



PROVIDER Quick Reference Guide

Effective June 1, 2019

Applies to all Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP) and Hoosier Care Connect (HCC) packages.

For an Ambetter Provider Quick Reference Guide, please visit ambetter.mhsindiana.com. Coverage is subject to specific benefit package of member.



1-877-647-4848

TTY/TDD: 1-800-743-3333

mhsindiana.com

GENERAL OFFICE HOURS:

8 a.m. to 5 p.m., EST, closed holidays

MEMBER SERVICES AND PROVIDER SERVICES:

8 a.m. to 8 p.m.

REFERRALS AND AUTHORIZATIONS:

8 a.m. to 5 p.m., closed 12 p.m. to 1 p.m.

AFTER-HOURS:

MHS' 24/7 Nurse Advice Line for members is available to answer calls for emergent authorization needs. Or, you may leave a message on our after-hours recording system. Messages are returned within one business day.

MANAGED HEALTH SERVICES (MHS)

ELECTRONIC PAYER ID:
68069

BEHAVIORAL HEALTH PAYER ID:
68068

MEDICAL CLAIMS ADDRESS:
Managed Health Services
P.O. Box 3002
Farmington, MO 63640-3802

Claims sent to MHS' Indianapolis address will be returned to the provider.

MEDICAL NECESSITY APPEALS ONLY ADDRESS:
ATTN: APPEALS
P.O. Box 441567
Indianapolis, IN 46244

MEDICAL CLAIMS APPEALS ADDRESS:
Managed Health Services
P.O. Box 3000
Farmington, MO 63640-3800

Providers have 67 calendar days from the date of the Explanation of Payment to file an adjustment, resubmit, or appeal a decision.

Failure to do so within the specified timeframe will waive the right for reconsideration.

MEDICAL CLAIMS REFUNDS:
To refund claims overpayment, please send check and documentation to:
Coordinated Care Corporation
75 Remittance Dr., Suite 6446
Chicago, IL 60675-6446

MHS FAX NUMBERS

NETWORK MANAGEMENT: 1-866-912-4244
Ex. Provider enrollment, office or billing address change

MEDICAL APPEALS: 1-866-714-7993

CASE MANAGEMENT: 1-866-694-3653
Ex. Member Referrals to CM/DM

REFERRALS AND AUTHORIZATIONS: 1-866-912-4245

MHS WEBSITE: MHSINDIANA.COM

mhsindiana.com/providers Latest MHS provider updates and news, as well as forms, manuals, guides, online PA tool and tutorials. (Please visit mhsindiana.com/forms to get the latest forms for submission to MHS.)

mhsindiana.com/health MHS' Health Library. Click on "KRAMES Health Library" for free print-on-demand patient health fact sheets on over 4,000 topics, available in English and Spanish.

mhsindiana.com/login..... MHS' Secure Provider Portal lets you submit prior authorization, claims, claim adjustments, and view your panel's medical records and care gaps.

mhsindiana.com/transactions Information for electronic processing and payment of claims with MHS.

OTHER RESOURCES

payspanhealth.com..... MHS is pleased to partner with PaySpan to provide an innovative web based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment at payspanhealth.com.

You can find out more about the information in this Guide in the MHS Provider Manual, online at mhsindiana.com/providers/resources, or by contacting MHS at 1-877-647-4848.

GENERAL INFORMATION ON REQUESTING REFERRALS AND PRIOR AUTHORIZATION (PA)

REFERRALS

Referrals to a specialist do not require a referral from MHS for an initial or recurring office visit, unless the service otherwise requires authorization. The PMP and specialist offices may communicate directly for any needed referrals.

PRIOR AUTHORIZATIONS (PA)

All faxed PA requests must be submitted on the IHCP's Universal PA request form.

