PROVIDER Quick Reference Guide

Effective January 1, 2017

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 two business days.

MANAGED HEALTH SERVICES (MHS)

OFFICE FAX:
1-317-684-1785
Electronic Payer ID: 68069

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

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

MEDICAL NECESSITY APPEALS ONLY ADDRESS:
ATTN: APPEALS
1099 N. Meridian Street
Ste. 400
Indianapolis, IN 46204

CLAIMS APPEALS ADDRESS:
Managed Health Services
P.O. Box 3000
Farmington, MO 63640-3802

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

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

PROVIDER SERVICES: 1-866-601-0524
Ex. Claims-related documents

MEMBER SERVICES: 1-866-912-1629
Ex. Member panel additions/deletions

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

MEDICAL APPEALS: 1-866-714-7993
Ex. Referrals, Prior Authorizations

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

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/provider-guides, or by contacting MHS at 1-877-647-4848.

GENERAL INFORMATION ON REQUESTING REFERRALS AND PRIOR AUTHORIZATION (PA)

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 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.

CONTRACTED PROVIDERS PRIOR AUTHORIZATION OR NOTIFICATION REQUIREMENTS

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
- Hysteroscopy 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
- Hysteroscopy 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, 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
- ***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 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, occupation 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, F8089, F809, F82, F840, F843, F845, F846, F847, F848, F849, F88, F908, F984, G800, G801, G802, G803, G804, G808, G809, G930, G931, G932, G933, G9340, G9341, G935, H9325, Q899, Q909, 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

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 - CENPATICO

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

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

WEBSITE: cenpatico.com

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

TThe 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