

Behavioral Health with MDwise

2025 IHCP Works Annual Seminar

Presented By: LeAnne Ramsey



Agenda

- **Who is MDwise?**
- **Commonly Used Acronyms**
- **Responsibilities Overview**
 - Access Standards
 - Medical Records
 - Prior Authorizations
- **Behavioral Health Covered Services**
 - Intensive Outpatient Treatment (IOT)
 - Partial Hospitalization Program (PHP)
 - Opioid Treatment Program (OTP)
 - Substance Use Disorder (SUD)
 - Psychotherapy
- **Behavioral Health Resources**
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 - MDwise Resources



Who is MDwise?



MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders and health care professionals.

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.

MDwise Values



Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.



Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.



Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.



Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.



Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.

Commonly Used Acronyms



Commonly Used Acronyms

Acronym	Full Form
ABA	Applied Behavior Analysis
ASAM	American Society of Addiction Medicine
BCBA	Board Certified Behavior Analysis
BH	Behavioral Health
CCBHC	Certified Community Behavioral Health Clinics
CMHC	Community Mental Health Center
CPT	Current Procedural Terminology
DOS	Date of Service
DMHA	Division of Mental Health and Addiction
FSSA	Family and Social Services Administration
HCPCS	Healthcare Common Procedure Coding System
HSPP	Health Service Provider in Psychology
IHCP	Indiana Health Coverage Programs
IOT	Intensive Outpatient Treatment
LCAC	Licensed Clinical Addiction Counselor
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist

Acronym	Full Form
LMHC	Licensed Mental Health Counselor
LOC	Level of Care
MCE	Manage Care Entity
MRO	Mental Health Rehabilitation Option
OMPP	Office of Medicaid Policy and Planning
OTP	Opioid Treatment Program
OTS	Opioid Treatment Services
ODU	Opioid Use Disorder
PA	Prior Authorization
PCSU	Provider Customer Service Unit
PDL	Preferred Drug List
PR	Provider Relations
PHP	Partial Hospitalization Program
PMP	Primary Medical Provider
RBT	Registered Behavior Technician
RTC	Residential Treatment Center
SUD	Substance Use Disorder

Behavioral Health Responsibilities Overview



Behavioral Health Access Standards

Type of Service	Appointment Timeframe
Emergency Services	Must be available 24 hours per day, seven (7) days per week.
Urgent: Members presenting with significant psychiatric or substance use history, evidence of psychosis and/or significant distress.	Immediately be referred to a BH professional who will further assess and provide referral and direction to an appropriate level of care. Care should occur within 48 hours.
Emergent: Members who have a non-life-threatening emergency.	Care should occur within six (6) hours.
Routine: Members seeking outpatient services presenting no evidence of suicidal or homicidal ideation, psychosis and/or significant distress.	Care should occur within 10 business days of the request for service.

Behavioral Health Medical Records

It is a requirement that behavioral health information is shared with the PMP. Therefore, it is important for providers to maintain a signed release in the member's medical record.

MDwise will work to ensure the integration of mental health and physical health services. Together, we will work hard to ensure collaboration that promotes a communication “bridge” between PMPs and behavioral health providers.

Behavioral Health Prior Authorizations

- A member may self-refer to any MDwise contracted provider for Behavioral Health Care services or any IHCP-enrolled Psychiatrist.
- MDwise requires prior authorization for any Intensive Service, including Acute Inpatient, Detoxification, Residential SUD, Partial Hospital or Intensive Outpatient Treatment.
- MDwise requires prior authorization for any Applied Behavior Analysis services.

Please refer to Prior Authorization section of MDwise.org [Behavioral Health Prior Authorization Quick Reference Guide](#) and [Behavioral Health Authorization and Exclusion List](#) for the list of required authorizations and the number of services allowed without authorization by service type.