Information needed to complete all PAs:

- Member name, RID and date of birth
- Type of service needed (i.e. office visit, outpatient surgery, DME, inpatient admission, testing, therapy, etc.)
- Date(s) of service
- Ordering physician
- Servicing physician
- HCPCS/CPT codes requested for approval
- Diagnosis code
- Clinical information to support medical necessity including: history of symptoms, previous treatment and results, physician rationale for ordering treatments and/or testing

DME PA request also require the following additional information:

- Certificate of medical necessity must be complete and have current (within 3 months) information and MD signature within the year.
- Physician's order
- Indicate if request is purchase or rental authorization
- Power wheelchairs (must have home evaluation)
- Enteral/Formula: current height/weight, growth charts, nutrition history, previous testing/imaging/surgeries, current MD office visit notes related to the request

Home Healthcare Services also require the following information:

- Physician's orders
- Progress notes to assist in determining medical necessity
- Signed plan of care

Bariatric Surgery

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

Pain Management

- Must have documentation of at least 6 weeks of therapy on area to be treated
- Include previous procedures/surgeries, medications, description of pain, any contra-indications or imaging studies
- Include prior injection test results for injection series

IMAGING PRIOR AUTHORIZATION REQUESTS

National Imaging Associates (NIA) manages non-emergent, advanced, outpatient imaging services to include prior authorization for MHS members.

- The ordering physician is responsible for obtaining authorization prior to rendering the below listed services. To obtain authorization, the provider should go to the NIA website RadMD.com or through the NIA dedicated toll-free phone number, 1-866-904-5096.
- Providers rendering the services listed below should verify that the necessary authorization has been obtained by visiting RadMD.com, or by calling NIA at 1-866-904-5096. Failure to do so may result in nonpayment of your claim.
- Emergency room, observation and inpatient imaging procedures do not require authorization.

Prior authorization required for the following outpatient imaging procedures:

- 3D Mammograms
- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Echocardiography
- Stress Echocardiography
- MUGA Scan
- Myocardial Perfusion Imaging

PLEASE NOTE ABOUT PA REQUESTS:

- Always check member eligibility for date of service as requests may be delayed if the member is with another MCE or not eligible.
- MHS will accept PA requests for emergent services up to 2 business days post services for both contracted and non-contracted providers.
- Previously approved PAs can be updated for changes in dates of 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.
- PA approval is for medical necessity only. If your claim subsequently is denied, please contact Provider Services at 1-877-647-4848 to determine the cause of the denial.

LATE NOTIFICATION

MHS requires the below processes to be followed when a member is not covered by Indiana Medicaid upon presentation to the facility.

Fast Track

Providers must follow the process as outlined in BT201913 and use the following process for inpatient stays to ensure that they can properly submit a retroactive PA request for individuals utilizing a Fast Track prepayment:

- The provider must assist an individual in completing an application for health coverage.
- As part of the application process, the provider will assist the individual with submitting a Fast Track prepayment.
- After assisting with the application for health coverage, the provider must complete a Fast Track Notification Form (available on the Forms page at in.gov/medicaid/providers) and fax the form MHS.

After eligibility has been established, the MCE will return a Full Eligibility Notification Form to the provider via fax. This form will contain the member's MCE assignment and Member ID (also known as RID). The notification will occur within 7 days following eligibility discovery.

- The provider will then be able to submit a PA request for the service rendered since the first day of the month of the Fast Track prepayment. Providers must submit the PA request within 60 days of receiving the Full Eligibility Notification Form. -Providers must verify eligibility, using the IHCP Provider Healthcare Portal, prior to submitting the PA request.

For information on processes to be followed when a member has no Fast Track, is a member covered by MHS or not covered by MHS, please refer to your Provider Manual.

NON-CONTRACTED PROVIDER PRIOR AUTHORIZATION REQUIREMENTS

Non-contracted providers requesting authorization for elective/routine services that require a PA must obtain it at least two days prior to the date of service. No PA will be granted outside this requirement, except in the event of an emergent situation. Urgent care will always require PA.

Non-contracted DME providers are excluded and require authorization for all services.

CONTRACTED AND NON-CONTRACTED PROVIDERS PRIOR AUTHORIZATION OR NOTIFICATION REQUIREMENTS

PRIOR AUTHORIZATIONS (PA)

The services listed require PA for all providers. **This list is not all-inclusive and is subject to periodic updates.** Providers should refer to the online tool at mhsindiana.com/transactions for specific code requirements.

