

Quick Reference Guide

GENERAL INFORMATION

MAIN OFFICE LOCATION:

1099 N. Meridian Street, Ste. 400
Indianapolis, IN 46204

PHONE NUMBER:

(877) 647-4848

WEB SITE:

www.ManagedHealthServices.com

Web services include requests for Prior Authorization (PA), submission of CMS 1500 claims and ability to review claims disposition.

MEMBER SERVICES:

Members and Providers may call Member Services for all Member-related questions at (877) 647-4848.

AFTER-HOURS HOTLINE:

MHS offers a 24-hour advisory line for Members wishing to speak with a nurse. Members may call NurseWise at (877) 647-4848, option 7.

CLAIMS INFORMATION:

Please call Provider Inquiries for all claims related questions at (877) 647-4848.

• CLAIMS ADDRESS

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

• 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.

OPTICARE MANAGED VISION (Routine Vision Services)

Routine vision services are a self-referral service and do not require Primary Medical Provider (PMP) referral or MHS PA. Members receive enhanced vision services from OptiCare Network Providers. Surgical vision services are coordinated by MHS directly.

PHONE NUMBER:

(877) 647-4848 or (866) 599-1774

FAX NUMBER:

(252) 451-2182

WEB SITE:

www.opticare-ehn.com

CLAIMS ADDRESS:

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

ELECTRONIC CLAIMS:

Payor Number 56190

WEB-SUBMISSION CLAIMS:

www.opticare-ehn.com
(for participating Providers)

CENPATICO BEHAVIORAL HEALTH

Please call CENPATICO for PA for the following services: Mental Health/Chemical Dependency admissions; any psychological testing; any outpatient therapy visits after the first six visits. There is no PA required for the initial outpatient therapy and the first five outpatient visits.

PHONE NUMBER: (877) 647-4848

WEB SITE: www.cenpatico.com

CLAIMS ADDRESS:

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

APPEALS ADDRESS:

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

Submit Medical Necessity Appeals for Behavioral Health Services to:

Cenpatico Behavioral Health
ATTN: Appeals Coordinator
504 Lavaca, Suite 850
Austin, TX 78701
(800) 305-2304

PHARMACY

Pharmacy benefit is administered through Indiana Health Coverage Programs:

For PAs and PDL Inquiries:

ACS

PHONE: (866) 879-0106

FAX: (866) 780-2198

PDL and PA forms located at
www.indianamedicaid.com
under Pharmacy Forms

For Claims Processing or Eligibility Inquiries:

HP Enterprise Services

PHONE: (800) 577-1278

AVR PHONE: (800) 738-6770

TO PROCESS A CLAIM, call with:

RxBIN 610467

Hoosier Healthwise Card #

Date of Birth

Prescriber NPI #

CONTRACTED PROVIDERS PRIOR AUTHORIZATION OR NOTIFICATION REQUIREMENTS (effective January 1, 2010)

REFERRAL

PMPs

Referrals to Specialists for Initial Office Visits:

Regardless of contracted status of the Specialist, there is no requirement for a referral from MHS for initial (new patient) visits. Please communicate directly with the Specialist office for these referrals.

Referrals to Specialists for Recurring Office Visits:

If a **Non-contracted Specialist** determines that there is a need for ongoing treatment after the initial visit, the PMP or Specialist must make a referral request to MHS.

If a **Contracted Specialist** determines that there is a need for ongoing treatment after the initial visit, the Specialist and PMP office may communicate directly for any needed referrals.

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.

PRIOR AUTHORIZATIONS

The services listed below require PA for participating Providers. This is **not** all-inclusive and are subject to periodic updates. Providers should check the MHS Web site for updates to prior authorization requirements.

ANCILLARY SERVICES

- Cardiac rehabilitation
- Hearing aides and devices
- Home care services, including home hospice
- In-home infusion therapy
- Orthopedic footwear, shoe modifications and additions (non-diabetic only)
- Orthotics and prosthetics > \$250
- Respiratory therapy service
- Pulmonary rehabilitation
- Transition of care

INPATIENT AUTHORIZATION

- All elective hospital admissions two business days prior (May request up to two business days after)
- All urgent and emergent hospital admissions (including NICU) require notice to MHS by the 2nd business day after
- Transition to Hospice
- Newborn deliveries by 2nd business day
- Rehabilitation facility admissions
- Skilled nursing facility admissions
- Transition of care
- Transplants, including evaluations
- Hysteroscopy & Hysterectomy
- Cholecystectomies

OUTPATIENT SERVICES AUTHORIZATION

- Abortions (spontaneous only)
- Assistant Surgeon
- Blepharoplasty
- Cholecystectomies
- Circumcision (any patients over 30 days old)
- Therapies, excluding evaluations

- 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 (greater than \$100 per dose)
- Mammoplasty
- Nutritional counseling (non-diabetics only)
- Pain Management Programs including epidural, facet and trigger point injection
- PET, MRI, MRA and Nuclear Cardiology/SPECT scans
- Scar revisions/cosmetic or plastic surgery
- Septoplasty/Rhinoplasty
- Spider/Varicose veins

DME

The following DME Services are the only DME Services that will require prior authorization. All other DME Services will not require Prior Authorization. The \$500 DME criteria will no longer be applicable. (L Codes are not DME items and require a PA).

- **Pumps (insulin/enteral/parenteral/breast):** A9274, B9000, B9002, B9004, B9006, B9998, B9999, E0779-E0791, K0455-K0552, E0603, E0236, E0217
- **Enteral/Parenteral Formulas/Nutrition:** B4102-B5200
- **Wheelchairs:** E0950-E1039, E1050-E1298, E2201-E2399, E2601-E2621, K0001-K0195, K0669, K0733-K0737, K0800-K0899, K0606, K0609, K0672
- **Hospital Beds/Pressure Mattresses/Patient Lifts/Pads:** E0250-E0373, E0181-E0199, E0621-E0642, E0221
- **Respiratory Equipment (Oxygen/Humidifiers/IPPB/CPAP/Apnea Monitors/Ventilators):** E0600, E0601, E1353-E1406, K0738, E0618-E0619, A7017, A7025-A7039, A7044-A7046
- **Neuromuscular Stimulators/Pneumatic Compressors:** E0720-E0769, E0650-E0675, E0770
- **Wound Device/Monitoring Devices (Wound Vac/Glucose/Pacemaker):** E2402, E0607-E0620
- **Speech Devices:** E2500-E2599
- **UV Light Therapy:** E0691-E0694
- **Whirlpool Equipment:** E1310

Remember, 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.

INCONTINENCE SUPPLIES

Incontinence Supplies do not require prior authorization; 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 claim's submission.

PRIOR AUTHORIZATION FOR NON CONTRACTED PROVIDERS

Non-contracted Providers must obtain authorization at least two days prior to the date of service. No authorizations will be granted outside this requirement, except in the event of an emergent situation.

All services performed by a Non-contracted Provider require authorization with the following exceptions:

- Labs
- New patient office visits (99201-99205 only)
- EEG (revenue code 740 only)
- Immunization
- IHCP self-referral services

Radiology does not require authorization EXCEPT: OB ULTRASOUNDS, PET, MRI, MRA, NUCLEAR CARDIOLOGY/SPECT SCANS OR CT WITH ANGIOGRAPHY