Prior Authorizations 201

2021 Annual IHCP Works Seminar

Agenda

- Prior Authorization 101 Review
- Turning Point
- NICU
- Prior Authorization Appeals
- Resources
- MHS Team
- Questions and Answers

Prior Authorization 101 Review

Self-Referral Services

Exceptions to prior authorization requirements.

Members can see these specialists and get these services without a direct referral from their PMP:

- Podiatrist
- Chiropractor
- Family planning
- Immunizations
- Routine vision care
- Routine dental care
- Behavioral health by type and specialty
- HIV/AIDS case management
- Diabetes self-management

Benefit limitations apply.

PA Documentation Needed

Bariatric Surgery:

- Must include cardiac workup, pulmonary workup, diet and exercise logs, current lab reports, and psychologist report.

Pain Management:

- Must have documentation of at least six weeks of therapy on area receiving treatment.
- Include previous procedures/surgeries, medications, description of pain, any contra-indications or imaging studies.
- Include prior injection test results for injection series.

Home Health:

- Physician's orders and signed plan of care, including most recent MD notes about the issue at hand.
- Home care plan, including home exercise program.
- Progress notes for medical necessity determination.

Sub Acute Care

MHS conducts clinical review for ongoing authorization and coordination of discharge needs for our members in subacute facilities at least every 3-5 days. It is important that you provide a complete current clinical update on our member's status at each review.

- The review should include current information (within one day) on:
  - Member's condition
  - Level of functioning (prior to admission)
  - Medications
  - Therapies provided
  - Participation in therapies
  - Progress toward goals
  - New or amended goals
  - Updates from care conferences
  - Updates to our member's plan of care
  - Discharge plans and needs identified (home health/DME, etc.)
  - Anticipated discharge date
- Indiana Code requires that individuals requesting a nursing facility admission to a Medicaid-certified NF meet a nursing facility level of care (*405 IAC 1-3-1* and *405 IAC 1-3-2*.). A PASRR is required before admission and must be submitted with the admission request and when updated according to IAC requirements.
- Please submit this information as requested by MHS nurse reviewer every 3-5 days.

Continuity of Care PA Request

- MHS will honor pre-existing authorizations from any other Medicaid program during the first 30 days of enrollment or up to the expiration date of the previous authorization, whichever occurs first, and upon notification to MHS.
- Include the approval from the prior MCE with the request.

Reference: MHS Provider Manual Chapter 6

Prior Authorization (PA) Request

MHS strives to return a decision on **all** PA requests within **two business days** of request. Providers can **update** previously approved PAs **within 30 days** of the original date of service prior to claim denial for changes to:

- Dates of Service
  - CPT/HCPCS codes
  - MHS has up to **seven days** to render PA decisions.
- PA approval requires the need for medical necessity.
- Medical Management **does not** verify eligibility or benefit limitations; Provider is responsible for eligibility and benefit verification.
- ***Denied Authorizations*** *must follow the authorization appeal process, not the claims appeal process; claims appeals can not change the status of a denied authorization.*

Providers may make corrections to the existing PA as long as the claim has not been submitted.

Turning Point

Turning Point

- Turning Point Healthcare Solutions manages prior authorizations for medical necessity and appropriate length of stay (when applicable) for services listed on the next three slides through MHS' existing contractual relationships.

Orthopedic and Spinal Surgical Procedures

Orthopedic Surgical Procedures

- Knee Arthroplasty
- Unicompartmental/Bicompartmental Knee Replacement
- Hip Arthroplasty
- Shoulder Arthroplasty
- Elbow Arthroplasty
- Ankle Arthroplasty
- Wrist Arthroplasty
- Acromioplasty and Rotator Cuff Repair
- Anterior Cruciate Ligament Repair
- Hip Resurfacing
- Meniscal Repair
- Hip Arthroscopy
- Femoroacetabular Arthroscopy
- Ankle Fusion
- Shoulder Fusion
- Wrist Fusion
- Osteochondral Defect Repair

Orthopedic and Spinal Surgical Procedures

Spinal Surgical Procedures

Spinal Fusion Surgeries

- Cervical
- Lumbar
- Thoracic
- Sacral
- Scoliosis

Disc Replacement

Laminectomy/Discectomy

Kyphoplasty/Vertebroplasty

Sacroiliac Joint Fusion

Implantable Pain Pumps

Spinal Cord Neurostimulator

Spinal Decompression

Cardiac Procedures

- Automated Implantable Cardioverter Defibrillator
- Leadless Pacemaker
- Pacemaker
- Revision or Replacement of Implanted Cardiac Device
- Coronary Artery Bypass Grafting (Non-Emergent)
- Coronary Angioplasty and Stenting
- Non-Coronary Angioplasty and Stenting