NOTE: Ancillary services performed during an in-network observation stay (such as labs, X-rays and scans) do not require PA.

ANCILLARY SERVICES

- Cardiac rehabilitation
- Hearing aids and devices
- Home care services, home health, hospice, PT/OT/ST billed as location 12
- In-home infusion therapy
- Orthopedic footwear, shoe modifications and additions (non-diabetic only)
- Respiratory therapy service
- Pulmonary rehabilitation

INPATIENT AUTHORIZATION

- All elective hospital admissions
- All urgent and emergent hospital admissions (including NICU) require notice to MHS by the 2nd business day after admission
- Newborn deliveries by 2nd business day after delivery
- Rehabilitation facility admissions
- Skilled nursing facility admissions
- Transfer between facilities
- Transplants, including evaluations
- Hysterectomy

OUTPATIENT SERVICES AUTHORIZATION (NON-ELECTIVE ONLY)

- Abortions (spontaneous only)
- Assistant surgeon
- Blepharoplasty
- Dental surgery for members > 5 y/o and/or general anesthesia is requested
- Experimental or investigational treatment/services
- Genetic testing and counseling
- Hysteroscopy and hysterectomy
- Implantable devices including cochlear implants
- Infertility services
- Injectable Drugs (see mhsindiana.com/providers/prior-authorization.html for up to date list of codes requiring PA and if they should be billed through pharmacy or medical benefit)
- Mammoplasty
- MRI and MRA unless performed as part of an observation stay
- Nutritional counseling (non-diabetics only)
- Pain management programs (pain injections done the same day as approved surgery do not require PA)
- PET and nuclear cardiology/SPECT scans
- Quantitative drug screens
- Scar revisions/cosmetic or plastic surgery
- Septoplasty/rhinoplasty
- Spider/varicose veins
- Specialized radiation therapy

TUBAL LIGATION AND VASECTOMY

A PA is not required for these services, however, the completed consent form is required at the time of claims submission.

DME

All out of network DME services & the following DME, Orthotics and Prosthetics require prior authorization by the ordering physician.

All orders for DME or supplies must be submitted by the ordering provider to Medline via:

• **Web Portal:** Simply go to mhsindiana.com, log into the provider portal, and click on "Create Authorization." Choose DME and you will be directed to the Medline portal for order entry.

• **Fax Number:** 1-866-346-0911

• **Phone Number:** 1-844-218-4932

• **Incontinence Supplies:** Incontinence supplies do not require PA if provided by an in-network provider; however the monthly maximum benefit is \$162.50 per month in allowable reimbursement.

• **Speech Communication Devices:** E2502-E2510, L8627-L8628, L8690-L8691, L8693

• **Diabetic footwear and insulin pump supplies:** A9274, A9277, A9278

• **Decubitus Care, Hot-cold Application, Hospital Beds and Accessories, Traction:** E0186, E0190, E0217, E0236, E0240, E0250-E0255, E0260-E0266, E0277, E0292E0304, E0316, E0328-E0329, E0371-E0373, A6501, A6507, A6511, A8003, E0193, E0849, E0912, E0935, E0936, E0948, E1310, E2402

• **Light Therapies:** E0691-E0694

• **Monitors and Medical supplies:** A4210, E0615-E0619, E2100, E2120

• **Neuromuscular Stimulators, Bone Growth Stimulators:** E0740, E0745, E0747, E0748, E0760, E0770, E0785, K0606, L8680-L8684, L8686-L8689, Q0479-Q0484, Q0489-Q0491, Q0495-Q0496, Q0502-Q0506

