Agenda

- Updates

- Eligibility

- Prior Authorizations Process

- Provider Portal Information

- Timelines

- Prior Authorization Appeals

- Provider Relations

- Tips and Resources

- Questions

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MDwise Updates

Updates

Bulletins and Banners

- **IHCP Bulletins and Banners**

Recent IHCP Bulletins

- **BT202174** – IHCP temporarily reinstates revisions to PA process for acute care hospital non-elective inpatient admissions.

- **BT202178** – IHCP temporarily revises time frames for certain PA approvals.

- **BT202180** – PA changes temporarily reinstated for some DME/HME supplies and services.

- **BT202181** – IHCP reinstates temporary PA changes for managed care SNF admissions.

- **BT202182** – IHCP reinstates PA policy for LTAC and AIR facility admissions.

4

Bulletins and Banners

- **IHCP Bulletins and Banners**
  - o In order to keep up on the most current IHCP Bulletins and Banners, you may sign up to receive these by email on the IHCP site at the above link.

Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.

| Enter your email address | **Sign Up** |

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MDwise Member Eligibility

Eligibility

When determining eligibility, verify:

- Is the member eligible for services today?

- In which Indiana Health Coverage Programs (IHCP) plan are they enrolled?

- If the member is in Hoosier Healthwise (HHW) or Healthy Indiana Plan (HIP), are they assigned to MDwise?

- Who is the member's Primary Medical Provider (PMP)?

IHCP Provider Healthcare Portal	myMDwise Provider Portal
• IHCP Program	• MDwise
• Managed Care Entity	• Assigned PMP History
• Assigned PMP	
• MDwise	

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MDwise Prior Authorization Processes

Prior Authorization Process

- One standard authorization list

- One point of contact for all authorization requests

- Submission timelines and process have not changed

- Go to **MDwise.org** for the most up-to-date version of Prior Authorization lists

MDwise.org → For Providers → Forms → Prior Authorization

Don't forget

All out of network services require Prior Authorization with the exception of Self Referral Services

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Prior Authorization Process

Maternity Code Exemption List

For any code listed under **Coding** in the table below, a prior authorization is not needed. For any code not listed, a prior authorization is required.

Type of Service	PA Required	Coding
Maternity Stays	Required (except for exempt codes – see list under Coding)	**Maternity Codes Exempt from Requiring an Authorization:** 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59409, 59410, 59412, 59414, 59430, 59514, 59515, 59525, 59612, 59614, 59620, 59622, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 80055, S9443, A4281, A4282, A4283, A4284, A4285, A4286, E0602, E0603, S4005, 01960, 01961, 01967, 01968, 01969, 99221, 99222, 99223, 99224, 99225, 99226, 99227, 99228, 99229, 99230, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **Maternity DRG Codes Exempt from Requiring an Authorization** 540.1, 540.2, 540.3, 540.4, 541.1, 541.2, 541.3, 541.4, 542.1, 542.2, 542.3, 542.4, 560.1, 560.2, 560.3, 560.4, (2018) 765, 766, 767, 768, 774, 775, (2019) 786, 787, 788, 805, 806, 807 **ICD-10 Codes Exempt from Requiring an Authorization for a Maternity Stay** O80, O82, Z37, Z37.0 to Z37.5, Z37.50 to Z37.59, Z37.6, Z37.60 to Z37.69, Z37.7, Z37.9, Z39, Z39.0 to Z39.2

Prior Authorization Process

Medical PA and Exclusion Lists for HHW and HIP

- MDwise offers a printable guide that lists all of the current Medical Services and Medical Drugs that require prior authorization.

- The guide also contains an exclusion list for HHW and HIP codes that will require prior authorization.

