

Behavioral Health

Effective 5/1/2022

HOOSIER HEALTHWISE

HEALTHY INDIANA PLAN (HIP)

<p>CUSTOMER SERVICE, PROVIDER RELATIONS AND TRANSPORTATION</p> <p>Transportation information as listed</p>	<p>1-800-356-1204 or 317-630-2831 Transportation: 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:</p> <ul style="list-style-type: none"> • Member identification number • Date and time of doctor's appointment • Clinic address and phone number • Total number of passengers • Time appointment will end 	<p>1-800-356-1204 or 317-630-2831 Transportation available for HIP State Plus, HIP State Basic and all pregnant HIP members. 8 a.m. - 8 p.m. Eastern Standard Time, Monday through Friday. MDwise does not cover trips to the pharmacy. Members must have:</p> <ul style="list-style-type: none"> • Member identification number • Date and time of doctor's appointment • Clinic address and phone number • Total number of passengers • Time appointment will end
<p>BEHAVIORAL HEALTH RESOURCES</p>	<p>MDwise.org/behavioralhealth</p>	<p>MDwise.org/behavioralhealth</p>
<p>CONTRACTING & CREDENTIALING</p>	<p>MDwise 2955 N Meridian Street, Suite 201 Indianapolis, IN 46208 1-800-356-1204 or 317-822-7300 ext. 5800 prenrollment@mdwise.org</p>	<p>MDwise 2955 N Meridian Street, Suite 201 Indianapolis, IN 46208 1-800-356-1204 or 317-822-7300 ext. 5800 prenrollment@mdwise.org</p>
<p>ELIGIBILITY It is the provider's responsibility to check eligibility of each member prior to providing services.</p>	<p>For online member eligibility lookup use the Provider Healthcare Portal or visit myMDwise provider portal. Before providing services, it is necessary to confirm:</p> <ul style="list-style-type: none"> • Is the member eligible for services today? • In what IHCP Plan are they enrolled? (Hoosier Healthwise, Traditional Medicaid, HIP or Presumptive Eligibility (PE)) • If the member is in Hoosier Healthwise, what MCE are they assigned? (MDwise, Anthem, MHS, CareSource) • If the member is enrolled in Hoosier Healthwise, what services are they eligible to receive? (Package A or C) • Does the member have primary health insurance other than Medicaid? 	<p>For online member eligibility lookup use the Provider Healthcare Portal or visit myMDwise provider portal. Before providing services, it is necessary to confirm:</p> <ul style="list-style-type: none"> • Is the member eligible for services today? • In what IHCP Plan are they enrolled? (Hoosier Healthwise, Traditional Medicaid, HIP or Presumptive Eligibility (PE)) • If the member is in HIP, what MCE are they assigned? (MDwise, Anthem, MHS, CareSource) • Does the member have primary health insurance other than Medicaid?
<p>QUICK CONTACT GUIDE MDwise.org/quickcontact</p>	<p>Once you have checked eligibility and have determined what Medicaid program the member is in, use the Quick Contact Guide to find:</p> <ul style="list-style-type: none"> • Phone number and fax number for prior authorization • Claims address or payer ID 	<p>Once you have checked eligibility and have determined what Medicaid program the member is in, use the Quick Contact Guide to find:</p> <ul style="list-style-type: none"> • Phone number and fax number for prior authorization • Claims address or payer ID
<p>PRIOR AUTHORIZATION REQUIREMENTS Out-of-network providers are required to obtain prior authorization for all services.</p>	<p>INPATIENT PSYCHIATRIC CARE Observation Stays 99217-99220, 99224-99226 and 99234-99236. Prior authorization is required for any psychiatric admission, including admissions for substance abuse. Complete State Form OMPP 1261A within 14 days of phone authorization. This is a state requirement and will not affect prior authorization or claims payment. 