

**MHS  
BEHAVIORAL  
HEALTH  
Prior  
Authorization  
Additional  
Education**



Hoosier Healthwise | Healthy Indiana Plan | Hoosier Care Connect



# BH Prior Authorization

## Prior Authorization:

- Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848.
- Follow prompts to Behavioral Health:
  - Inpatient and Partial Hospitalization requires facilities to **fax** in the clinical information to 1-844-288-2591.
- MHS accepts the IHCP Universal Prior Authorization form for BH services. Providers also have the option of using the MHS template BH PA forms available on our website for the following services.

# Prior Authorization

## Prior Authorization:

- MHS Authorization forms may be obtained on our website:  
<https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>
  - Outpatient Treatment Request (OTR) Form; Fax: 1-866-694-3649
  - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency - Fax: 1-866-694-3649
  - Applied Behavioral Analysis Treatment (OTR) - Fax: 1-866-694-3649
  - Psychological & Neuropsych Testing Authorization Request Form - Fax: 1-866-694-3649
  - Residential/Inpatient Substance Use Disorder Treatment Prior Auth Form -
    - Fax Inpatient: 1-844-288-2591; Fax Outpatient: 1-866-694-3649
    - Initial Assessment and Re-Assessment Forms
- If using the IHCP Universal form, please fax to the numbers listed above to reduce fax transfers.

# Prior Authorization



## Prior Authorization:

- If MHS determines that additional information is needed, MHS will call the provider, using the contact information provided on the OTR form, and providers are typically given 23-48 hours to call us back. If a denial is issued, providers have 30 days to appeal that decision and provide additional documentation.
- Medical Necessity appeals 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. Medical necessity behavioral health appeals should be mailed or faxed to:

MHS Behavioral Health

ATTN: Appeals Coordinator





12515 Research Blvd, Suite 400

Austin, TX 78701

FAX: 1-866-714-7991









# Prior Authorization

## Facility Services Requiring Prior Auth:

-  Inpatient Admissions
-  Intensive Outpatient Treatment (IOT)
-  Partial Hospitalization
-  SUD Residential Treatment


# Prior Authorization

## Professional Services Requiring Prior Auth:

-  Psychiatric Diagnostic Evaluation (Limited to 1 per member per 12 month rolling year without authorization)
-  Behavioral Health Outpatient Therapy “**BHOP Therapy**” (Limited to 20 visits per member, per practitioner, per 12 month rolling period)
-  Electroconvulsive Therapy
-  Psychological Testing
  - Unless for Autism: then no auth is required
-  Developmental Testing, with interpretation and report (non-EPSDT)
-  Neurobehavioral status exam, with interpretation and report
-  Neuropsych Testing per hour, face to face
  - Unless for Autism: then no auth is required
  - Non-Participating Providers only
-  ABA Services

# Prior Authorization

## Limitations on BHOP Therapy:

 Effective 12/15/2018 MHS has implemented The Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited 20 units per member, per provider, per rolling 12-month period:






<u>Code</u>	<u>Description</u>
90832 - 90834	Individual Psychotherapy
90837 - 90839	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845 – 90847, 90849, 90823	Psychoanalysis & Family/Group Psychotherapy with or without patient

Please Note: CPT codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any mid-level practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes.

\*Codes 90840, 90841, 90850, 90851 and 90852 are inactive for 2020 per CMS.

# Prior Authorization

## Limitations on BHOP Therapy:

-  Effective 12/15/18, Managed Health Services (MHS) began applying this limitation for claims with dates of service (DOS) on or after 12/15/18. As of January 2020, claims exceeding the limit will deny EXTh: “Services exceeding 20 visits require Prior Authorization.”
-  If the member requires additional services beyond the 20 unit limitation, practitioners may request prior authorization for additional units. Approval will be given based on the necessity of the services as determined by the review of medical records.
  - Please do not submit for BHOP Prior Auth until the 20 allowed visits have been fully exhausted. Requesting Prior authorization pre-maturely will result in the loss of a portion or all 20 allowed visits as the PA will take precedent over the 20 allowed visits.
-  Providers will need to determine if they have provided 20 visits to the member in the past rolling 12 months to determine if a prior authorization request is needed. DOS prior to 12/15/18 are not counted towards the 20 unit limitation.
-  “Per Practitioner” is defined by MHS as per individual rendering practitioner NPI being billed on the CMS-1500 claim form (Box 24J).
-  This change is related to professional services being billed on CMS 1500 claims only.