  - **Medical Services PA List for Hoosier Healthwise and HIP**

  - **Medical Drug PA List for Hoosier Healthwise and HIP**

  - **Medical Code Exclusion List for Hoosier Healthwise and HIP**

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Prior Authorization Process

Prior Authorization (PA)

- Review of benefit coverage and medical information to determine if the requested service meets the criteria for authorization

Authorization Requests

- Specific forms are available from medical management to submit for service authorization*

Referral (Right Choices Program Only)

- Process in which a member's PMP determines that the member's conditions require additional services provided by a physician other than a PMP

***Please Note**: Incomplete forms will delay the authorization process and a fax back will be sent to the fax number on the Prior Authorization form*

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Prior Authorization Process

Urgent Prior Authorization Requests

- Requests are considered urgent ONLY when a delay in care could jeopardize the life/health of the member, jeopardize the member's ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service.

Second Opinions

- MDwise follows Federal and State regulations related to second opinions, access for members with special needs, and access to obstetric and gynecologic services.

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Prior Authorization Process

Service Types Requiring Prior Authorization

- There are specific Service types that need Prior Authorization for HHW and HIP.

All Out of Network Services

Type of Service	Requires PA	Coding
All Out of network services	Yes	With the exception of ER, Ambulance, Urgent Care Center services, Immunizations, Family planning services, chiropractic services, podiatry, and ologists, except if service is otherwise listed on PA list.

Inpatient Admissions

Type of Service	Requires PA	Coding
Elective/emergent/urgent medical, surgical inpatient admissions, and skilled nursing facility services	Yes	POS 21, 51, 61, and 31; excluding maternity stays

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Service Types Requiring Prior Authorization

- **To elaborate on the Out-of-Network Services, please note the Self-Referral Services that are listed here for HHW and HIP:**

    o Eye care

    o Foot care

    o Mental health and substance abuse services

    o Chiropractor services

    o Emergency services

    o Urgent care services

    o HIV case management

    o Family planning

    o Immunizations

    o Diabetes self-management training

    o Services from a psychiatrist

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Prior Authorization Process

Service Types Requiring Prior Authorization

Home Health Services

Type of Service	Requires PA	Coding
Home health services	Yes.	POS 12 or bill type 330 with the following codes, G0151, G0152, G0153, G0155, 99600, 99600 TE, 99600 TD, 99601, 99602, 92610, S9349, S9127, 92521, 92522, 92523, 92524 - Initial evaluation codes for PT, OT, ST in home and all subsequent therapy visits in home requires PA.
Hospice (inpatient and outpatient)	Yes	All POS 34, For POS 12, the following should pend: 651, 652, 655 and 656

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Prior Authorization Process

Service Types Requiring Prior Authorization

Therapy (Physical, Occupational, Speech)

Type of Service	Requires PA	Coding
Outpatient ST/OT/PT	The initial evaluation does not require prior auth. No PA required for ST for the first 12 visits or hours within a calendar year.	PT - Revenue codes - 420, 421, 422, 423, 429, and 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97038, 97039, 97110, 97111, 97112, 97113, 97116, 97117, 97124, 97127, 97139, 97140, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97159, 97160, 97164, 97168, 97169, 97170, 97171, 97172, 97530, 97531, 97532, 97533, 97535, 97537, 97542, 97546, 97750, 97755, 97760, 97761 OT - Revenue codes 430, 431, 432, 433, 439 ST - Revenue codes 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526

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Prior Authorization Process

Service Types Requiring Prior Authorization

Durable Medical Equipment

Type of Service	Requires PA	Coding
Durable Medical Equipment Rental	Yes, billed per item, >$500/ month	E0193, E0194, E0277, E0302, E0304, E0373, E0450, E0460, E0461, E0463, E0464, E0465, E0466, E0471, E0472, E0483, E0636, E0764, E0783, E0786, E1006, E1007, E1008, E1035, E2402, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0851, K0852, K0853, K0854, K0855, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0686, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886 Please also refer to other categories for other items that may be considered DME that require prior authorization.
Durable Medical Equipment, Prosthetics and Orthotics Purchase	Yes, billed per item, >$1500	E0193, E0302, E0304, E0460, E0471, E0472, E0483, E0652, E0764, E0783, E0786, E1006, E1007, E1008, E1035, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0852, K0853, K0854, K0855, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, L5856, L5857, L5858, L5961, L5973, L5987, L6025, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7180, L7181, L7185, L7186, L7190, L7191, L7274, L8609, Q0480, Q0481, Q0483, Q0489

Prior Authorization Process

Service Types Requiring Prior Authorization

Transportation

Type of Service	Requires PA	Coding
Air Ambulance	Yes	A0430, A0431, A0435, A0436

For the full listing of these Service Types, visit the Prior Authorization Page on the MDwise Provider Portal.