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 behavioral health information at MDwise.org/quickcontact RESIDENTIAL SUBSTANCE USE DISORDER Residential Substance Use Disorder H0010 and H2034 - Require Prior Authorization. OUTPATIENT THERAPY Diagnostic Evaluation: A maximum of two outpatient units per member, per rolling 12-month period is allowed without prior authorization when a member is separately evaluated by a physician/HSPP/CNS/APN 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, 0362T, 0373T - 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. Psychotherapy add-on code 90838 (60 minutes) for contracted billing providers. Partial Hospitalization (PHP) CPT code H0035 requires prior authorization. Intensive Outpatient Program (IOP) Facilities must bill with REV code 905 for Psychiatric IOP and 906 for Substance Use IOP. No CPT codes for Facilities. Professional offices use CPT code S9408 for Psychiatric IOP and H0015 for Substance Use IOP. No REV codes for professional services. Must be facilitated by Master's level therapist or above. Peer Recovery Services CPT code H0038 requires prior authorization after 365 hours (1,460 units). Submit OTRs to the medical management department (see Quick Contact Guide at MDwise.org/quickcontact). Note: Refer to IHCP banner page BR201807 for appropriate revenue codes to use in an outpatient setting.</p>	<p>INPATIENT PSYCHIATRIC CARE Observation Stays 99217-99220, 99224-99226 and 99234-99236. 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 behavioral health information at MDwise.org/quickcontact. RESIDENTIAL SUBSTANCE USE DISORDER Residential Substance Use Disorder H0010 and H2034 - Require Prior Authorization. OUTPATIENT THERAPY Diagnostic Evaluation: A maximum of two outpatient units per member, per billing provider, per calendar year is allowed without prior authorization when a member is separately evaluated by a physician/HSPP/CNS/APN 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, 0362T, 0373T - 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, and 99241-99245 Psychotherapy add-on code 90838 (60 minutes) for contracted billing providers. Partial Hospitalization (PHP) CPT code H0035 requires prior authorization. Intensive Outpatient Program (IOP) requires prior authorization. Facilities must bill with REV code 905 for Psychiatric IOP and 906 for Substance Use IOP. No CPT codes for Facilities. Professional offices use CPT code S9408 for Psychiatric IOP and H0015 for Substance Use IOP. No REV codes for professional services. Must be facilitated by Master's level therapist or above. Peer Recovery Services CPT code H0038 requires prior authorization after 365 hours (1,460 units). Submit OTRs to the member's delivery system medical management department (see Quick Contact Guide at MDwise.org/quickcontact). Note: Refer to IHCP banner page BR201807 for appropriate revenue codes to use in an outpatient setting.</p>
<p>TRANSCRANIAL MAGNETIC STIMULATION (TMS)</p>	<p>90867, 90868, 90869 (REV 920, 940, 095x) Performed by, or under supervision of, qualified Psychiatrist or Neurologist; Requires prior authorization.</p>	<p>TRANSCRANIAL MAGNETIC STIMULATION (TMS) 90867, 90868, 90869 (REV 920, 940, 095x) Performed by, or under supervision of, qualified Psychiatrist or Neurologist; Requires prior authorization.</p>
<p>PSYCHOLOGICAL TESTING</p>	<p>All services require prior authorization.</p>	<p>PSYCHOLOGICAL TESTING All services require prior authorization.</p>
<p>GRIEVANCE/ APPEALS CLAIM DISPUTE PROCESS AND TIMELINE</p>	<p>MDwise Attention Appeals P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals 60 days from the date on the EOP/EOB</p> <p>Claim Adjustment: Email or Fax the Claim Adjustment Form within 90 calendar days of MDwise EOP. Email: MDwiseClaims@mclaren.org Fax: 833-540-8649 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.</p>	<p>MDwise Attention Appeals P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals 60 days from the date on the EOP/EOB</p> <p>Claim Adjustment: Email or Fax the Claim Adjustment Form within 90 calendar days of MDwise EOP. Email: MDwiseClaims@mclaren.org Fax: 833-540-8649 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.</p>
<p>PHARMACY PRIOR AUTHORIZATION</p>	<p>Pharmacy Benefit Manager (PBM): MedImpact PA Phone: 1-844-336-2677 or 1-800-788-2949 PA Fax: 1-858-790-7100 The pharmacy formulary "Find a Drug" search tool, pharmacy PA forms, and pharmacy PA quick reference guides are available at: mdwise.org/for-providers/pharmacy-resources</p>	<p>Pharmacy Benefit Manager (PBM): MedImpact PA Phone: 1-844-336-2677 or 1-800-788-2949 PA Fax: 1-858-790-7100 The pharmacy formulary "Find a Drug" search tool, pharmacy PA forms, and pharmacy PA quick reference guides are available at: mdwise.org/for-providers/pharmacy-resources</p>
<p>CLAIM FILING LIMIT</p>	<p>90 days for contracted providers 180 days for non-contracted providers</p>	<p>90 days for contracted providers 180 days for non-contracted providers</p>