

Indiana Health Coverage Programs (IHCP) Best Practices: Nonpharmacy Prior Authorization

To make prior authorization (PA) for Indiana Health Coverage Programs (IHCP) services go as smoothly as possible, here are some helpful hints for both electronic and paper PA requests.

*Note: These tips apply to **fee-for-service (FFS), nonpharmacy PA requests**. Contact the managed care entities (MCEs) for information specific to their PA processes. For information about pharmacy PA, contact the appropriate pharmacy benefit manager. See the [IHCP Quick Reference Guide](#) for contact information.*

General Tips

The following tips apply for both electronic and paper PA requests:

- Save time and avoid submitting unnecessary requests by first checking the IHCP Professional or Outpatient Fee Schedule to confirm whether PA is required for the procedure codes. You will find easy access to the fee schedules from the Search Fee Schedule link on the home page of the [IHCP Provider Healthcare Portal](#) (IHCP Portal) or from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.
- The following providers may submit PA requests within the scope of practice for the applicable licensure:
 - Physician (doctor of medicine [MD] or doctor of osteopathy [DO])
 - Physician assistant
 - Nurse practitioner
 - Clinical nurse specialist
 - Certified nurse midwife
 - Psychologist endorsed as a health service provider in psychology (HSPP)
 - Licensed clinical social worker (LCSW)
 - Licensed marriage and family therapist (LMFT)
 - Licensed mental health counselor (LMHC)
 - Licensed clinical addiction counselor (LCAC)
 - Dentist
 - Optometrist
 - Podiatrist
 - Chiropractor
 - Home health agency (authorized agent)
 - Hospital (authorized agent)
 - Transportation provider (authorized agent)
 - For drugs subject to prior authorization, any provider with prescriptive authority under Indiana law

PA requests submitted by a provider that does *not* meet the preceding qualifications must include a signed, dated order from an attending provider that *does* meet the preceding qualifications for the service being requested.

- Remember that International Classification of Diseases (ICD) diagnosis codes are often required on the PA request and are always helpful to include.

- Providers should verify that their mail-to address on file with the IHCP is correct to ensure that PA letters are mailed to the appropriate location. Providers and authorized delegates may log in to their IHCP Portal account to view and update their mail-to address. Providers can also verify and update their mail-to address by calling Customer Assistance at 800-457-4584 (select option 2).
- Remember to verify member eligibility to ensure that the PA request is submitted to the correct vendor for review. (Note that certain services are carved out of managed care, as indicated in the [Member Eligibility and Benefit Coverage](#) module, and any PA requests for these services should be submitted to the FFS PA contractor.) PA requests sent to the wrong contractor are rejected. See the [IHCP Quick Reference Guide](#) to find PA contact information for FFS and managed care programs.
- Remember to complete and attach required documentation, as applicable, for easier processing. Medical clearance forms and certifications of medical necessity are located on the [Forms](#) page at in.gov/medicaid/providers.
- If a PA request is suspended for additional information, be sure to submit the additional documentation within 30 days to avoid an automatic system denial.
- When requesting authorization for past dates of service, remember to write “Retro Request” and the reason for the retroactive request on the PA request. PA will be granted retroactively only under certain designated situations. See the [Prior Authorization](#) provider reference module for details.
- When PA requests are “returned to provider” (RTP), be sure to submit the corrected PA request in its entirety.

Requesting PA on the Atrezzo Provider Portal

Prior authorization requests can be submitted to the IHCP FFS prior authorization and utilization management (PA-UM) contractor electronically through the [Atrezzo Provider Portal](#), which is accessible from the [Portal Links for Providers](#) page at in.gov/medicaid/providers. Follow these tips when submitting prior authorization requests via the Atrezzo Provider Portal:

- If a PA request is submitted via the portal by a provider that does not meet the qualifications described in the previous section, a signed and dated order from a qualifying attending provider must be uploaded as an attachment or sent by fax or mail.
- At least one diagnosis code is required on all PA requests, other than for dental services.
- The portal will accept units or dollar amounts for PA requests.
- If you are submitting supporting documentation by mail or fax instead of uploading it to the portal, be sure to do the following:
 - Send a secure message through the portal to indicate that the PA attachments will be sent by mail or fax and indicate which method will be used.
 - Include the PA number, member name and Member ID on the attachment so the PA request can be matched with its accompanying documentation.

For more information about requesting PA in the Atrezzo Provider Portal, see the [Prior Authorization](#) provider reference module at in.gov/medicaid/providers. Training guides and training recordings are accessible on the [PA-UM website](#) at inmedicaidffs.kepro.com.

Requesting PA via Mail or Fax

If submitting PA requests on paper, via mail or fax, remember these tips:

- Use the appropriate PA request form (universal, dental or residential/inpatient substance use disorder treatment) for the type of service being requested. PA request forms can be completed electronically and then printed for signatures and submission. The forms are available on the [Forms](#) page at in.gov/medicaid/providers.
- Ensure that the National Provider Identifier (NPI) or IHCP Provider ID, the Member ID, and other information are correct on PA forms. Remember that the ICD diagnosis code must be listed for all PA requests, except for dental services. Service codes must be valid, including modifiers.
- PA forms that are not signed and dated will suspend, delaying services. If the PA form is signed by a provider that does *not* meet the previously indicated qualifications, a signed, dated order from an attending provider that *does* meet those qualifications must be included with the request.
- PA requests and documentation that have been faxed multiple times are often illegible when received. When submitting fax documents to the PA contractor, it may be helpful to also submit an unsigned clear copy of the request for review marked “for clarity only.” The clarity document does not require a signature.
- If submitting PA requests by fax, each faxed submission must contain only one PA request or modification of an existing request, for one IHCP member, per provider.
- For PA revision requests submitted by mail or by phone, remember to always include the PA number, member name and Member ID to prevent duplicate PA requests in the PA database. Duplicate requests in the database result in the mailing of multiple notification (decision) letters.

For more information about requesting PA via the paper form, see the [Prior Authorization](#) provider reference module.