MDwise Medical PA and Exclusion List - HHW/HIP

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Prior Authorization Process

You will need two key items when filing a request for Medical Prior Authorization:

1. **Universal Prior Authorization Form**
    *   **Available on the Prior Authorization Page on MDwise.org**

2. **Documentation to support Medical Necessity for the services you are requesting**
    *   Examples of documentation for Medical Necessity include Labs, Imaging, Medical Records/Physician Notes, Test Results, Therapy Notes, etc.

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Prior Authorization Process

Universal Prior Authorization Form:

- Completely fill out the PA form including the rendering provider's NPI and TIN, the requestor's name along with phone and fax number.

The following information remains required on the Universal PA form:

- Rendering provider number (NPI)
- Rendering provider tax ID (TIN)
- Rendering provider address
- Member ID (also known as RID)
- Member Name
- Member date of birth
- Start date of request

- Stop date of request
- Procedure, service, revenue code
- ICD-10 diagnosis
- Preparer name
- Preparer phone and fax number
- Number of units
- Signature

Please Note: An incomplete PA form may delay the PA timeframe for decision.

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Prior Authorization Process

Prior Auth Request Form

Indiana Health Coverage Programs
Prior Authorization Request Form

Check 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	○ Gainwell Technologies	P: 1-800-457-4584, option 7	F: 1-800-689-2759
	Hoosier Healthwise	○ Anthem Hoosier Healthwise	P: 1-866-408-6132	F: 1-866-406-2803
		○ Anthem Hoosier Healthwise – SFHN	P: 1-800-291-4140	F: 1-800-747-3693
		○ CareSource Hoosier Healthwise	P: 1-844-607-2831	F: 1-844-432-8924
		○ MDwise Hoosier Healthwise	P: 1-888-961-3100	F: 1-888-465-5581
		○ MHS Hoosier Healthwise	P: 1-877-647-4848	F: 1-866-912-4245
	Healthy Indiana Plan (HIP)	○ Anthem HIP	P: 1-844-533-1995	F: 1-866-406-2803
		○ CareSource HIP	P: 1-844-607-2831	F: 1-844-432-8924
		○ MDwise HIP	P: 1-888-961-3100	F: 1-866-613-1642
		○ MHS HIP	P: 1-877-647-4848	F: 1-866-912-4245
	Hoosier Care Connect	○ Anthem Hoosier Care Connect	P: 1-844-284-1798	F: 1-866-406-2803
		○ MHS Hoosier Care Connect	P: 1-877-647-4848	F: 1-866-912-4245

Please complete all appropriate fields.

Patient Information
- IHCP Member ID (RID):
- 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 Physician NPI:

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)
- Dx1   Dx2   Dx3

Please check the requested assignment category below:
☐ DME   ☐ Inpatient   ☐ Physical Therapy
  ☐ Purchased   ☐ Observation   ☐ Speech Therapy
  ☐ Rented   ☐ Office Visit   ☐ Transportation
☐ Home Health   ☐ Occupational Therapy   ☐ Other
☐ Hospice   ☐ Outpatient

Requesting Provider Information
- Requesting Provider NPI/Provider ID:
- Taxonomy:
- Tax ID:
- Provider Name:

Rendering Provider Information
- Rendering Provider NPI/Provider ID:
- Tax ID:
- Name:
- Address:
- City/State/ZIP Code:
- Phone:
- Fax:

Preparer's Information
- Name:
- Phone:
- Fax:

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 6.0, January 2021   Page 1 of 1

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Section #1 of the PA Request Form

Patient Information
IHCP Member ID (RID):
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 Physician NPI:

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)					
Dx1		**Dx2**		**Dx3**	

Please check the requested assignment category below:

- ☐ DME
  - ☐ *Purchased*
  - ☐ *Rented*
- ☐ Home Health
- ☐ Hospice
- ☐ Inpatient
- ☐ Observation
- ☐ Office Visit
- ☐ Occupational Therapy
- ☐ Outpatient
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Transportation
- ☐ Other

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Prior Authorization Process

Section #2 of the PA Request Form

Requesting Provider Information	
Requesting Provider NPI/Provider ID:	
Taxonomy:	
Tax ID:	
Provider Name:	
Rendering Provider Information	
Rendering Provider NPI/Provider ID:	
Tax ID:	
Name:	
Address:	
City/State/ZIP Code:	
Phone:	
Fax:	
Preparer's Information	
Name:	
Phone:	
Fax:	

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Prior Authorization Process

Section #3 of the PA Request Form

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.

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Prior Authorization Process

- MDwise offers multiple platforms to submit a PA request. You may submit via portal, email, phone, or fax.

- **The Preferred Method for requesting a PA request is through our PA portal, where you can also check status.**

  - **Portal**: https://mdwisepp.zeomeg.com/cms/ProviderPortal/Controller/providerLogin

  - **Email**: PADept@mdwise.org

  - **Phone**:   1-888-961-3100

  - **Fax**:   **HHW** 1-888-465-5581

            HIP   *Inpatient:*   1-866-613-1631
                    All other authorizations: 1-866-613-1642

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Prior Authorization Process

Submission Option #1

- The preferred method of submission is by our Prior Authorization Portal.

- This is a new avenue and has just recently gone live.

  - You may access the portal through our MDwise Provider Page or by clicking the link below:

https://mdwisepp.zeomeg.com/cms/ProviderPortal/Controller/providerLogin

Prior Authorization Process

Submission Option #2

- The second option is by using our departmental email:
  PADept@mdwise.org

- This option will give you a date/time stamp of your email being sent and received.

https://mdwisepp.zeomeg.com/cms/ProviderPortal/Controller/providerLogin

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Prior Authorization Process

Submission Option #3

- The third submission option is by phone. This option is available by calling 1-888-961-3100. The operators at this number can assist with a step-by-step process.

📞 1-888-961-3100

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Prior Authorization Process

Submission Option #4

- The fourth option is to send your Prior Auth Request by Fax.

- Please note, there are different fax numbers for HHW and HIP as shown below:

  - **Hoosier Healthwise (HHW):** 1-888-465-5581

  - **Healthy Indiana Plan (HIP):**
    - **Inpatient:** 1-866-613-1631
    - **All other authorizations:** 1-866-613-1642

Prior Authorization Process

Outside of Business Hours

- Providers can submit Prior Authorization requests to our email, via fax, or to our provider portal.

- These methods can receive PA requests 24 hours/7 days per week.

- We also have direct/toll free telephone number:
  - 1-888-961-3100
  - All messages are returned within one (1) business day.

- The specific type of PA determines the designated Turn Around Time that a decision will be made regarding the PA Request.
  - o The Turn Around Time clock starts on the date that ALL information is received by MDwise.

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Prior Authorization Process

Emergency Services

- MDwise member's may seek emergency services at the nearest emergency room without authorization when they believe their condition to be emergent.

- All emergency inpatient admissions require authorization within 2 business days of the admission.

  - Please refer to the **MDwise PA Guide**

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Prior Authorization Process

Hospital Admissions

- Prior Authorization is required for all inpatient admissions including all elective or planned inpatient admissions.
    - MDwise requires an authorization request within 48 hours of all emergency inpatient admissions.

