



MDwise

Behavioral Health

MDwise.org

	HOOSIER HEALTHWISE	HEALTHY INDIANA PLAN (HIP)	CARE SELECT
CUSTOMER SERVICE, PROVIDER RELATIONS AND TRANSPORTATION Transportation information as listed	1-800-356-1204 or 317-630-2831, Option 2 Members must call customer service at least two business days before the doctor's appointment between 8 a.m.–4 p.m. Monday–Friday. 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	1-800-356-1204 or 317-630-2831, Option 3 Transportation not a covered benefit.	1-800-356-1204 or 317-630-2831, Option 1 Members can find a list of transportation providers at www.indianamedicaid.com . Choose "Members" and then click on "Find a Provider." Select "Provider Search." Click on "Other" and select "Transportation Provider." Members can also call MDwise customer service to get assistance with finding transportation.
FORMS, CLINICAL CARE GUIDELINES, RATING SCALE RESOURCES, BULLETINS, CONTINUING EDUCATION CREDITS	MDwise.org Select Providers, Hoosier Healthwise and choose the Behavioral Health option on the left.	MDwise.org Select Providers, Healthy Indiana Plan (HIP) and choose the Behavioral Health option on the left.	MDwise.org Select Providers, <i>Care Select</i> and choose the Behavioral Health option on the left.
CONTRACTING & CREDENTIALING	BHMI/Intecare 8604 N. Allisonville Road, Suite 325 Indianapolis, IN 46250 www.InteCare.org 317-237-5770 or 1-866-323-3464	BHMI/Intecare 8604 N. Allisonville Road, Suite 325 Indianapolis, IN 46250 www.InteCare.org 317-237-5770 or 1-866-323-3464	BHMI/Intecare 8604 N. Allisonville Road, Suite 325 Indianapolis, IN 46250 www.InteCare.org 317-237-5770 or 1-866-323-3464
ELIGIBILITY It is the provider's responsibility to check eligibility of each member prior to providing services.	For online member eligibility lookup use the Hewlett Packard (HP) system (e.g. web interChange, Omni, AVR) or visit myMDwise provider portal. Before providing services, it is necessary to confirm: • Is the member eligible for services today? • In what IHCP Plan are they enrolled? (Hoosier Healthwise, <i>Care Select</i> , Traditional Medicaid, HIP or Presumptive Eligibility (PE)) • If the member is in Hoosier Healthwise, what MCE are they assigned? (MDwise, Anthem, MHS) • If the member is enrolled in Hoosier Healthwise, what services are they eligible to receive? (Package A, B or C) • If the member is with MDwise, what delivery system are they assigned to? • Does the member have primary health insurance other than Medicaid (frequently seen with Package B moms)?	For online member eligibility lookup use the Hewlett Packard (HP) system (e.g. web interChange, Omni, AVR) or visit myMDwise provider portal. Before providing services, it is necessary to confirm: • Is the member eligible for services today? • In what IHCP Plan are they enrolled? (Hoosier Healthwise, <i>Care Select</i> , Traditional Medicaid, HIP or Presumptive Eligibility (PE)) • If the member is in HIP, what MCE are they assigned? (MDwise, Anthem, MHS) • If the member is with MDwise, what delivery system are they assigned to? • Does the member have primary health insurance other than Medicaid?	The most accurate way to confirm eligibility is to use the Hewlett Packard (HP) system (e.g. web interChange, Omni, AVR). Before providing services, it is necessary to confirm: • Is the member eligible for services today? • In what IHCP Plan are they enrolled? (Hoosier Healthwise, <i>Care Select</i> , Traditional Medicaid, HIP or Presumptive Eligibility (PE)) • If the member is in <i>Care Select</i> , what CMO are they assigned to? (MDwise, ADVANTAGE) • Does the member have primary health insurance other than Medicaid?
QUICK CONTACT GUIDE MDwise.org/docs/provider-quickcontact.pdf	Once you have checked eligibility and have determined what Medicaid program and MDwise delivery system the member is in, use the Quick Contact Guide at MDwise.org to find: • Phone number and fax number for prior authorization • Claims address or payer ID	Once you have checked eligibility and have determined what Medicaid program and MDwise delivery system the member is in, use the Quick Contact Guide at MDwise.org to find: • Phone number and fax number for prior authorization • Claims address or payer ID	Once you have determined what care management organization the member is in, use the Care Select Quick Contact Guide at MDwise.org to find: • Phone number and fax number for prior authorization • Claims address or payer ID