Behavioral Health Covered Services



Behavioral Health Services

Covered Services
Inpatient Behavioral Health Services
Emergency/Crisis Services
Alcohol and Drug Use Services (Substance Use)
Therapy and Counseling, Individual, Group or Family
Psychiatric Drugs included on MDwise Preferred Drug List (PDL)
Laboratory and Radiology Services for Medication Regulation and Diagnosis
Screening, Evaluation and Diagnosis
Transportation (Medically Necessary or Emergent)
Neuropsychological and Psychological Testing

Intensive Outpatient Treatment (IOT)



Intensive Outpatient Treatment Overview

- IOT is planned and organized with mental and behavioral health professionals and clinicians providing multiple treatment service components for rehabilitation of alcohol, other substance use or dependence, depression and eating disorders in a group setting.
- **IOT Includes, but is not limited to:**
 - Individual therapy
 - Family therapy
 - Group therapy
 - Skills training
 - Medication training and support
 - Peer recovery services
 - Care coordination



Intensive Outpatient Treatment Billing

Facility Billing	Professional Billing
<p>Facility providers that bill institutional claims (<i>UB-04</i> claim form) must bill with one (1) of the following revenue codes, based on the type of service rendered:</p> <ul style="list-style-type: none">• 905 – Psychiatric-Behavioral Health Treatments/Services-Intensive Outpatient Services• 906 – Chemical Dependency-Behavioral Health Treatments/Services-Intensive Outpatient Services• No procedure codes to be billed with revenue codes. Services will be considered standalone and will be reimbursed at a flat rate per day.	<p>Professional providers that bill claims (<i>CMS-1500</i> claim form) must bill with one (1) of the following procedure codes, based on the type of service rendered:</p> <ul style="list-style-type: none">• S9480 – Psychiatric IOT• H0015 – Drug & Alcohol IOT• No revenue codes to be billed with procedure codes.• Can be delivered via telehealth, must have a video component. Must be billed with a modifier 95.

***CMHCs may have interns perform these services, as described in the CMHC section of the [IHCP Behavioral Health Services Provider Reference Module](#).*

Intensive Outpatient Treatment Limitations

The following are NOT billable on the same date as IOT:

- Peer recovery services (H0038)
 - SUD residential (H0010 and H2034)
 - If a provider performs services other than IOT on the same date as IOT, those services will not be reimbursed
 - *Example: 90834, 90853*
- One (1) unit of the appropriate IOT code is equal to three (3) or more hours, and only one (1) unit is reimbursable per date of service.
 - Institutional providers are limited to one (1) revenue code per day.

Partial Hospitalization Program (PHP)



Partial Hospitalization Program Overview

PHP provides a transition from inpatient behavioral health hospitalization to community-based care, or, in some cases, may substitute for an inpatient admission.

- PHP has a high degree of structure and scheduling and must be ordered and authorized by a Psychiatrist.
- A face-to-face evaluation and assignment of a mental health diagnosis must take place within 24 hours following admission to the program.
- The program must include four to six (4-6) hours of active treatment per day and be provided at least four (4) days per week.
- PHP patients CANNOT be combined with patients from other outpatient programs.

To qualify, members must have received a mental health diagnosis and be experiencing at least one (1) of the following conditions:

- Short-term deficit in daily functioning
- High probability of serious deterioration of the member's physical or mental health
- Demonstrate the ability to maintain safety reliably when outside of the facility

Partial Hospitalization Program Billing

Partial Hospitalization is reimbursed only when the program is highly individualized, with treatment goals that are measurable, functional, time-framed, medically necessary and directly related to the reason for admission.

Facility Billing	Professional Billing
<p>Facility providers must submit a <i>UB-04/837I</i> with one of the following revenue codes:</p> <ul style="list-style-type: none">• 912 – Behavioral Health Treatments/Services, Extension of 090X – Partial Hospitalization – Less Intensive• 913 – Behavioral Health Treatments/Services, Extension of 090X – Partial Hospitalization – Intensive	<p>Services for partial hospitalization in a professional setting should be submitted on a <i>CMS-1500/837P</i>, with the following code:</p> <ul style="list-style-type: none">• H0035 – Mental health, partial hospitalization, treatment, less than 24 hours.

Partial Hospitalization Program Limitations

- PHP patients CANNOT be combined with patients from other outpatient programs.
- The program must include four to six (4-6) hours of active treatment per day and be provided at least four (4) days per week.

