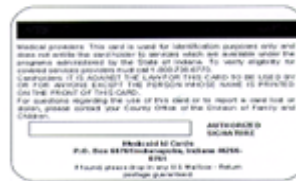


Provider Information Guide

MDwise Eskenazi Health Hoosier Healthwise

All members will have an ID card. The Hoosier Healthwise ID card is the standard, state issued card as seen below.



Eligibility and Benefits Verification:

IHCP Website: IndianaMedicaid.com
Phone: (800)738-6770

myMDwise provider web portal
MDwise.org/providers

Claims Inquiry:

Phone: (317)630-2831 or (800)356-1204
myMDwise provider web portal
MDwise.org/providers

Claims Submission:

MDwise Eskenazi Health
PO Box 830120
Birmingham, AL 35283-0120

EDI: Medical Emdeon/WebMD
Professional Claims: SX172
Institutional Claims: 12K81

EDI: McKesson/Relay Health
Professional Claims: 4481
Institutional Claims: 4976

Claim Disputes and Appeals:

Submit in writing to:
MDwise Eskenazi Health Dispute
P.O. Box 441423
Indianapolis, IN 46244-1423
Phone: (317)630-2831 or (800)356-1204

Provider Directory:

MDwise Provider Manual
<http://www.mdwise.org>

Member Services:

Refer member questions to:
Phone: (317)630-2831 or (800)356-1204

Medical Prior Authorization:

Services requiring authorization are listed on the following pages.

Eskenazi Health Medical Management

Phone: (317) 880-6788 / 877-687-0022
Fax: (317) 880-0509 / 882-360-6142

Authorization Request Form can be obtained by calling the number above or at <http://www.mdwise.org>

Rx Formulary:

Formulary and list of drugs available at
www.indianapbm.com

Catamaran Clinical/Technical Help Desk

Phone: 1-(855) 577-6317

Transportation Assistance:

Members can call (800)356-1204

Mental Health/Substance Abuse:

MDwise Eskenazi Health
PO Box 830120
Birmingham, AL 35283-0120

BH Prior Authorizations:
(317)880-6788 / 877-687-0022
Fax: (317) 880-0509 / 882-360-6142

Services Requiring Prior Authorization

MDwise Eskenazi Health Prior Authorization **Quick Reference Guide**

Services Requiring Prior Authorization for MDwise Eskenazi Health Hoosier Healthwise Members

Typically, selected services for PA include the services listed below. The list is not all-inclusive and updates to the list are made as deemed necessary and distributed to providers. Providers may also contact medical management staff for the latest list and for any questions they may have regarding prior authorization procedures. Prior Authorization forms are also provided on the MDwise website. Please also refer to Quick Reference Guides.

Certain routine laboratory, radiology and medical services do not require authorization, but are paid automatically if obtained and processed within the network. A detailed list (and codes when applicable is maintained by the Medical Management staff) are available to providers.

Self Referral Services.

MDwise follows Indiana Administrative Codes (IAC), IHCP Manual guidelines and bulletins, RFS, and MDwise policies and procedures regarding accessing self-referral services without PMP authorization, covered services, prior authorization and limitations in reviewing self-referral services.

Medical Services Requiring Prior Authorization/ Authorization for Hoosier Healthwise MDwise Eskenazi members include the following.

- Out-of-network providers or services
- Inpatient admissions
- Observation stays
- Outpatient Services/Procedures including the following:
 - Speech, Physical, and Occupational Therapy services
 - Pain management
 - Home Health Services
 - Certain diagnostic testing, for example MRI
- Surgical Services including reconstructive/plastic surgeries. (Surgical procedures requiring PA include such procedures as: TMJ surgery, rhinoplasty, septoplasty, otoplasty, cochlear implant, bariatric surgery, reduction mammoplasty, repair of blepharoptosis.)
- Durable Medical Equipment (DME) over determined dollar amount (refer to contact sheet)
- Other specific services including oxygen, enteral nutritional products, hearing aids, augmentation communication devices
- Transplants
- Assistant surgeons
- Transportation services (if over 50 miles or out-of-state, airline, air ambulance, interstate transportation services from a provider located out of state, and in excess of 20 one-way trips per calendar year)
- Designated Pharmaceuticals as applicable to benefit plan carve out
- Facility and anesthesia fees for dental procedures performed in an out-patient setting