PRIOR AUTHORIZATION REQUIREMENTS	INPATIENT PSYCHIATRIC CARE With the exception of emergency admissions, 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 of the holiday. See Quick Contact Guide with behavioral health information at MDwise.org/docs/provider-quickcontact.pdf	INPATIENT PSYCHIATRIC CARE With the exception of emergency admissions, 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 of the holiday. See Quick Contact Guide with behavioral health information at MDwise.org/docs/provider-quickcontact.pdf	INPATIENT PSYCHIATRIC CARE With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse. Providers must: • Call MDwise within 48 hours of admission • Report emergency services to member's PMP within 48 hours • Complete 1261 A Form within 14 days of phone authorization See Quick Contact Guide with behavioral health information at MDwise.org/docs/provider-quickcontact.pdf
	OUTPATIENT THERAPY Diagnostic Evaluation: A maximum of 2 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. 90801, 90802 Therapy: Members can receive up to 12 therapy sessions without prior authorization per contracted billing provider. All other codes require prior authorization. Covered Codes: 90804, 90806, 90810, 90812, 90846, 90847, 90853, 90857, 96151–96155 Require Prior Authorization: 90808, 90814, 90845, 90849 Bridge Appointment Codes: 99401, 99402, Revenue code 513 Medication Management: Members can receive 19 visits without prior authorization per member, per billing provider, per rolling calendar year. Covered Codes: 90862, 90807, 90805, 90811, 90813, 96151–96155 Require Prior Authorization: 90809, 90815 Submit OTRs to the member's delivery system medical management department (see Quick Contact Guide at MDwise.org)	OUTPATIENT THERAPY Diagnostic Evaluation: A maximum of 2 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. 90801, 90802 Therapy: Members can receive up to 12 therapy sessions without prior authorization per contracted billing provider. Covered Codes: 90804, 90806, 90810, 90812, 90846, 90847, 90853, 90857, 96151–96155 Require Prior Authorization: 90808, 90814, 90845, 90849 Bridge Appointment Codes: 99401, 99402, Revenue code 513 Medication Management: Members can receive 19 visits without prior authorization per member, per contracted billing provider, per rolling calendar year. Covered Codes: 90862, 90807, 90805, 90811, 90813, 96151–96155 Require Prior Authorization: 90809, 90815 Submit OTRs to the member's delivery system medical management department (see Quick Contact Guide at MDwise.org)	OUTPATIENT THERAPY Therapy: PA required for therapy provided in an outpatient or office setting that exceeds 20 units per member, per provider, per rolling 12 month period. Medication Management: PA required for medication management provided in an outpatient or office setting that exceeds 20 units per member, per provider, per rolling 12 month period. Submit Universal Prior Authorization Request form: MDwise.org/docs/provider-paform.pdf Along with • Current treatment plan signed by the supervising MD or HSPP • Progress notes that demonstrate necessity and effectiveness of treatment Providers may submit PA requests by: • Fax: 1-877-822-7186 or 1-317-822-7515 • Web interChange: www.indianamedicaid.com (treatment plan and progress notes must then be faxed) • Mail: MDwise Care Select Prior Authorization, P.O. Box 44214, Indianapolis, IN 46244-0214
	PSYCHOLOGICAL TESTING All services require prior authorization	PSYCHOLOGICAL TESTING All services require prior authorization.	PSYCHOLOGICAL TESTING All services require prior authorization.
GRIEVANCE/APPEALS CLAIM DISPUTE PROCESS AND TIMELINE	MDwise Hoosier Healthwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals 60 days from the date on the EOP/EOB	MDwise Healthy Indiana Plan (HIP) P.O. Box 44236 Indianapolis, IN 46244-0236 Attention: Grievances & Appeals 60 days from the date on the EOP/EOB	Administrative Review: EDS Written Correspondence P.O. Box 44214 Indianapolis, IN 46244-1423 Attention: Hearing Specialist Claim Disputes: EDS Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263 Attention: Claim Disputes
PHARMACY PRIOR AUTHORIZATION	www.indianapbm.com 1-866-879-0106	www.indianapbm.com 1-866-879-0106	www.indianapbm.com 1-866-879-0106
CLAIM FILING LIMIT	90 Days	90 Days	365 Days