Exclusions:

- Persons at imminent risk of harming themselves or others.
- Persons who concurrently reside in a group home or other residential care setting
- Persons who cannot actively engage in psychotherapy.
- Persons with withdrawal risks or symptoms of substance-related disorder whose needs cannot be managed at this level of care or who need detoxification services.
- Persons who, by virtue of age or medical condition, cannot actively participate in group therapies.

Opioid Treatment Program (OTP)



Opioid Treatment Program Overview

- OTP is defined as a weekly bundled service used to treat Opioid Use Disorder that includes the daily administration of methadone, either at the OTP provider location or as an authorized take-home dose.
- OTP only covers the use of methadone and buprenorphine used to treat Opioid Use Disorder.
- The use of other agents (i.e., Suboxone, Subutex, and Vivitrol), with or without the weekly services, is not considered OTP programming.

Services are reimbursed at a bundled rate, which includes:

Oral medication administration, direct observation, daily

Methadone, Buprenorphine daily

Drug testing, monthly

Specimen collection and handling, monthly

Pharmacologic management, daily

One (1) hour of case management per week

Four (4) hours of group or individual psychotherapy per month

Hepatitis A, B, and C testing, as needed

Pregnancy testing, as needed

One (1) office visit every 90 days

Tuberculous testing, as needed

Syphilis testing, as needed

Complete Blood Count, as needed

***For a complete list of bundled services, please refer to the [IHCP Behavioral Health Service Provider Reference Module](#).*

Opioid Treatment Program Per Diem

- OTP services are bundled, and these included services will be reimbursed in the weekly bundled rate.
- Providers should NOT separately bill for services included in the bundled rate.
 - Example: Urine drug screens 80307, G0481

The weekly per diem rate for OTP includes the following services:

- FDA-approved opioid agonist and antagonist Medication Assisted Treatment (MAT) medications
- Dispensing and administering MAT medications, if applicable
- Substance use counseling
- Toxicology testing
- Intake activities
- Periodic assessments
- Oral medication administration, direct observation, daily
- One (1) hour of case management, per week
- Tuberculous testing, as needed

***For a complete list of Per Diem services, please refer to the [IHCP Behavioral Health Services Provider Reference Module](#).*

Opioid Treatment Program Requirements

Member Requirements

For members 18 years of age and older

- The member must be addicted to an opioid drug for at least one (1) year before admission to the OTP.
- Must meet the criteria for the OTS level of care, according to all six (6) dimensions of the ASAM Patient Placement Criteria.

For members under the age of 18

- Must be addicted to an opioid drug.
- Must have two (2) documented unsuccessful attempts at short-term withdrawal management or drug-free addiction treatment within 12 months preceding admission.
- Must meet the criteria for the OTS level of care, according to all six (6) dimensions of the ASAM Patient Placement Criteria.

Provider Requirements

- Opioid treatment programs certified by the Indiana FSSA DMHA are required to enroll as IHCP providers.
- OTPs must enroll under provider type 11- *Behavioral Health Provider*, specialty 835 – *Opioid Treatment Program*.

***Prior Authorization is NOT required for in-network OTP services. Out-of-network providers DO require prior authorization.*

Opioid Treatment Program Exemptions

The following individuals are exempt from the one-year addiction requirements

- Members released from a penal institution, if the individual seeks OTP services within six **(6) months of release**
- Pregnant women
- Previously treated individuals, if the individual seeks OTP services within two **(2) years after treatment**

***For more information, please refer to the [IHCP Behavioral Health Services Provider Reference Module](#).*

Opioid Treatment Program Billing

- The weekly reimbursement bundles are billed using HCPCS codes **G2067–G2074**, along with additional HCPCS codes **G2076–G2080**, as applicable.
 - G-Codes are allowed to be reimbursed once every seven (7) days by the same provider and only when OTP services are provided.
- Providers should use the place of service (POS) code **58 – *Non-residential opioid treatment facility*** with the weekly code bundles.
- If telehealth is used for OTP services, providers can use POS codes **02 – *Telehealth provided other than in the patient's home*** or **10 – *Telehealth provided in the patient's home***.
- OPT-certified by the Indiana FSSA DMHA are required to enroll as an IHCP provider. OTPs wanting to bill for the administration of methadone and other related services exclusive to OTPs must be enrolled under provider type **11-Behavior Health Provider**, specialty **835-Opioid Treatment Program**. See the [IHCP Provider Enrollment Provider Reference Module](#) for details.