HHW Medical/Surgical

Service	Code/Type	Notes
RECONSTRUCTIVE OR PLASTIC SURGERIES	11200, 11201 11960, 11970, 11971, 19300-19307, 19316, 19318, 19340, 19355, 19370 15820 - 15823 36470, 36471, 67900-67911	Removal of Skin Tags Breast Reconstruction and/or Repair Blepharoplasty Injection Sclerosing Solution, Veins Repair of Brow Ptosis, Blepharoptosis, Lid Retraction
MAXILLOFACIAL SURGERIES	21010-21499	Includes TMJ
PROSTHETICS AND ORTHOTICS	L0000 – L4999 Orthotic procedures and devices L5000 – L9999 Prosthetic procedures	>\$500 (total per claim) per orthotic/prosthetic
BARIATRIC SURGERY	43325, 43326, 43644, 43645, 43770-43774, 43842-43848, 43886-43888	
REDUCTION MAMMOPLASTY SURGERY	19318	
UVULOPALATOPLASTY (UPPP)	42145	
LASER ASSISTED UVULOPALATOPLASTY	42299	
BREAST AUGMENTATION	19324, 19325	
RHINOPLASTY AND SEPTOPLASTY	30400-30630	
CARDIAC CATHETERIZATION	33210, 36013, 93501-93572	
RESPIRATORY THERAPY	G0237-G0239, 94010, 94060, 94375, 94620, 94621, 94640, 94664, 94667, 94668	
HOME HEALTH SERVICES <ul style="list-style-type: none"> ▪ MEDICATION OR INFUSION ▪ ALL OTHER 	All home health services require prior authorization.	The prior authorization requirement for home health services will be based on provider type of home health for both the CMS-1500 and the UB-04.
HOSPICE SERVICES - INPATIENT	Inpatient authorization based on revenue code.	
HOSPICE SERVICES - OUTPATIENT	Outpatient authorization based on revenue code.	
IMPLANTED NEUROSTIMULATORS	64553-64565 (for Implant) 43647, 43881 (for Electrodes)	
ELECTIVE/ EMERGENT/URGENT INPATIENT ADMISSIONS MEDICAL SURGICAL SUB ACUTE, REHABILITATION AND SKILLED NURSING FACILITY	Inpatient authorization based on revenue code.	

Service	Code/Type	Notes
OBSERVATION STAY	Revenue code 760	Up to 72 hour stay.
HYSTERECTOMY	51925, 58150-58210, 58260-58294, 58541-58544, 58548-58554, 58951-58956, 59525	Consent evidence required.
MRA AND PET SCANS	70544 – 70546 (MRA head) 70547 – 70549 (MRA neck) 71555 – (MRA chest) 72159 – (MRA spine) 72198 – (MRA pelvis) 73225 – (MRA arm) 73725 – (MRA leg) 74185 – (MRA abdomen) 78459 – (PET heart) 78491 – 78492 (PET myocardial imaging perfusion study) 78608 – 78609 (PET brain) 78811 – 78816 (PET limited area)	MRI and CT scans do not require prior authorization.
OCCUPATIONAL/PHYSICAL THERAPY	97003 ,97004-97006, 97010-97039, 97110-97150, 97530-97546, 97750, 97755, 97760-97762, 97799, 98925-98929	BENEFIT LIMITATION OF 25 VISITS PER PLAN YEAR
ENTERAL AND BIOTECH INTRAVENOUS SERVICES	Services would be included under home health, DME or Pharmacy.	
SKILLED NURSING FACILITY SERVICES	Prior authorization requirement would be based off of revenue codes and provider specialty.	
SPEECH THERAPY	92507, 92508	Benefit limitation to 25 visits per plan year
TRANSPLANT EVALUATIONS AND PROCEDURES / SURGERY	Would be covered under the inpatient authorization.	Only the transplant requires prior auth, not the workup or testing
BEHAVIORAL HEALTH CARE/SUBSTANCE ABUSE	As required by the behavioral health policy and procedure and included on the behavioral health on BAP 18	
OUTPATIENT SERVICES OUTPATIENT SURGICAL PROCEDURES DESIGNATED OUTPATIENT DIAGNOSTIC PROCEDURES	Specific outpatient services that require prior authorization are indicated throughout this document.	
PAIN MANAGEMENT	62350-62351, 62360-62362, 99601-99602 Epidural/Intrathecal 96365-96370, 96374-96379 Intravenous Therapy	
PULSE GENERATOR	61885, 61886	
INFUSIONS FOR REMICAID	J1745 - Infliximab	
SUBCUTANEOUS INJECTIONS	J0885 – Procrit J1441 – Neupogen J1440 – Filgastrim	

Service	Code/Type	Notes
ALL NON-CONTRACTED PROVIDER SERVICES	Applies to PMP and Behavioral Health services.	Exception as per Self-referral RFS requirements
DURABLE MEDICAL EQUIPMENT	A9274 A9542 – A9545 E0100 – E8002 K0001 – K0899	Durable Medical Equipment and supplies > \$500 (total per claim) per rental or purchase
ALL SERVICES AT NON-DELIVERY SYSTEM CONTRACTED FACILITIES		Any service at a facility not contracted by the member's Delivery System requires prior auth <i>before</i> service can be rendered.

Healthy Indiana Plan Prior Authorization Listing – REFER TO MDwise.org

P0805 (8/14)