula.Egan@CareSource.com)  
Deaconess, Ascension – St. Vincent Health

**Bonnie Waelde**  
812-480-9203  
[Bonnie.Waelde@CareSource.com](mailto:Bonnie.Waelde@CareSource.com)  
University of Louisville, Norton, Baptist Health Floyd, ATI Physical Therapy (Statewide)





*Thank you!*

IN-MED-P-2403162; Issued Date: 10/04/2023

OMPP Approved: 09/11/2023

  
*CareSource*<sup>®</sup>