Opioid Treatment Program Limitations

- Medication-assisted treatment (MAT) programs are covered by the IHCP.
- Three (3) medications that have been approved by the Food and Drug Administration (FDA) to be used to treat opioid dependence are covered by IHCP:
 - Methadone
 - Buprenorphine
 - Naltrexone
- Providers must conduct a full evaluation and medical exam.
- This exam should verify that the member suffers from an OUD, and MAT services are the most appropriate treatment options.

Substance Use Disorder (SUD)



Substance Use Disorder Overview

Substance use disorder treatment provides coverage for short-term, low-intensity and high-intensity residential treatment for opioid use and other substance use disorders.

- Prior authorizations are required for all residential SUD stays.
- Facilities must be enrolled as provider type *11-Behavioral Health Provider and 836-Substance use disorder (SUD) residential addiction treatment facility*.
- Treatment is based on the following ASAM Patient Placement Criteria:
 - ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services
 - ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services



Substance Use Disorder Billing

- Reimbursement for SUD services is limited to one (1) unit per member per provider per day.
- Services included under the per diem payment will not be reimbursed separately. This includes services provided by a third party.
 - Example: Drug testing for a patient receiving H0010 services performed by a third party, the laboratory should not bill for these services.
- Physician visits and Physician-administered medications are reimbursable outside the daily per diem rate.
- Providers are required to include the following modifiers when billing H2034 or H0010:
 - U1 – Member is an adult (age 19 years and older)
 - U2 – Member is a child (age 0 through 18 years old)

H2034 – Low-intensity residential treatment (ASAM level 3.1)	H0010 – High-intensity residential treatment (ASAM level 3.5*)
Alcohol and/or drug use halfway house service, per diem.	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).
Per Diem services include: <ul style="list-style-type: none"> • Individual therapy • Group therapy • Medication training and support • Case management • Drug testing • Peer recovery support 	Per Diem services include: <ul style="list-style-type: none"> • Individual therapy • Group therapy • Medication training and support • Case management • Drug testing • Peer recovery support • Skills training and development

Substance Use Disorder Limitations

- Residential stays are allowed to be authorized with a statewide average length of 30 days, based on medical necessity.
- If a facility determines that a member requires more time than was initially authorized, the facility should submit a PA update request showing that the member has made progress but can be expected to show more progress given more treatment time.
 - Provider must use the [Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form](#), available on the [Prior Authorization](#) webpage, under the For Providers section of MDwise.org.
- Residential substance use disorder treatment facilities are not eligible for Hospital Assessment Fee (HAF) adjustments.

Psychotherapy Services



Psychotherapy Service Overview

- Psychotherapy is the treatment of mental illness and behavior disturbances, in which the provider establishes a professional contact with the patient, and through therapeutic communication and techniques, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, facilitate coping mechanisms and/or encourage personality growth and development.
- Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life-threatening or complex and requires immediate attention to a patient with high distress.

Psychotherapy Services Evaluation and Management Billing

Psychotherapy Services E/M Billing	Codes
MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP) do not require Prior Authorization for in-network providers for the following services:	99202-99205 99211-99215
Some psychiatric patients receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician or other qualified healthcare professional. The following services per billing provider are reported as add-on codes to the E/M service.	90833 90836 90838
Psychiatric diagnostic evaluations are reimbursable without Prior Authorization for one (1) unit, per member, per provider, per rolling 12-month period. The following service cannot be billed on the same day as an E/M service performed by the same individual for the same patient.	90791 90792

Psychotherapy Service Limitations

- MDwise recently updated the Behavioral Health services that require prior authorization and exclusions list, effective 7/1/2025.
- For the most up-to-date exclusion list, please visit the [Prior Authorization](#) webpage under the For Providers section of MDwise.org

Psychoanalysis and Psychotherapy Services

Prior Authorization required if more than 20 units per provider per rolling 12-month period for any combination of codes.

