HOOISER HEALTHWISE
1-800-356-1204 or 317-430-2831
Transporting Members must call customer service at least two business days before the doctor’s appointment between 8 a.m. & 8 p.m. Eastern Standard Time, Monday through Friday.
MDwise does not cover trips to the pharmacy.
Members must have:
• Member identification number
• Date and time of doctor’s appointment
• Clinic address and phone number
• Total number of passengers
• Time appointment will end

MDwise.org/behavioralhealth

CLAIM FILING LIMIT
90 days for contracted providers
180 days for non-contracted providers

For online member eligibility lookup, use the Provider Healthcare portal or visit myMDwise provider portal.

Prior authorization is required for any psychiatric admission, including admissions for substance abuse.
Emergency admissions that require authorization must be reported to the MDwise delivery system medical management department within 48 hours of admission. If the end of the 48 hour period falls on a weekend or legal holiday, emergency admissions must be reported on the next business day after the weekend or the holiday.

See Quick Contact Guide with behavior health information at MDwise.org/quickcontact.

EMERGENCY ADMISSIONS

RESIDENTIAL SUBSTANCE USE DISORDER
Residential Substance Use Disorder H9010 and H9024 - Require Prior Authorization.

OUTPATIENT THERAPY

Diagnostic Evaluation: A maximum of two outpatient per person per month 12-month period is allowed without prior authorization when a member is separately evaluated by a physician/HCP/CPN/BSN and a midlevel provider. 90791, 90792.
Therapy: Members can receive outpatient therapy sessions without prior authorization per contracted billing provider. All other codes require prior authorization.

Applied Behavioral Analysis - Covered Codes 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 92627, 92377 - All codes require prior authorization.

Opioid Treatment Program H0020/H0020 UA - Does not require prior authorization for approved OTP contracted providers.

Evaluation and Management: MDwise Hoosier Healthwise (HHW)/Healthy Indiana Plan (HIP) do not require Prior Authorization for in-network providers for the following services: Evaluation & Management 99201-99205, 99211-99215, 99241-99245 Psychotherapy add-on code 99288 (60 minutes) must be ordered for contracted billing provider.

Partial Hospitalization (PHP) CPT code H0035 requires prior authorization.

Intensive Outpatient Program (IOP) Services must be facilitated by Master's level therapist or above.

Peers Recovery Services CPT code H0033 requires prior authorization after 365 hours (1,460 units).

Submit OTRs to the medical department management (see Quick Contact Guide at MDwise.org/quickcontact).

Note: Refer to HCP banner page BR201807 for appropriate revenue codes to use in an outpatient setting.

GRIEVANCE/ APPEALS CLAIM DISPUTE PROCESS AND TIMELINE

MDwise Claim Adjustments: Email or Fax the Claim Adjustment Form within 90 calendar days of MDwise EOP.

Claim Adjustments: Email or Fax the Claim Adjustment Form within 90 calendar days of MDwise EOP.

MDwise.org/for-providers/forms/claims.

MDwise Claim Adjustments: Email or Fax the Claim Adjustment Form within 90 calendar days of MDwise EOP.

Call Customer Service with questions: 833-654-9192.

The Provider Claims Adjustment Request Form is available on our website at: MDwise.org/for-providers/forms/claims.

MDwise.org/for-providers/forms/claims.

Effective 5/1/2022

MDwise.org/for-providers/forms/claims.

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