Turning Point

- Web Portal Intake: http://www.myturningpoint-healthcare.com
- Telephonic Intake: 1-574-784-1005 | 1-855-415-7482
- Facsimile Intake: 1-463-207-5864
- Informational webinars are available! Please register at: https://attendee.gotowebinar.com/rt/6895616165794853901

Turning Point

- It is the responsibility of the ordering physician to obtain authorization.
- Facilities should not render services without obtaining the PA number from the ordering physician.
- Failure to ensure the referring provider has obtained the PA may result in a claim denial.
- It is recommended the facility verify the CPT® code that was authorized as well as the date of service requested.

Turning Point

- If the anticipated CPT® billing code changes and a different procedure is done, the rendering provider has up to 30 calendar days, following service, to contact the MHS Turning Point team to update the code that was approved on the PA.
- If services change from out-patient to inpatient, contact MHS at 877-647-4848 for a new authorization. A new authorization must be initiated for the in-patient stay.
- Medical Director handles all Turning Point appeals.

Turning Point

Scenario 1:

- Ordering physician obtains authorization for total shoulder arthroplasty (TSA), CPT code 23472.
- Surgeon starts surgery.
- No change in surgery.
- Claim is billed with CPT code 23472.
- Claim is submitted and processed.

Turning Point

Scenario 2:

- Ordering physician obtains authorization for total shoulder arthroplasty (TSA), CPT code 23472.
- Surgeon starts surgery.
- Surgery changes from TSA to shoulder fusion, CPT code 23800.
- Rendering provider contacts MHS Turning Point team within 30 days of the service and before claim is submitted to update the code.
- Claim is submitted and processed.

Turning Point

Scenario 3:

- Ordering physician obtains authorization for out-patient total shoulder arthroplasty (TSA), CPT code 23472.
- Surgeon starts surgery.
- Place of service changes from out patient to inpatient. MHS is contacted to initiate an authorization for the inpatient stay.
- Claim is submitted and processed.

NICU

NICU

- Inpatient neonate NICU level or special care nursery admissions the hospital must notify MHS within two business days after the admission date.
- The facility must notify MHS of an admission of an infant who remains hospitalized after the mother is discharged, within two business days. It is the responsibility of the ordering physician to obtain authorization.
- The facility is responsible for determining the mother's coverage and chosen/assigned MCE.

NICU

- The facility should assume that the infant will be assigned to the mother's MCE.
- If the infant's mother is not covered by an MCE at the time of delivery, the facility must notify MHS of the admission within 60 days of becoming aware of the member's eligibility using the IHCP PA form and the MHS Late Notification of Services Submission form with clinical information supporting the medical necessity for the admission. It is presumed that the facility would become aware of the member's eligibility within one week of visibility on the State Portal.

NICU

Scenario 1:

- Mother delivers healthy infant.
- Mom and infant are discharged and go home together.
- Claim is submitted and processed.

NICU

Scenario 2:

- Mother delivers infant.
- Newborn admits to special care nursery.
- Hospital notifies MHS within two business days after the admission date.
- Claim is submitted and processed.

NICU

Scenario 3:

- Mother delivers infant.
- Mother is discharged from hospital.
- Infant remains hospitalized after mother is discharged.
- Ordering physician contacts MHS within two business days to obtain authorization.
- Claim is submitted and processed.

Prior Authorization Appeals

Prior Authorization Appeals

- **Denied Authorizations** must follow the authorization appeal process, not the claims appeal process.
- A prior authorization appeal is different than a claim appeal.
- Claim appeals can not change the status of a denied authorization.
- Written member or provider appeals can be delivered by email to appeals@mhsindiana.com, by fax to 1-866-714- 7993, or by mail to MHS Appeals, PO Box 441567, Indianapolis, IN 46244.
- Medicaid prior authorization/medical necessity denial appeals can be submitted to MHS through the Secure Provider Portal.

Prior Authorization Appeals

- All member or provider appeals of an MHS decision as to medical necessity must include a statement from the provider supporting the appeal and the need for the service.
- The appeal must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Verbal appeals are accepted but must be followed with a written, signed appeal.
- If the appeal is received outside of the allotted time frame, MHS will send a letter stating the appeal was received past the 60 calendar day time frame and will not be considered.