- 90845
- 90832-90834
- 90836-90839
- 90846
- 90847
- 90849
- 90853
- 90899
- C7903
- G0017
- G0018

Psychotherapy Services for Crisis

- Crisis intervention is a short-term emergency behavioral health service, available **24** hours a day, seven **(7)** days a week. Crisis intervention includes, but is not limited to, the following:
 - Crisis assessment, planning and counseling specific to the crisis
 - Intervention at the site of the crisis (when clinically appropriate)
 - Prehospital assessment
- Crisis intervention may be provided to any eligible members who are at imminent risk of harm to self or others or who are experiencing a new symptom that places the member at risk.
- Crisis intervention services are billed using procedure code H2011 – Crisis intervention service, per **15** minutes.

Crisis Intervention

Goal:

- The goal of crisis intervention is to resolve the crisis and transition the member to routine care.

Overview:

- Crisis intervention may be provided in an emergency room, crisis clinic setting or within the community.
- Prior authorization is not required.
- The supervising practitioner must be accessible 24/7.
- A face-to-face service must be delivered.

Limitations:

- Interventions targeted to groups are not billable.
- Time spent in an inpatient setting is not billable.
- Routine intakes provided without an appointment or after traditional hours do not constitute crisis intervention.
- Non-face-to-face services are not billable.

Provider Resources



Behavioral Health Provider Resources

The resource links below will direct you to tools that are developed to Behavioral Health providers serve the needs of our members.

- [Provider News and Announcements](#)
- [Prior Authorization](#)
- [Provider Forms](#)
 - [Behavioral Health Provider Forms](#)
 - [Care Management Provider Forms](#)
- [Provider Manual and Overview](#)
- [Contact Information](#)
- [myMDwise Provider Portal](#)
- [MProvider Connect](#)

Behavioral Health Provider Forms

- Behavioral Health Forms
 - [Referral for Behavioral Health Services](#)
 - [Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form \(PDF\)](#)
 - [Initial Assessment Form for Substance Use Disorder Treatment Admission \(PDF\)](#)
 - [Reassessment Form for Continued Substance Use Disorder Treatment \(PDF\)](#)
- Claims Forms
 - www.optum.com/eps
 - [Claim Adjustment Request Form \(PDF\)](#) *(preferred submission method via [myMDwise Provider Portal](#))*
 - [Claims Dispute Form \(PDF\)](#) *(preferred submission method via [myMDwise Provider Portal](#))*
 - [Readmission Dispute Form \(PDF\)](#) *(preferred submission method via [myMDwise Provider Portal](#))*
 - [Provider Refund Remittance Form \(PDF\)](#)
- Enrollment Forms
 - [W-9 Request for Taxpayer Identification Number \(PDF\)](#)
 - [IHCP Provider Ownership and Managing Individual Maintenance Form \(PDF\)](#)
 - [IHCP MCE Practitioner Enrollment Form \(PDF\)](#)
 - [IHCP MCE Hospital/Ancillary Provider Enrollment and Credentialing Form \(PDF\)](#)
- Pharmacy Forms
 - [SUPDL Prior Authorization Forms](#)

Care Management

- The MDwise Care Management team is available to help members address barriers. Some examples include:
 - Assisting members with transportation needs
 - Providing counseling on appropriate Emergency Room usage
 - Connecting members to social and behavioral health services
 - Counseling members on appropriate medication usage
- Providers can find the Care Management Territory Map and additional resources at MDwise.org – Care Management
- Providers can refer members for care management services by:
 - Contacting MDwise customer service at **(800) 356-1204**, Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)
 - Submitting a [Care Management/Disease Management \(CM/DM\) Referral Form](#) through this link or via [myMDwise Provider Portal](#) (login required)

INcontrol Program

- [MDwise INcontrol](#) is a care management/disease management program for patients with chronic conditions and special health care needs.
- MDwise INcontrol offers easy-to-understand patient materials about medical conditions and stresses the importance of following a treatment plan.
- Members are eligible to participate if they have any medical or behavioral health condition. Some examples include, but are not limited to:
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Depression
 - Autism Spectrum Disorder
 - Post-Traumatic Stress Disorder (PTSD)
 - Diabetes
 - Chronic Kidney Disease



Provider Resources for Members



Transportation

Access to healthcare is essential, and having reliable transportation to medical appointments is a critical part of that access. Transportation services are available to all MDwise members.