# Prior Authorization





## Limitations on BHOP Therapy:



For submission of prior authorization:




- BH prior authorization outpatient treatment request (OTR) forms located: <https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>;
- Fax number for submission at the top: 1-866-694-3649.
- It is best to include all service codes, duration/units/frequency requests on one OTR form per member.
- MHS typical approved authorization date span is 3-6 months depending on medical necessity determination.
- MHS internal turn-around time on OTR request is 7 days, while our contractual turnaround time is 14 days.
- Decision letters, referred to either as a Notice of Coverage or Denial Letter is sent as a response to every request.

# Prior Authorization Form Submission (Helpful Tips)

-  The following section provides helpful tips when submitting BH and Substance Abuse prior authorizations. The following information's focus is related to the "Provider Information" section of the BH Prior Authorization form, and what should be entered by Providers upon submission.
  
-  This information is being provided to reduce authorization submission errors which we anticipate will result in a decrease in provider claim denials.
  
-  Please Note: Previously approved PA's can be updated, within 30 days of the original request submission, for changes to:
  - Practitioner, and/or;
  - Dates of Service;
    - Unless the DOS overlaps a previous adverse determination (denial or partial approval), OR;
    - The DOS includes retro days (dates more than 1 business day prior to the initial request)
  
-  Updates/Corrections to Prior Authorizations must be requested prior to related claim denials.

# Prior Authorization Form Submission (Helpful Tips)





## Outpatient Treatment Request (OTR) Form:

-  Submit for professional BH services that require prior authorization including BHOP Therapy services; (Exception of ABA services which has its own separate Auth Form).
-  Form found at the following link: <https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>
-  The NPI# entered on the OTR form, needs to match the NPI of the billing supervising MD, psychologist HSPP or Advanced Practice Registered Nurse (independently practicing).

PROVIDER INFORMATION	
Provider Name	<input type="text"/>
Provider Credential	MD <input type="checkbox"/> PHD <input type="checkbox"/> OTHER <input type="checkbox"/>
Group / Agency Name	<input type="text"/>
Physical Address	<input type="text"/>
Telephone Number	Facsimile Number <input type="text"/>
Medicaid / TPI / NPI #	Tax ID # <input type="text"/>
Please indicate to whom the authorization should be made	Individual Provider (Y/N) <input type="checkbox"/> Group / Facility (Y/N) <input type="checkbox"/>

# Prior Authorization Form Submission (Helpful Tips)



## Outpatient Treatment Request (OTR) Form (cont.):

-  Provider Information Section: Complete this field for the “rendering practitioner” billing for the service in box 24J of the CMS 1500 form.
-  Provider Name: Enter the name of the billing practitioner.
-  Medicaid/TPI/NPI #:
  - Mid-Level practitioner NPI **should not** be entered here.
  - **Do not enter your Group NPI** in this field! You must enter the rendering practitioner NPI that will be billed, (i.e. supervising MD, psychologist HSPP or Advanced Practice Registered Nurse (independently practicing), in box 24J of the CMS-1500 claim form.
-  Circle “**Yes**” under the “**Individual Provider**” option for whom the auth should be made to:

PROVIDER INFORMATION	
Provider Name	<input type="text"/>
Provider Credential	MD <input type="checkbox"/> PHD <input type="checkbox"/> OTHER <input type="checkbox"/>
Group / Agency Name	<input type="text"/>
Physical Address	<input type="text"/>
Telephone Number	Facsimile Number <input type="text"/>
Medicaid / TPI / NPI #	Tax ID # <input type="text"/>
Please indicate to whom the authorization should be made	Individual Provider (Y/N) <input type="checkbox"/> Group / Facility (Y/N) <input type="checkbox"/>




# Prior Authorization Form Submission (Helpful Tips)

## Outpatient Treatment Request (OTR) Form:

-  Previously approved PAs can be updated for changes in dates of service, service or CPT/HCPCS codes, or physician, within 30 days of the original date of service prior to claim denial. As long as the claim has not been submitted.
-  Claim denials related to Provider incorrectly completing the authorization form will not be considered for reprocessing.

