 усиливает общие медицинские услуги (УОГ) и Программу здорового Индии (HIP) и Программу Осторожно Соединяйтесь (HCC) пакетов.

Для получения более подробной информации о информации в этой руководстве, вы можете посетить mhsindiana.com. Покрытие зависит от конкретного пакета услуг.

1-877-647-4848
TTY/TDD: 1-800-743-3333

mhsindiana.com

ОБЩИЕ ОФИЦИАЛЬНЫЕ ЧАСЫ РАБОТЫ:
8 ч. до 5 ч., EST, выходные дни

УСЛУГИ И ПОСЛУШНИКИ ПРОВайдеров:
8 ч. до 8 ч.

Письма и подтверждения:
8 ч. до 5 ч., закрыто 12 ч. до 1 ч.

ПОСЛЕ-ОТРУБКИ:
Услуги 24/7 Нуресеи Айдисей Лайн для членов доступны для ответа на звонки для неотложной авторизации. Если вы оставите сообщение на нашем системе после-отрубки, сообщения возвращены в течение двух рабочих дней.

MHS FAX NUMBERS

ПРОВайдерские услуги: 1-866-601-0524
Е. С. С. Документы, связанные с претензиями

ПОДЖИДНИКИ МЕМБЕРСА: 1-866-912-1629
Е. С. Мембerview добавления/удаления

СЕТИ УПРАВЛЕНИЯ: 1-866-912-4244
Е. С. Подписания, офис или оплата измений

MHS WEBSITE: MHSINDIANA.COM

mhsindiana.com/providers .................. Последние обновления и новости MHS, а также формы, правила, руководства, онлайн-ПО и руководства. (Пожалуйста посетите mhsindiana.com/forms для получения последних форм для подачи заявления в 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.

Другие ресурсы
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/provider-guides, or by contacting MHS at 1-877-647-4848.
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
- Physician’s orders
- Indicate if request is for purchase or rental authorization

Therapy and Home Healthcare Services also require the following information:
- Physician’s orders
- Progress notes to assist in determining medical necessity

REFERRAL
Primary Medical Providers (PMP)
Referrals to a contracted 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 office may communicate directly for any needed referrals.

Referrals to a non-contracted specialist require a referral from MHS for initial and ongoing treatment.

Specialists
Contracted and non-contracted specialists should call for authorization for any procedure or test that the specialist decides is necessary after seeing the patient in the office.

WHERE TO SEND REFERRAL OR PRIOR AUTHORIZATION REQUESTS

Imaging
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:
- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

DME, Orthotics, Prosthetics, Home Healthcare, Therapy (Physical, Occupational, Speech) Dental Surgeries:
- Request must be faxed – 1-866-912-4245

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.
- MHS strives to return a decision on all PA requests within 2 business days of request. Reasons for a delayed decision include the following:
  - Lack of information or incomplete request
  - Illegible faxed copies of PA forms – i.e. handwriting is illegible or fax is otherwise not readable
  - Request requires medical director review

NON-CONTRACTED PROVIDER PRIOR AUTHORIZATION OR NOTIFICATION REQUIREMENTS

Non-contracted providers must obtain PA 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.

All services performed by a non-contracted provider require PA with the following exceptions:
- Labs
- EEG (revenue code 740 only)
- Immunizations
- Services rendered in urgent care setting
- IHCP self-referral services
- Circumcision

Radiology does not require PA, except: OB Ultrasounds, PET, MRI, MRA, Nuclear cardiology/scans or CT with Angiography. Therapy requires PA as outlined for contracted providers. See requirements list under Therapy Service on the next page.
PRIOR AUTHORIZATIONS (PA)
The services listed require PA for participating providers. This list is not all-inclusive and is subject to periodic updates. Providers should check the MHS website for specific code updates to PA 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)
- Orthotics and prosthetics (L and V codes) > $250 (allowed amount) and L1907
- 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 and hysterectomy

OUTPATIENT SERVICES AUTHORIZATION
- Abortions (spontaneous only)
- Assistant surgeon
- Blepharoplasty
- Dental surgery for members > 5 y/o and/or general anesthesia is requested
- Dialysis
- Experimental or investigational treatment/services
- Genetic testing and counseling
- Hysterectomy and hysterectomy
- Implantable devices including cochlear implants
- Infertility services
- Injectable drug (see mhsindiana.com/provider-guides for the up-to-date complete list of codes requiring PA)
- 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

INCONTINENCE SUPPLIES
Incontinence supplies do not require PA; however the monthly maximum benefit is $162.50 per month in allowable reimbursement.