- **To schedule a non-emergency ride:**
 - Make sure to schedule your doctor's appointment before arranging transportation.
 - Contact MDwise at **(800) 356-1204** as soon as you book your appointment. Ensure you call at least two (2) business days before your scheduled appointment.
 - Provide Necessary Information: Have your MDwise member ID card ready and be prepared to give the following details:
 - Your address and phone number.
 - Date and time of the appointment.
 - Doctor's name, address, and phone number.
 - Total number of passengers (members are allowed one escort free of charge).
 - Estimated time when the visit will end.
- **Operating Hours:** MDwise customer service for transportation is available between 8:00 a.m. and 8:00 p.m., Monday through Friday (Eastern Time Zone)
- **Bus Passes:** In some areas, MDwise may provide a bus pass for travel to and from medical appointments.
- **Important Reminders:** (Return Trips) For a return ride from your appointment, you must call the MDwise customer service transportation line, not the transportation company.

Member Resources

Below are tools for handling behavioral health issues with MDwise members, useful for both physical and behavioral health providers. These tools have been developed based on the needs of our members and for ease of use in busy provider offices.

- [Find a Hoosier Healthwise or HIP Behavioral Health Provider](#)
- The [National Institute of Mental Health](#)
- National Domestic Violence Hotline **(800)-799-7233**.
- Indiana **2-1-1** is a free, 24-hour service, connecting you to food, shelter and housing assistance, employment services, counseling resources, and much more.
- [National Suicide Prevention Lifeline](#): This is a free 24-hour service to anyone who is in emotional distress or suicidal crisis. Call **(800)-273-TALK [8255]**
- [NAMI helpline](#) at **(800)-950-NAMI [6264]**
- [Indiana AA](#)
- [Indiana NA](#)
- [Al-Anon](#)
- Nurse On-Call: **(800)-356-1204** (available 24/7)

Behavioral Health Member Resources

Behavioral Health Member Programs

- [RECOVERYwise](#) - Provides financial help for members and uninsured Hoosiers staying at a recovery house.
- [Re-Entry Program](#) - Offers many resources to support members who are transitioning back into the community after incarceration.
- [Y You Matter](#) - Gives male members, ages 10 to 24, programs and supportive resources when feeling overwhelmed or isolated.

HELPLink

- [HELPLink](#) is an MDwise program that connects members to various organizations in their community. HELPLink can help connect you with childcare, education, job preparedness, and other helpful resources.

988 Suicide and Crisis Lifeline

- DIAL **9-1-1** if you or someone else is in danger now.
- DIAL **9-8-8** if you or someone else is:
 - Thinking of suicide
 - Having a mental health crisis
 - Having a substance use crisis

MDwise Resources



Prior Authorization

Resources

- [Authorization Portal Instructions \(PDF\)](#)
- [Appendix A SPC Code Set \(PDF\)](#)
- [Prior Authorization Reference Guide for Hoosier Healthwise and Health Indiana Plan \(PDF\)](#)
- [Prior Authorization Appeal Request Form \(PDF\)](#)
- [Universal Prior Authorization Form \(PDF\)](#)
- [Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form \(PDF\)](#)

Contact Information for PA Submissions

- PA Fax Submissions
 - MDwise Hoosier Healthwise Fax: **(888) 465-5581**
 - MDwise HIP Inpatient Fax: **(866) 613-1631**
- Email: padept@mdwise.org
- [myMDwise Provider Portal](#)