# Prior Authorization Form Submission (Helpful Tips)

## INTENSIVE OUTPATIENT/DAY TREATMENT FORM MENTAL HEALTH/CHEMICAL DEPENDENCY:

-  Submit for prior authorization of IOT services with this form found here: <https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>
-  IOT services can either be billed on a UB-04 form (for facility billing) or CMS-1500 form.
-  Prior Authorization submission must match the combination in which the Provider intends to bill:
  - Facility Billing: Must submit the IOT auth form under the Facility NPI, and checking the applicable REV Code.
  - Professional Billing: Must submit the IOT Auth form under the billing practitioner (Psych MD; Psychology HSPP or APRN) that will be billed within box 24J of the CMS 1500 form; Select the applicable HCPCS code for billing.

**PROVIDER INFORMATION**

Check agency or provider to indicate how to authorize.

Agency/Group Name \_\_\_\_\_

Provider Name \_\_\_\_\_

Professional Credentials \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

NPI (required) \_\_\_\_\_ Tax ID (required) \_\_\_\_\_

Please check only one box.

REV 905 ( Mental Health IOP)

REV 906 ( CD IOP)

REV 907 ( Day Treatment)




HCPCS H0015  
(Alcohol and/or drug services intensive outpatient treatment)

HCPCS S9480 (Intensive outpatient psychiatric services per diem)

HCPCS H0038

# Prior Authorization Form Submission (Helpful Tips)

## INTENSIVE OUTPATIENT/DAY TREATMENT FORM MENTAL HEALTH/CHEMICAL DEPENDENCY (Cont.):

-  If the provider submits claim with a differing combination (NPI # and REV/HCPSC code) than what was submitted on the auth, claims will possibly not connect with authorizations causing denials.
-  Previously approved PAs can be updated for changes in dates of service, service or CPT/HCPSC codes, or physician, within 30 days of the original date of service prior to claim denial. As long as the claim has not been submitted.
-  Claim denials related to Provider incorrectly completing the authorization form will not be considered for reprocessing.

**PROVIDER INFORMATION**

Check agency or provider to indicate how to authorize.

Agency/Group Name \_\_\_\_\_

Provider Name \_\_\_\_\_

Professional Credentials \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

NPI (required) \_\_\_\_\_ Tax ID (required) \_\_\_\_\_

Please check only one box.

REV 905 ( Mental Health IOP)

REV 906 ( CD IOP)

REV 907 ( Day Treatment)

HCPSC H0015  
(Alcohol and/or drug services  
intensive outpatient treatment)

HCPSC S9480 (Intensive outpatient  
psychiatric services per diem)

HCPSC H0038

# Prior Authorization Form Submission (Helpful Tips)

## APPLIED BEHAVIORAL ANALYSIS (ABA) AUTHORIZATION FORM:



Submit for prior authorization of ABA services with this form found here:

<https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ABA-authform-Provider.pdf>



MHS is currently in the process of updating this form for clarity and will be submitting a new version to the OMPP soon.




BT201774 stated, “Effective March 1, 2018, reimbursement of ABA services will be made only to **enrolled ABA therapists** and enrolled school corporations.

- Enroll as a mental health provider with an ABA therapist specialty (provider type 11/provider specialty 615) to obtain an IHCP Provider ID for billing purposes.
- Providers already enrolled as a licensed HSPP (provider type 11/provider specialty 114) must add the new ABA specialty to their enrollment profile. This update must be made before March 1, 2018, to be reimbursed for DOS beginning March 1, 2018.



# Prior Authorization Form Submission (Helpful Tips)

## APPLIED BEHAVIORAL ANALYSIS (ABA) AUTHORIZATION FORM:

-  Please **DISREGARD** the “HSPP or Physician” indicators on our current ABA auth form and be sure to enter the information for your (IHCP/MHS) enrolled ABA therapist specialty (provider type 11/provider specialty 615) into this Billing Provider section. The provider NPI needs to be the practitioners NPI...NOT GROUP!

