

MDwise Care Select Prior Authorization Quick Reference Guide

Certain Indiana Health Coverage Programs (IHCP) services require prior authorization (PA) for members enrolled in the Indiana Care Select (ICS) Program. There is no change at present to what services require PA for ICS. Providers should submit PA requests to the care management organization (CMO) that the member is affiliated with on the date of the request. The CMO who receives the PA request will also process any requests for additional information related to a PA that is suspended and finalize that PA decision. Providers whose PA is suspended, have 30 days to respond to requests for additional information or that PA request will be denied. Physician authorization as well as PA may be required for some specialty services (see BT200804). Physician authorization is given by the member's assigned primary medical provider (PMP) and is a two character certification code which is released to the specialist by the PMP.

This reference document was designed to provide general information for services that require PA in the ICS Program. This reference should not be considered all – inclusive. Providers should consult the IHCP Fee Schedule at [www.indianamedicaid.com](http://www.indianamedicaid.com) and use the search engine to search by Current Procedural Terminology (CPT) code or Health Care Procedure Coding System (HCPCS) code to determine if that service requires PA as well as consult appropriate Indiana Administrative Code (IAC) and/or the IHCP Provider Manual Chapter 6 – Prior Authorization for specific guidelines regarding appropriate documentation to submit with a PA request.

**IHCP Services that Require PA in ICS**

*Note: Services that require PA in ICS may or may not require PA in Hoosier Healthwise. Providers must consult with the member's assigned managed care organization to determine if a covered IHCP service requires PA.*

**Institutional Services**

Inpatient Substance Abuse	Inpatient Surgical Services	Inpatient Psychiatric Admissions
Psychiatric Residential Treatment Facility (PRTF)	Hospice (Traditional Medicaid only – member must be disenrolled from Care Select)	Emergency Services that Require PA in Normal Non-Emergency Situation
Short – Term Nursing Facility Stays < 30 days	Long – Term Acute Care Hospitalizations	Outpatient Procedures Rendered while Inpatient

**Non – Institutional Services**

Bariatric Services	Blepharoplastics	Bone Marrow Transplants
Stem Cell Transplants	Brand Name Medically Necessary Drugs (Contact ACS)	Genetic Testing for Detection of Cancer
Home Health/Certain Types of Therapy	Intersex Surgeries	Mastectomies for Gynecomastia
Reconstructive Surgeries	Maxillo-facial Surgeries	Organ Transplants
Reduction Mammoplasties	Rehabilitation Inpatient Admissions	Rhinoplasty
Sliding Mandibular Osteomies	Stress Electrocardiograms	Submucous Resection of Nasal Septum and Septoplasty
Surgical Procedures Involving the Foot	Medically Necessary Office Visits > 30 per year	Podiatry Services – Inpatient or Outpatient
**Out of State Services Performed in Non - Designated Areas (Non - Emergent)	Certain Durable Medical Equipment (DME)	Certain Home Medical Equipment (HME)

\*\*Note: PA required for out – of – state inpatient admissions within 48 hours of the admission. Providers in IFSAA designated areas are subject to in – state PA rules.

### Dental Services

Dentures	Relines for dentures/partials for Members > Age 21	Repairs for dentures/partials for Members > Age 21
Dental Services Rendered in a Hospital	Dental Services Rendered in an Ambulatory Surgical Center (ASC)	Facility/Anesthesia Services in an ASC or Hospital

All PA requests must be submitted on the Indiana Prior Review and Authorization Request Form located at [www.indianamedicaid.com](http://www.indianamedicaid.com) unless the provider is submitting the PA request via web interChange (see the IHCP Provider Manual Chapter 6, Section 1, page 6-8 for a list of providers who may submit PA requests via web interChange). All PA system updates must be submitted on the Prior Authorization System Update Request form also located at [www.indianamedicaid.com](http://www.indianamedicaid.com). New PA requests should not be submitted on a Prior Authorization System Update Request form (i.e. modifying date ranges approved on a PA). All forms must be complete and signed.

#### Helpful PA Reminders:

- PA does not guarantee payment
- Submit PA requests to the CMO the member is affiliated with at the time of the request
- All PA requests involving Traditional Medicaid members must be sent to ADVANTAGE Health Solutions (1-800-269-5720)
- Providers must submit the appropriate CPT or HCPCS code they wish considered for authorization
- Create a complete clinical picture to facilitate PA request
- Submit appropriate clinical or supporting information as required in IAC or the IHCP Provider Manual
- Submit pharmacy PA requests for ICS to ACS (see BT200804) not to MDwise or ADVANTAGE Health Solutions (1-866-879-0106)
- Always look for updates/changes to policy at [www.indianamedicaid.com](http://www.indianamedicaid.com) or [www.mdwise.org](http://www.mdwise.org) (i.e. bulletins, banner pages, newsletters, updated versions of the IHCP Provider Manual or MDwise Provider Manual)
- Respond to requests for additional information within 30 days or the request is automatically denied
- Long – Term Care Nursing Facility stays are not a covered Care Select service (member must be disenrolled from Care Select)

Submit PA requests for MDwise *Care Select* members to:

MDwise *Care Select* Prior Authorization Unit  
P.O. Box 44214  
Indianapolis, Indiana 46244-0214

Providers are encouraged to fax PA requests involving MDwise *Care Select* members to 1-877-822-7186 or locally to 317-822-7515