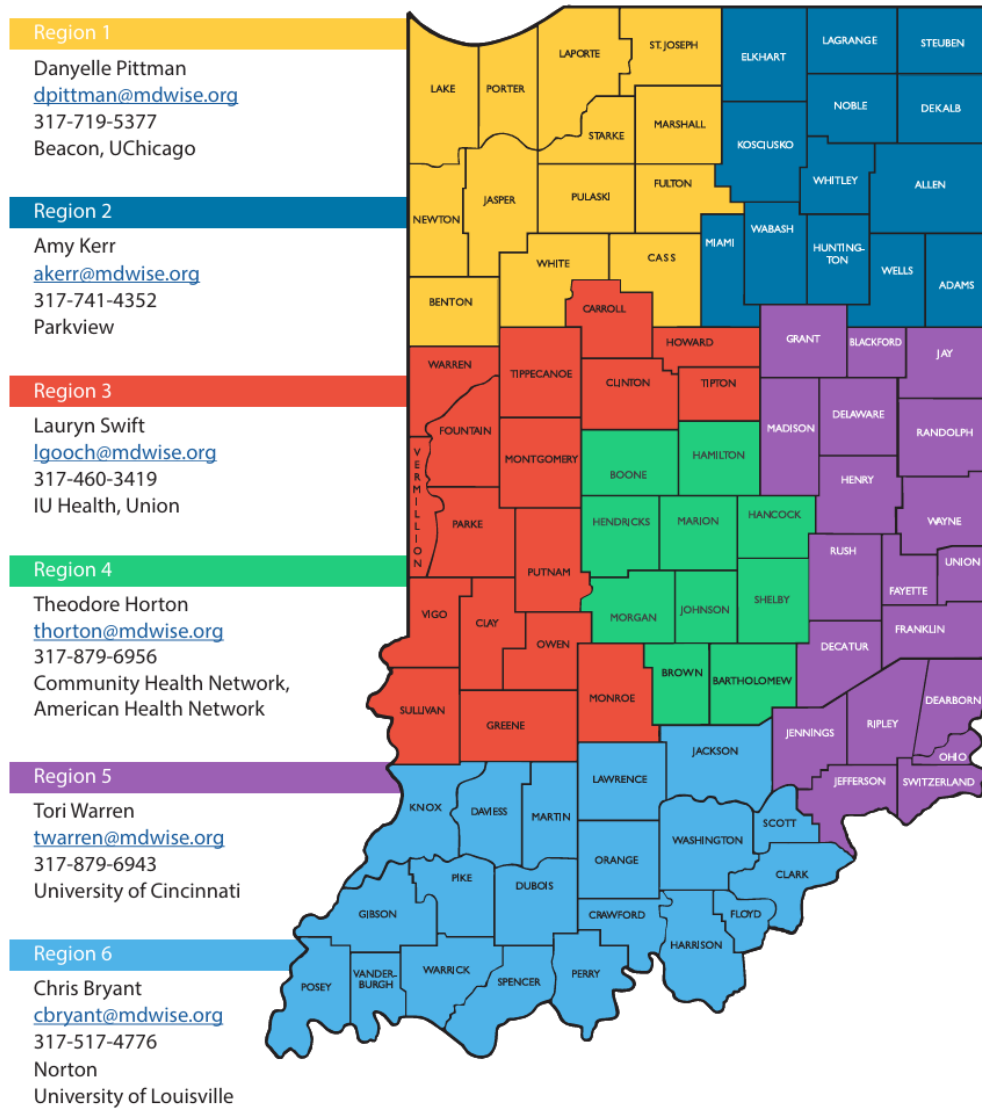
Prior Authorization Inquiries

- **(888) 961-3100** Monday through Friday, 8:00 a.m. to 5:00 p.m. (Eastern Time Zone)

Additional Resources

- [IHCP Provider Reference Modules](#)
- [MProvider Connect](#) – MDwise Provider Enrollment Tool
- [myMDwise Provider Portal](#)
- MDwise **Member** Customer Service **(800) 356-1204** Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)
- MDwise **Provider** Customer Service Unit (PCSU) **(833) 654-9192** Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)
- [MDwise Contact Information](#)
 - [Quick Contact Guide](#)
 - [Provider Relations Territory Map](#)

MDwise Provider Relations Team



PROVIDER GROUP REPRESENTATIVES

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Provider Groups

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 Home Health and Hospice
 Skilled Nursing Facilities (SNFs)

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Provider Groups

Federally Qualified Health Centers (FQHCs)
 Rural Health Center (RHCs)
 Community Mental Health Centers (CMHCs)
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Provider Groups

DME and HME
 Laboratory Services
 Dialysis Clinics
 ABA Providers
 Out of State Providers

PROVIDER RELATIONS LEADERSHIP

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Questions?



Thank you!



**Please take a few moments
to complete the event and
session evaluations. We
appreciate your feedback!**