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
The following DME services are the only DME services that will require PA. (L & V codes are not DME items – please refer to Ancillary Services for PA requirements)

- **Speech Communication Devices:** E2502-E2510, L8627-L8628, L8690-L8691, L9693
- **Diabetic footwear and insulin pump supplies:** A9274, A9277, A9278
- **Decubitus Care, Hot-cold Application, Hospital Beds and Accessories, Tractions:** E0186, E0190, E0217, E0236, E0240, E0250-E0255, E0256-E0256, E0277, E0292-E0304, E0316, E0328-E0329, E0371-E0373, A6501, A6507, A6511, A8003, A9193, 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, K0066, L8680-L8684, L8686-L8689, Q0479-Q0484, Q0489-Q0491, Q0495-Q0496, Q0502-Q0506
- **Nutrition, Enteral, Parenteral:** B4100-B4216, B5000-B9999
- **Pumps, Compression Devices:** B4224, B9000-B9006, B0650-B0652, B0657-B0668, B0670-B0678, B0710-B0784, B0786, B0791, E2000
- **Respiratory Equipment:** E0445, E0455-E0483, E0500, E0550, E0555, E0466, E0574, E0575, E0601, E1390-E1391
- **Other DME codes:** A6511, A9900, A9999, E0700-E0712, E1399, E1800-E1806, E1810-E1811, E1815-E1816, E1820-E1825, E1826-E1830, E1840-E1841, K0108, K0609, K0730, K0800-K0802, L2180, L2540, L3981, L6026, L7259, L7364, L7366, Q0103, Q4100, Q4110-Q4118, S1040, S1562, V0246, V5247, V5298
- **Indiana Medicaid requires purchase of equipment if rental cost exceeds purchase price. MHS follows this process. Therefore, payment of rental items will 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)
Physical, occupational and speech therapy services, for members 21 and older, require authorization and have a benefit limit of 25 visits per modality per rolling year. (HIP State Plan and HIP Basic members have a limit of 20 visits per modality per rolling year.)

Any member under the age of 21 will require authorization for Medical Therapy Services (Physical, Speech, Occupational) with the following exceptions:

Please note the exception only applies if the members has one of the listed ICD-10 diagnosis AND the service is billed for one of the listed therapy CPT codes:

- **Members with the following Developmental Delay diagnosis codes:** F71, F72, F73, F800, F801, F802, F804, F809, F809, F82, F840, F843, F845, F846, F847, F848, F849, F88, F898, F894, G800, G801, G802, G803, G804, G808, G809, G930, G931, G932, G933, G9340, G9341, G935, H9325, Q099, Q309, Q913, Q917, Q934, Q9381, Q9388, R261, R2689, R269, R278, R279, R414, R620, R6250, R633
- **Services billed with the following therapy CPT codes:** 92506-92508, 92526, 92609-92611, 96116, 97000-97006, 97010-97018, 97024-97039, 97110-97150, 97530-97546, 97750-97799

- **Services billed with the following therapy CPT codes:** 92506-92508, 92526, 92609-92611, 96116, 97000-97006, 97010-97018, 97024-97039, 97110-97150, 97530-97546, 97750-97799

- **Services billed with the following therapy CPT codes:** 92506-92508, 92526, 92609-92611, 96116, 97000-97006, 97010-97018, 97024-97039, 97110-97150, 97530-97546, 97750-97799
**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)

**BEHAVIORAL HEALTH - CENPATIO**

Please call Cenpatico 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. There is no prior authorization required for individual, group and family therapy and most professional services billed with CPT codes.

**PHONE:** 1-877-647-4848  
**WEBSITE:** cenpatico.com  
**CLAIMS ADDRESS:**  
Cenpatico Behavioral Health  
ATTN: Claims Department  
P.O. Box 6800  
Farmington, MO 63640-3817  
**CLAIMS APPEALS ADDRESS:**  
Cenpatico Behavioral Health  
ATTN: CBH Appeals  
P.O. Box 6000  
Farmington, MO 63640-3809  
**MEDICAL NECESSITY APPEALS ADDRESS:**  
Cenpatico  
ATTN: Appeals Coordinator  
12515-8 Research Blvd, Suite 400  
Austin, TX 78701  
**FAX:** 1-866-714-7991

**PHARMACY - ENVOLVE PHARMACY SOLUTIONS**

The pharmacy benefit is administered through Envolve Pharmacy Solutions.

**PRIOR AUTHORIZATION PHONE:** 1-866-399-0928  
**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

**TRANSPORTATION - LCP**

Ambulance and transportation claims are paid through LCP Transportation.

**PHONE:** 1-800-508-7230  
**CLAIMS ADDRESS:** P.O. Box 531097 • Indianapolis, IN 46253

**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:** pwp.dentalhw.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) • 1099 North Meridian Street, Suite 400 • Indianapolis, IN 46204 • 1-877-647-4848

MHS is a health insurance provider that has been proudly serving Indiana residents for two decades 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. MHS is your choice for affordable health insurance. Learn more at mhsindiana.com.