DME Tip Sheet

- Providers must be contracted with a MDwise delivery system for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP).

- DME or HME providers enrolled in Medicaid do not need a contract with MDwise for Care Select but must follow any Care Select prior authorization requirements for DME/HME.

- All out-of-delivery system providers require authorization for services prior to being rendered.

- Effective with dates of service October 1, 2012 and after, any ordering, referring or prescribing (OPR) provider must be enrolled in Medicaid so they can order, refer or prescribe DME to Indiana Care Select and traditional Medicaid membership and DME/HME providers must report the OPR provider’s NPI on the claim.

- MDwise follows the IHCP guidelines including code sets.

- Must be an IHCP provider
  - DME Provider Specialty Code 250
  - Home Medical Equipment Specialty Code 251
  - Audiologist/Hearing Aid Dealer 220
  - File claims on CMS 1500
  - Contracted providers have 90 day filing limit
  - Non-contracted have a filing limit of 365 days (must obtain PA)

- Authorization or denial of services is handled by the medical management department in the MDwise delivery system where the member’s PMP belongs for HHW or HIP.

- For newborns of MDwise moms, MDwise is responsible for medically necessary services from out-of-network providers until eligibility can be verified.
  - Claims cannot be submitted until the baby’s RID number is in the State’s database.
  - Once eligibility is verified, PA must be obtained before additional services from out-of-network providers will be covered.

- Fax the request to medical management department for a review – if approved, an authorization number will be assigned and entered into the claim processing database
Questions regarding PA process or the status of a PA request can be directed to the delivery system medical management department or MDwise Care Select prior authorization (see quick contact sheet).

Informal Claims Resolution
- Call delivery system to inquire about claim
- Delivery system must respond within 30 calendar days of inquiry

Formal Claims Resolution
- Must be in writing (form on MDwise website at MDwise.org)

Provider has 60 calendar days:
- From receiving written denial
- After delivery system fails to make determination
- From delivery system’s response to the informal inquiry

Send Dispute form to:

MDwise
Attention: MDwise Grievance Coordinator
P.O. Box 441423
Indianapolis, IN 46224-1423

MDwise Resources
- Quick contact sheet (see handout)
- MDwise website (MDwise.org)
  - Contacts
  - Provider Manual
  - Newsletters
  - Latest news and update
  - Forms

MDwise Customer Service
- 1-800-356-1204 or 317-630-2831 in the Indianapolis area
- Customer service representative can transfer you to the appropriate medical management department