- It is the responsibility of the hospital to obtain authorization for all inpatient hospital admissions

- Once the hospital obtains the authorization, the services rendered as part of the DRG stay do not require separate authorization

- Services rendered during the DRG stay should utilize the hospital's admission authorization

- Per the IHCP, providers should bill inpatient stays that are less than 24 hours as an outpatient service.

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Prior Authorization Process

Behavioral Health Services that require PA:

- Neuropsychological testing
- Psychological testing
- Inpatient psychiatric admissions
- Applied Behavioral Analysis (ABA)
- Residential Substance Use Disorder (SUD) 3.5 and 3.1
- Partial Hospitalization Programming (PHP)
- Intensive Outpatient Programming (IOP)

- Outpatient therapy services are available without referral and do not require prior authorization when performed by an MDwise contracted and enrolled provider.

- Behavioral Health Forms can be found by clicking the link below:
  https://www.mdwise.org/for-providers/forms/behavioral-health

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Prior Authorization

Pharmacy Prior Authorizations

- For Pharmacy PAs or questions, contact the member's Pharmacy Benefit Manager:
  - **MedImpact:** 1-844-336-2677

- **Pharmacy Resources:**
  - https://www.mdwise.org/for-providers/pharmacy-resources

MDwise Provider Portal Information

MDwise Provider Portal Information

MDwise Website: www.MDwise.org

MDwise Provider Portal Information

- When clicking the link to the Portal Instructions, you will see a **step-by-step instructional bulletin** on how to manage through the new system. You will review:

  - Introduction to the Authorization Portal

  - Account Setup and Registration

  - Initiating a "New" Outpatient Prior Authorization

  - Initiating a "New" Inpatient Prior Authorization Request

  - Requesting Concurrent Review or an Extension for a Prior Authorization

  - Reviewing the Prior Authorization Dashboard

  - Appendix A: SPC-Code Sets

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MDwise Prior Authorization Timelines

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Timelines

Authorization Turn Around Time	
Urgent Concurrent Review	MDwise will have a decision within 24 hours of receipt of **all necessary information**
Urgent Preservice Review	MDwise will have a decision within 72 hours of receipt of **all necessary information**
Non-Urgent Preservice Review	MDwise will have a decision within 7 calendar days of receipt of **all necessary information**
Post Service Review	MDwise will have a decision within 30 calendar days of receipt of **all necessary information**

Please Note:

- All emergency inpatient admissions require authorization within **2 business days** of the admission.

- If you have not heard a response within the time frames above, contact the PA Inquiry Team at **1-888-961-3100** and they will investigate.

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MDwise Prior Authorization Appeals Process

Prior Authorization Appeals

- Appeals must be requested within **60 calendar days** of receiving denial.
- Providers can request an appeal in writing to MDwise:

  Medical Management/Appeals

  P.O. Box 44236

  Indianapolis, IN 46244-0236

- Providers may also request an appeal by email or fax:

  Email: PADept@mdwise.org

  Fax: **HHW**   1-888-465-5581

           HIP   1-866-613-1642

- Member must give the provider authority to appeal on the member's behalf.
  - If there is any question of the member providing this authority, MDwise will outreach to the member to get their approval before proceeding.
- MDwise will resolve an appeal within **30 calendar days** and notify the provider and member in writing of the appeal decision including the next steps.

Prior Authorization Appeals

- Any authorization request that does not meet the guidelines and/or criteria is referred to a medical reviewer.

- Only a physician can issue a decision to deny for medical necessity.

- If a denial is issued, the provider can request a Peer-to-Peer review with the MDwise physician by following the directions on the denial letter.

  - A member of the intake team will set up the Peer-to-Peer review in our system and contacting the requesting provider to arrange a date/time.

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MDwise Prior Authorization and Provider Relations

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Provider Relations

Prior Authorization and Provider Relations

- Prior Authorizations staff and Provider Relations Representatives continually work together to provide an easier and more seamless experience for Providers when obtaining their authorizations.