Resources

Resources

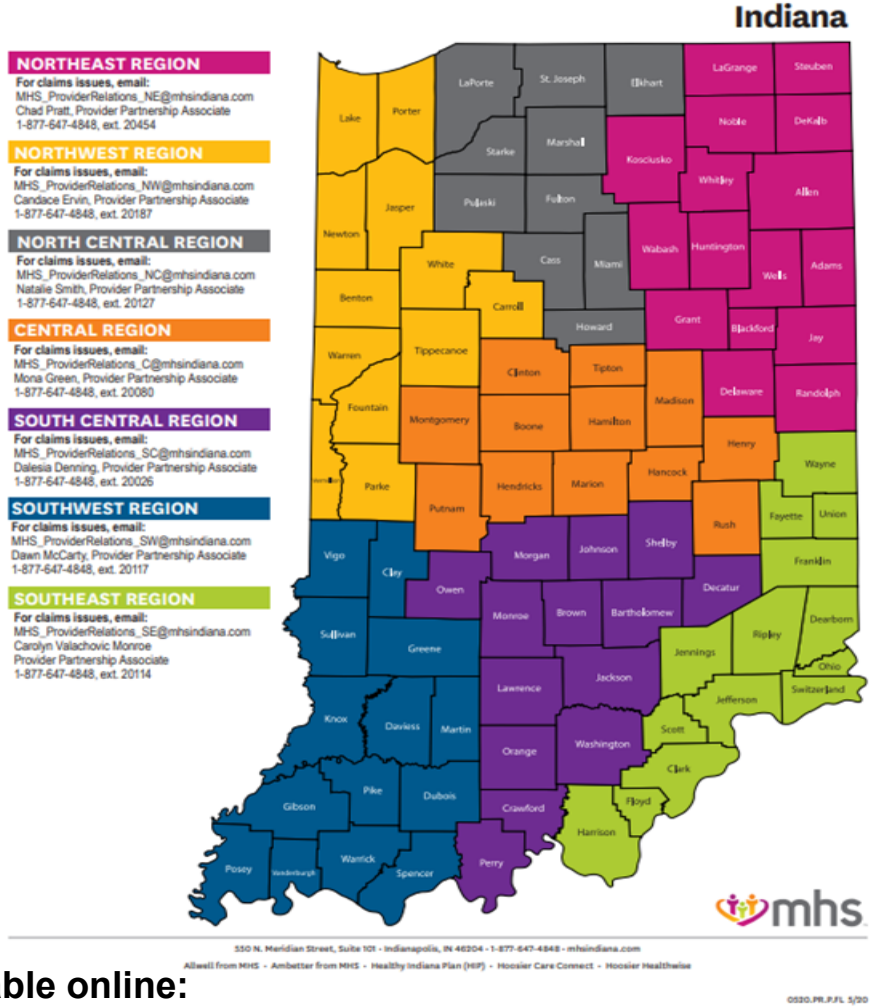
- Prior Authorization: https://www.mhsindiana.com/providers/prior-authorization.html
- Clinical & Payment Policies: https://www.mhsindiana.com/providers/resources/clinical-payment-policies.html
- Provider Manuals and Quick Reference Guides: https://www.mhsindiana.com/providers/resources/guides-and-manuals.html
- Newsletters: https://www.mhsindiana.com/providers/resources/newsletters.html

Resources

- IHCP Prior Authorization Request Form: https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/IHCP-Universal-PA-Form-2021.pdf
- Late Notification of Services Submission Form: https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Late_Notification_of_Services_Submission_Form.pdf
- Provider Education & Training: https://www.mhsindiana.com/providers/resources/provider-training.html

MHS Team

MHS Provider Network Territories



Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2021.pdf

NORTHEAST REGION
For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848, ext. 20454

NORTHWEST REGION
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MHS Provider Network Territories

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PROVIDER GROUPS
- Beacon Medical Group
- Franciscan Alliance
- HealthLinc
- Heart City Health Center
- Indiana Health Centers
- Lutheran Medical Group
- Parkview Health System
- South Bend Clinic

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PROVIDER GROUPS
- American Health Network of Indiana
- Columbus Regional Health
- Community Physicians of Indiana
- HealthNet
- Health & Hospital Corporation of Marion County
- Indiana University Health
- St. Vincent Medical Group

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Network Leadership

NETWORK LEADERSHIP

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Questions?

Thank you for being our partner in care.