• **Nutrition, Enteral, Parenteral:** B4100-B4216, B5000-B9999

• **Orthotics and Prosthetics:** L0112, L0170, L0190, L0200, L0456-L0464, L0468-L0470, L0480-L0492, L0631, L0635-L0640, L0648, L0650-L0859, L0999-L1005, L1200, L1230, L1300-L1499, L1640, L1680-L1755, L1832-L1834, L1840, L1844, L1846, L1860, L1904, L1907, L1932-L1971, L1990-L2034, L2036-L2038, L2050-L2060, L2090-L2180, L2280, L2330, L2340-L2350, L2510-L2526, L2540, L2570-L2580, L2627-L2628, L2999, L3230, L3330, L3671-L3674, L3720-L3766, L3900-L3905, L3915-L3916, L3960-L3981, L3999, L4000, L4010-L4030, L4130, L4205, L4631-L5617, L5626-L5628, L5630-L5631, L5638-L5653, L5661-L5665, L5671, L5673, L5677, L5679, L5681-L5683, L5700-L5707, L5711-L5859, L5920, L5930-L5968, L5973, L5975-L5976, L5979-L6590, L6621-L6628, L6638, L6646-L6648, L6686-L6690, L6692-L6698, L6704, L6707-L6722, L6880-L6885, L6895, L6900-L7259, L7364-L7366, L7368, L7404-L7499, L7900, L8030, L8035-L8047, L8499, L8600, L8609-L8612, L8614-L8615, L8619, L8627-L8628, L8631, L8659-L8693, L8699, Q4111, S1040, T1999, T2028-T2029, T5001, V2531, V2623, V2627, V2629, V5014, V5040-V5060, V5120-V5140, V5180, V5210-V5220, V5246-V5253, V5256-V5261, V5298-V5299

• **Pumps, Compression Devices:** B4224, B9000-B9006, E0650-E0652, E0667-E0668, E0670, E0781-E0784, E0786, E0791, E2000

• **Respiratory Equipment:** E0445, E0455-E0483, E0500, E0550, E0565, E0466, E0574, E0575, E0601, E1390-E1391

• **Wheelchairs, Patient Lifts, Accessories:** E0147, E0625, E0628, E0640-E0642, E0630-E0638, E0958, E0983, E0984, E0986, E0988, E1002, E1004, E1008, E1010-E1012, E1030-E1031, E1050-E1070, E1084, E1086-E1093, E1110-E1161, E1195, E1220, E1222-E1226, E1229, E1232-E1238, E1240-E1260, E1280-E1296, E2202-E2204, E2228, E2291-E2295, E2310-E2311, E2321, E2325, E2341, E2343, E2359, E2366, E2368, E2370, E2373-E2378, E2512-E2599, E2603-E2609, E2611-E2617, E2622, E2624, E2628, E8000-E8002, K0010, K0014, K0739, K0813, K0816, K0821-K0829, K0835, K0837-K0864, K0877, K0884-K0898

• **Other DME codes:** A6511, A9900, A9999, E0170-E0172, E1399, E1800-E1806, E1810-E1811, E1815-E1818, E1825-E1830, E1840-E1841, K0108, K0609, K0730, K0800-K0802, L2180, L2540, L3981, L6026, L7259, L7364, L7366, Q1003, Q4100, Q4111, Q4118, S1040, S5162, V5246, V5247, V5298

Indiana Medicaid may require purchase of equipment if rental cost exceeds purchase price. MHS follows this process. Therefore, payment of rental items may not be provided if rental price exceeds purchase price, even if an authorization is obtained. You will receive notification via your EOP should this occur and you should call MHS immediately.

THERAPY SERVICES (applies to both contracted and non-contracted providers)

Effective July 1, 2019, Physical, Occupation and Speech therapy services DO REQUIRE prior authorization. National Imaging Associates (NIA) manages therapy prior authorization for MHS members. All therapy claims must contain the appropriate modifier when submitted to the health plan in order to ensure appropriate adjudication (GN, GO, GP).

To obtain therapy prior authorization, contact NIA via:

• **Web:** RadMD.com

• **Phone Number:** 1-866-904-5096

MUSCULOSKELETAL PROCEDURES

Specific musculoskeletal (orthopedic and spinal surgical) procedures require prior authorization by Turning Point.