- PR Reps are divided by regions or territories and are happy to assist in the processes and instruction that the Provider offices need.

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Provider Relations

Reminder:

- Providers are highly encouraged to contract with MDwise. What is required to be contracted provider?
    1. MDwise Provider Contract
    2. Provider/Ancillary Enrollment Forms
    3. W-9

- Providers not seeking a MDwise contract are required to submit the following for consideration of PAs and payment for services rendered:
    1. Non-contracted Provider Set-up Form
    2. W-9

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Provider Relations Map

Region 1
Paulette Means
pmeans@mdwise.org
317-822-7226

Region 2
Danielle Nesbit
dnesbit@mdwise.org
317-793-0872

Region 3
LaKisha Browder
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317-983-7819

Region 4
Robin King
rking@mdwise.org
317-619-5622

Region 5
Amanda Deaton (9/14/21)
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317-793-0873

Region 6
Tonya Trout
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317-308-7329

Region 7
Rebecca Church
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317-308-7371

Region 8
Chris Bryant
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317-517-4776

Lauren de Blecourt, RN
ldeblecourt@mdwise.org
317-407-5910
(Behavioral Health – CMHCs, OTPs, IMD, SUD)

MDwise Network Provider Relations Territory Map

Provider Relations Map

MDwise Territory Provider Relations Representatives

Region 1

Paulette Means
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317-822-7226

Provider Relations Map

MDwise Territory
Provider Relations
Representative

Region 2
Danielle Nesbit
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317-793-0872

Provider Relations Map

**MDwise Territory
Provider Relations
Representative**

Region 3
LaKisha Browder

lbrowder@mdwise.org

317-983-7819

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Provider Relations Map

MDwise Territory
Provider Relations
Representative

Region 4
Robin King
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317-619-5622

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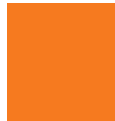# Provider Relations Map

MDwise Territory Provider Relations Representative

Region 5
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317-793-0873

Provider Relations Map

**MDwise Territory
Provider Relations
Representative**

Region 6
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Provider Relations Map

**MDwise Territory
Provider Relations
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Provider Relations Map

MDwise Territory
Provider Relations
Representative

Region 8
Chris Bryant
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Provider Relations Map

MDwise Territory
Provider Relations Representative

Lauren de Blecourt, RN
ldeblecourt@mdwise.org
317-407-5910
(Behavioral Health – CMHCs, OTPs, IMD, SUD)

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MDwise Tips and Resources

Tips and Resources

Prior Authorization Reference Guide

- MDwise offers a printable **Prior Authorization Reference Guide** outlining our PA processes and timelines.

- This is a handy two-page guide for you to reference is kept current on the website and offers details such as:

    - Contact information

    - Timelines for specific requests

    - Authorization notifications

    - Prior Auth appeals process

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Tips and Resources

Tips for Submitting PA Requests

- Submission through the authorization portal allows real-time submission and the ability to monitor status.
- For pre-service non-urgent requests, request a date span rather than a specific date.
- Submit complete clinical information at the time of the request.
- Be sure to note if PA is for a retroactively eligible member.
- Be sure to provide your fax number, secure voice mailbox number, and include a contact name/number for us to request additional clinical information, if needed.
- Urgent requests should be reserved for services that, if not performed, may jeopardize the health of the member and not because the request is not submitted timely.

Please Note: *Repeated inquiries to check the status of a requested authorization, or to ask for an expedited authorization, can slow down the authorization review process.*

Tips and Resources

Prior Authorization Quick Contact Guide
* http://www.mdwise.org/for-providers/forms/prior-authorization/

MDwise Provider Manuals
* http://www.mdwise.org/for-providers/manual-and-overview/

MDwise Provider Relations Territory Map
* http://www.mdwise.org/for-providers/contact-information/

IHCP Provider Modules
* https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules/

MDwise Customer Service
* 1-800-356-1204

MDwise Prior Auth Inquiry Line
* 1-888-961-3100

Questions