### BILLING PROVIDER: HSPP OR PHYSICIAN

Provider Name:

Tax ID:

Provider NPI:

Provider Address:

Contact Name:


Phone Number:

Fax Number:

HSSP/Psychiatrist     Physician

# Prior Authorization Form Submission (Helpful Tips)

## APPLIED BEHAVIORAL ANALYSIS (ABA) AUTHORIZATION FORM:

-  Please enter the information for your (IHCP/MHS) enrolled ABA therapist specialty (provider type 11/provider specialty 615) into this Supervising Provider section.

### SUPERVISING PROVIDER: BCBA-D, BCBA, HSSP

Provider Name:

Group/Facility Name:

Tax ID:

Provider NPI:




Provider Address:

Phone Number:

Fax Number:



# Prior Authorization Form Submission (Helpful Tips)

## Residential/Inpatient Substance Use Disorder (SUD) Treatment Prior Authorization Request Form:

-  BT201801 indicates that SUD services are facility based services reimbursed to IHCP enrolled SUD residential addiction treatment facilities.
  - Provider type 35 – *Addiction Services*; and
  - Provider specialty 836 – *SUD Residential Addiction Treatment Facility*
  
-  BT201801 also states “Providers should bill using a professional claim.”
  
-  Rendering Practitioners are not allowed to be tied to Provider type 35/Specialty 836 (facilities only!)

# Prior Authorization Form Submission (Helpful Tips)

## Residential/Inpatient Substance Use Disorder (SUD) Treatment Prior Authorization Request Form:

-  Under the “Rendering Provider Information” fields of the auth form, please enter the IHCP/MHS enrolled SUD **facility NPI** under the Rendering Provider NPI field.
-  Please Note: When billing SUD services on the professional claim form (CMS-1500) box 24J **cannot contain the NPI of a practitioner**. You must input the facility NPI in box 24J or leave blank.

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

# **Provider Relations Team**

**(including PR claims issues  
mailboxes)**

## MHS Provider Network Territories

### Indiana

#### NORTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NE@mhsindiana.com  
Chad Pratt, Provider Partnership Associate  
1-877-647-4848, ext. 20454

#### NORTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NW@mhsindiana.com  
Candace Ervin, Provider Partnership Associate  
1-877-647-4848, ext. 20187

#### NORTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_NC@mhsindiana.com  
Natalie Smith, Provider Partnership Associate  
1-877-647-4848, ext. 20127

#### CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_C@mhsindiana.com  
Mona Green, Provider Partnership Associate  
1-877-647-4848, ext. 20800

#### SOUTH CENTRAL REGION

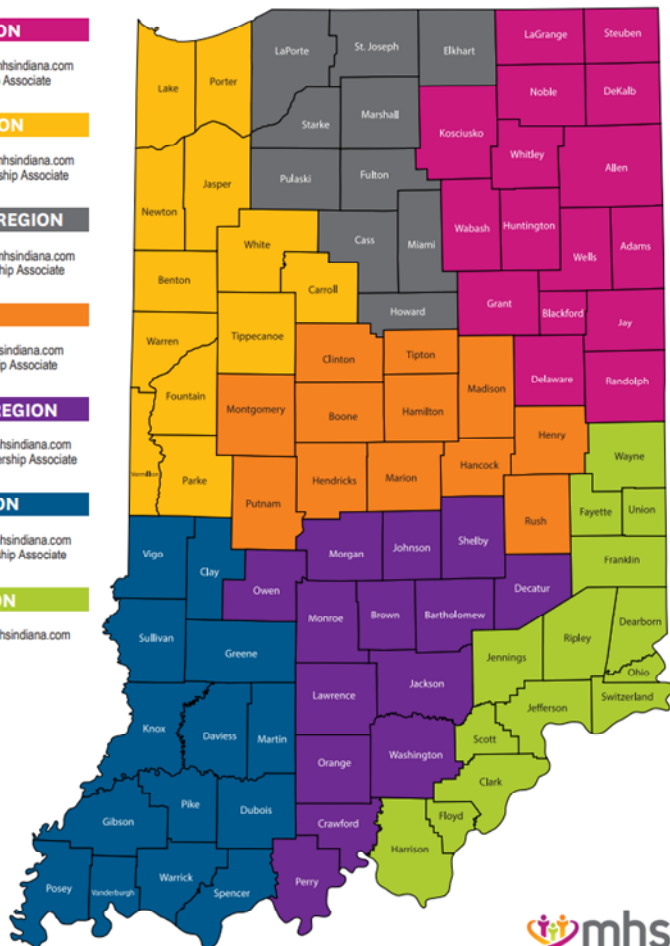
For claims issues, email:  
MHS\_ProviderRelations\_SC@mhsindiana.com  
Dalesia Denning, Provider Partnership Associate  
1-877-647-4848, ext. 20026

#### SOUTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SW@mhsindiana.com  
Dawn McCarty, Provider Partnership Associate  
1-877-647-4848, ext. 20117

#### SOUTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SE@mhsindiana.com  
Carolyn Valachovic Monroe  
Provider Partnership Associate  
1-877-647-4848, ext. 20114



#### NORTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NE@mhsindiana.com  
Chad Pratt, Provider Partnership Associate  
1-877-647-4848, ext. 20454

#### NORTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NW@mhsindiana.com  
Candace Ervin, Provider Partnership Associate  
1-877-647-4848, ext. 20187

#### NORTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_NC@mhsindiana.com  
Natalie Smith, Provider Partnership Associate  
1-877-647-4848, ext. 20127

#### CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_C@mhsindiana.com  
Mona Green, Provider Partnership Associate  
1-877-647-4848, ext. 20800

#### SOUTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_SC@mhsindiana.com  
Dalesia Denning, Provider Partnership Associate  
1-877-647-4848, ext. 20026

#### SOUTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SW@mhsindiana.com  
Dawn McCarty, Provider Partnership Associate  
1-877-647-4848, ext. 20117

#### SOUTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SE@mhsindiana.com  
Carolyn Valachovic Monroe  
Provider Partnership Associate  
1-877-647-4848, ext. 20114

Available online:

[https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory\\_map\\_2020.pdf](https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf)

## MHS Provider Network Territories

### TAWANNA DANZIE

Provider Partnership Associate II  
1-877-647-4848 ext. 20022  
tdanzie@mhsindiana.com

### PROVIDER GROUPS

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

### JENNIFER GARNER

Provider Partnership Associate II  
1-877-647-4848 ext. 20149  
jgarner@mhsindiana.com

### 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

### NETWORK LEADERSHIP

#### JILL CLAYPOOL

Vice President, Network  
Development & Contracting  
1-877-647-4848 ext. 20855  
jill.e.claypool@mhsindiana.com

#### NANCY ROBINSON

Senior Director, Provider Network  
1-877-647-4848 ext. 20180  
nrobinson@mhsindiana.com

#### MARK VONDERHEIT

Director, Provider Network  
1-877-647-4848 Ext. 20240  
mvonderheit@mhsindiana.com

### NEW PROVIDER CONTRACTING

#### TIM BALKO

Director, Network Development & Contracting  
1-877-647-4848 ext. 20120  
tbalko@mhsindiana.com

#### MICHAEL FUNK

Manager, Network Development & Contracting  
1-877-647-4848 ext. 20017  
michael.j.funk@mhsindiana.com

### NETWORK OPERATIONS

#### KELVIN ORR

Director, Network Operations  
1-877-647-4848 ext. 20049  
kelvin.d.orr@mhsindiana.com

### ENVOLVE DENTAL, INC.

#### MICHAEL J. WILLIAMS

Provider Relations Specialist  
1-727-437-1832  
Dental Provider Services: 1-855-609-5157  
Michael.Williams@EnvolveHealth.com

## Back of Map


### Available online:

[https://www.mhsindiana.com/content/dam/centene/mhsindiana/medical/pdfs/ProviderTerritory\\_map\\_2020.pdf](https://www.mhsindiana.com/content/dam/centene/mhsindiana/medical/pdfs/ProviderTerritory_map_2020.pdf)

# Provider News



# Provider News

 To ensure that your practice is up to date on all MHS related news announcements, please sign up to receive provider email updates here:

<https://www.mhsindiana.com/providers/email-sign-up.html>

# **Questions?**

**Thank you for being our partner in care.**