

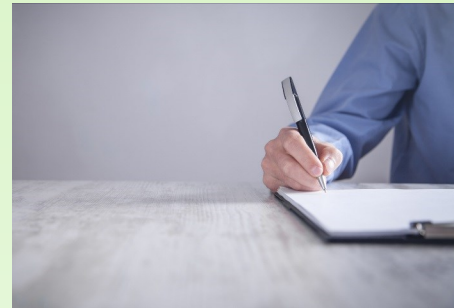
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024131 AUGUST 22, 2024

IHCP reminds providers of administrative review requirements for fee-for-service prior authorization

The Indiana Health Coverage Programs (IHCP) reminds providers requesting an administrative review, also known as a reconsideration, of a denied or partially approved fee-for-service (FFS) nonpharmacy prior authorization (PA), that they must submit a written request to the FFS prior authorization and utilization management (PA-UM) contractor within **seven business days** of receipt of the PA decision notification.

The request should be clearly marked as an administrative review or reconsideration request. Sending additional information, which is not marked as administrative review/reconsideration, to the FFS PA-UM contractor will not generate an additional review of the adverse PA decision.



Providers must include the following items with the administrative review/reconsideration request:

- Copy of the original PA request form (*IHCP Prior Authorization Request Form*, *IHCP Dental Prior Authorization Request Form* or *IHCP Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form*) accessible from the [Forms](#) page at in.gov/medicaid/providers
OR
Summary letter, including the following:
 - Authorization number
 - Member's name
 - IHCP Member ID
 - Documentation the requested services are medically necessary
- All documentation regarding the need for the service or equipment, including medical records, equipment consultations, progress notes, case histories and therapy evaluations
 - Documentation should be pertinent to the case and support the medical necessity of the requested service.
 - For authorization review requests for inpatient hospitalizations, the entire medical record must be included.
- Name, telephone number and address of the provider submitting the request

This information should be faxed or mailed to the IHCP FFS PA-UM contractor or submitted through the [Atrezzo Provider Portal](#). If submitting through the Atrezzo Provider Portal, providers must select the "Reconsideration" option so that the request is appropriately processed. For the appropriate address, fax number and portal link, see contact information in the [IHCP Quick Reference Guide](#) at in.gov/medicaid/providers.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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