

Prior Authorization Reference Guide

Please refer to MDwise.org and click on “For Providers,” then “Forms” and then “Prior Authorization” for listings by program and delivery system.

In order to provide the most prompt response times to providers, **all prior authorization requests must be faxed to MDwise** using the IHCP [Universal Prior Authorization Form](#).

Program	PA Inquiry Phone Number	PA Fax Submission
MDwise Excel Hoosier Healthwise	1-888-961-3100	1-888-465-5581
MDwise Excel Healthy Indiana Plan (HIP)	1-888-961-3100	Inpatient: 1-866-613-1631 Outpatient: 1-866-613-1642

Inquiries: Please check to ensure your prior authorization request was faxed to the correct fax number for the program and delivery system in which the member is assigned. Also, check to see if you received a confirmation on your end.

MDwise UM Decision Timelines:

- **Urgent concurrent review** – MDwise must make a decision within 24 hours of receipt of all necessary information.
- **Urgent preservice decisions** – MDwise must make a decision within 72 hours of receipt of all necessary information.
- **Non-urgent preservice decisions** – MDwise must make a decision within 7 calendar days of receipt of all necessary information.
- **Post-service decisions** – MDwise must make a decision within 30 calendar days of receipt of all necessary information.

Time Parameters for Prior Authorization Requests:

- Provider is responsible for submitting new PA requests for ongoing services at least 30 calendar days before the current authorization period expires to ensure services are not interrupted.
- Provider is responsible for responding to modification decisions within 2 business days.
 - › If providers do not agree with the modification decision, the case is forwarded to a physician for review.
 - › If the physician denies the inpatient stay and maintains the modification decision, then a peer to peer can be requested.
- Provider is responsible for responding to requests for additional information for urgent concurrent review within 24 hours of receipt of request.

Authorization Notifications:

- Non-urgent pre-service request decisions are communicated within 2 business days of the decision.
- Urgent pre-service requests are communicated within 72 hours of the decision.
- Urgent concurrent decisions are communicated within 24 hours of the decision.

Authorization Appeals:

- Appeals must be requested within 60 calendar days of receiving denial.
- Providers must request an appeal in writing to MDwise:

Attention: Medical Management/Appeals
PO Box 44236
Indianapolis, IN 46244-0236

- › The member must give the provider the authority to appeal on the member's behalf. If there is any question of the member providing this authority, MDwise will outreach to the member to get their approval before proceeding.
- MDwise will resolve an appeal within 30 calendar days and notify the provider and member in writing of the appeal decision including the next steps.

NCQA considers 24 hours to be equivalent to 1 calendar day and 72 hours to be equivalent to 3 calendar days.

Urgent care is any request for medical care or treatment, including behavioral health, with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment.
- In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.