For a complete list of codes that require PA and to submit a PA request, contact Turning Point via:

• **Web:** myturningpoint-healthcare.com

• **Fax Number:** 1-463-207-5864

• **Phone Number:** 1-574-784-1005

NON-EMERGENCY AMBULANCE TRANSPORTATION (applies to both contracted and non-contracted providers)

Prior authorization from MHS is required for fixed wing transfer and non-emergent transfer by ambulance. Codes needing PA: T2001 and T2003.

BEHAVIORAL HEALTH

Please call for prior authorization for the following HHW/HIP/HCC and Presumptive Eligibility services: Facility services billed with revenue codes, including inpatient hospitalization, partial hospitalization and certain professional services including ECT and psych testing.

CLAIMS ADDRESS:

MHS Behavioral Health
ATTN: Claims Department
P.O. Box 6800
Farmington, MO 63640-3817

CLAIMS REFUND ADDRESS:

MHS Behavioral Health
Attn: Claims Recoupment
75 Remittance Dr., Suite 6446
Chicago, IL 60675-6446

CLAIMS APPEALS ADDRESS:

MHS Behavioral Health
ATTN: MHS BH Appeals
P.O. Box 6000
Farmington, MO 63640-3809

MEDICAL NECESSITY APPEALS ADDRESS:

MHS Behavioral Health
ATTN: Appeals Coordinator
12515-8 Research Blvd, Suite 400
Austin, TX 78759
FAX: 1-866-714-7991

TRANSPORTATION - LCP

Ambulance claims are paid through MHS. Non-Ambulance transportation claims are paid through LCP Transportation.

PHONE: 1-877-647-4848

NON-AMBULANCE CLAIMS ADDRESS: P.O. Box 531097 • Indianapolis, IN 46253

PHARMACY - ENVOLVE PHARMACY SOLUTIONS

The pharmacy benefit is administered through Envolve Pharmacy Solutions.

PRIOR AUTHORIZATION PHONE: 1-855-772-7121

FAX: Non-Specialty Drugs 1-866-399-0929
Specialty Drugs 1-855-678-6976

WEBSITE: pharmacy.envolvehealth.com

CLAIMS SUBMISSION:

BIN #004336
PCN: MCAIDADV
Group # RX5440

VISION - ENVOLVE VISION

Routine vision services are a self-referral service and do not require primary medical provider referral or MHS prior authorization. Members receive enhanced vision services from Envolve Vision network providers. Surgical vision services are coordinated by MHS directly

PHONE:

1-877-647-4848 or 1-844-820-6523

FAX: 1-252-451-2182

WEBSITE: visionbenefits.envolvehealth.com

CLAIMS ADDRESS:

Envolve Vision
ATTN: Claims
P.O. Box 7548
Rocky Mount, NC 27804

ELECTRONIC CLAIMS:

Payor Number 56190

WEB-SUBMISSION CLAIMS:

visionbenefits.envolvehealth.com
(for participating providers)

DENTAL - ENVOLVE DENTAL

Routine dental services are a self-referral service and do not require primary medical provider referral or MHS prior authorization. Members receive comprehensive dental services from Envolve Dental network providers. Outpatient/hospital services are coordinated by MHS directly.

PHONE: 1-855-609-5157

EMAIL: providerrelations@envolvehealth.com

CLAIMS ADDRESS:

Envolve Dental - Claims: IN
PO Box 20847
Tampa, FL 33622-0847

WEB-SUBMISSIONS: envolvedental.com

EDI CLAIMS:

Electronic claim submission through select clearinghouses: Payor ID 46278

CREDENTIALING HOTLINE: 1-855-609-5157

CREDENTIALING FAX: 1-844-847-9807

Managed Health Services (MHS) • 550 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-647-4848 • (TDD/TTY: 1-800-733-3333)

MHS is a health coverage provider that has been proudly serving Indiana residents for more than twenty years through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS, and Allwell from MHS, a Medicare Advantage Plan. MHS is your choice for better healthcare. Learn more at mhsindiana.com.