**Quick Reference Guide**

**MANAGED HEALTH SERVICES**

**OFFICE FAX:**
1-317-684-1785

**Electronic Payer ID:** 68069

**CLAIMS ADDRESS:**
Managed Health Services
P.O. Box 3002
Farmington, MO 63640-3802

Claims sent to MHS' Indianapolis address will be returned to provider.

**ONLY MEDICAL NECESSITY APPEALS ADDRESS:**
ATTN: APPEALS
1099 N. Meridian Street
Ste. 400
Indianapolis, IN 46204

Providers have 67 calendar days from the date of the Explanation of Payment to file an adjustment, resubmit, or appeal a decision. Failure to do so within the specified timeframe will waive the right for reconsideration.

**CLAIMS APPEALS ADDRESS:**
Managed Health Services
P.O. Box 3000
Farmington, MO 63640-3802

**CLAIMS REFUNDS:**
To refund claims overpayment, please send check and documentation to:
Coordinated Care Corporation
75 Remittance Dr., Suite 6446
Chicago, IL 60675-6446

**GENERAL OFFICE HOURS:**
8 a.m. to 5 p.m., ESDT, closed holidays

**MEMBER SERVICES AND PROVIDER SERVICES:**
8 a.m. to 8 p.m.

**REFERRALS AND AUTHORIZATIONS:**
8 a.m. to 5 p.m., closed 12 p.m. to 1 p.m.

**AFTER-HOURS:**
MHS' 24/7 nurseline for members is available to answer calls for emergent authorization needs. Or, you may leave a message on our after-hours recording system. Messages are returned within two business days.

**MHS WEBSITE: MHSINDIANA.COM**

- **mhsindiana.com**
  - (See back page for resource information)
  - 1-877-647-4848
  - TTY/TDD: 1-800-743-3333

- **mhsindiana.com**
  - **for-providers**
    - Latest MHS provider updates and news, as well as forms, manuals, guides, online PA tool and tutorials.
    - (Please visit mhsindiana.com/provider-forms to get the latest forms for submission to MHS.)

- **mhsindiana.com**
  - **health**
    - MHS' Health Library. Click on “KRAMES Health Library” for free print-on-demand patient health fact sheets on over 4,000 topics, available in English and Spanish.

- **mhsindiana.com**
  - **login**
    - MHS' Secure Provider Portal lets you submit prior authorization, claims, claim adjustments, and view your panel’s medical records and care gaps.

- **mhsindiana.com**
  - **transactions**
    - Information for electronic processing and payment of claims with MHS.

- **payspanhealth.com**
  - MHS is pleased to partner with PaySpan to provide an innovative web based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment at payspanhealth.com.

You can find out more about the information in this Guide in the MHS Provider Manual, online at mhsindiana.com/provider-guides, or by contacting MHS at 1-877-647-4848.

**Effective October 1, 2015**

Applies to all Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP) and Hoosier Care Connect (HCC) packages.

For an Ambetter provider quick reference guide, please visit ambetter.mhsindiana.com.

Coverage is subject to specific benefit package of member.
NON-CONTRACTED PROVIDER PRIOR AUTHORIZATION OR NOTIFICATION REQUIREMENTS

Non-contracted providers must obtain PA at least two days prior to the date of service. No PA will be granted outside this requirement, except in the event of an emergent situation. Urgent care will always require PA.

All services performed by a non-contracted provider require PA with the following exceptions:

- Labs
- EEG (revenue code 740 only)
- Immunizations
- IHCP self-referral services
- Circumcision

Radiology does not require PA, except: OB Ultrasounds, PET, MRI, MRA, Nuclear cardiology/scans or CT with Angiography

Therapy requires PA as outlined for contracted providers. See requirements list under therapy service on next page.
**PRIOR AUTHORIZATIONS (PA)**
The services listed require PA for participating providers. This is not all-inclusive and are subject to periodic updates. Providers should check the MHS website for specific code updates to PA requirements.

**ANCILLARY SERVICES**
- Cardiac rehabilitation
- Hearing aids and devices
- Home care services, home health, hospice, PT/OT/ST billed as location 12
- In-home infusion therapy
- Orthopedic footwear, shoe modifications and additions (non-diabetic only)
- Orthotics and prosthetics (L and V codes) > $250 (allowed amount) and L1907
- Respiratory therapy service
- Pulmonary rehabilitation

**INPATIENT AUTHORIZATION**
- All elective hospital admissions
- All urgent and emergent hospital admissions (including NICU) require notice to MHS by the 2nd business day after admission
- Newborn deliveries by 2nd business day after delivery
- Rehabilitation facility admissions
- Skilled nursing facility admissions
- Transfer between facilities
- Transplants, including evaluations
- Hysterectomy and hysterectomy

**OUTPATIENT SERVICES AUTHORIZATION**
- Abortions (spontaneous only)
- Assistant surgeon
- Blepharoplasty
- Dental surgery for members > 5 y/o and/or general anesthesia is requested
- Dialysis
- Experimental or investigational treatment/services
- Genetic testing and counseling
- Hysterectomy and hysterectomy
- Implantable devices including cochlear implants
- Infertility services
- Injectable drug (see mhsindiana.com/provider-guides for the up-to-date list of codes requiring PA)
- Mammoplasty
- MRI and MRA unless performed as part of an observation stay
- Nutritional counseling (non-diabetics only)
- Pain management programs (pain injections done the same day as approved surgery do not require PA)
- PET and nuclear cardiology/SPECT scans
- Quantitative drug screens
- Scar revisions/cosmetic or plastic surgery
- Septoplasty/rhinoplasty
- Spider/varicose veins
- Specialized radiation therapy

**INCONTINENCE SUPPLIES**
Incontinence supplies do not require PA; however the monthly maximum benefit is $162.50 per month in allowable reimbursement.

**TUBAL LIGATION AND VASECTOMY**
A PA is not required for these services, however, the completed consent form is required at the time of claim submission.

**DME**
The following DME services are the only DME services that will require PA (L & V codes are not DME items – please refer to Ancillary Services for PA requirements)
- **Speech Communication Devices**: E2502-E2510, L8627-L8628, L8690-L8691, L8693
- **Diabetic footwear and insulin pump supplies**: A9274
- **Light Therapies**: E0202, E0691-E0694
- **Monitors and Medical supplies**: E0615-E0620, E2100, E2120
- **Neuromuscular Stimulators, Bone Growth Stimulators**: E0350, E0740-E0749, E0760, E0770, E0785, K0606, L8680-L8689, Q0479-Q0484, Q0489-Q0491, Q0495-Q0496, Q0502-Q0506
- **Nutrition, Enteral, Parenteral**: B4100-B4216, B5000-B9999
- **Pumps, Compression Devices**: B4224, B9000-B9006, E0650-E0652, E0656, E0657, E0666-E0671, E0781-E0784, E0786, E0791, E2000,
- **Other DME codes**: A8002, A9900, A9999, E0170-E0172, E1399, E1600-E1615, E1800-E1805, E1810-E1811, E1815-E1818, E1825-E1830, E1840-E1841, K0108, K0609, K0730, K0800-K0802, L7366, Q1003, Q4100, Q4118, S1040, S5162, T2039

Indiana Medicaid requires purchase of equipment if rental cost exceeds purchase price. MHS follows this process. Therefore, payment of rental items will not be provided if rental price exceeds purchase price, even if an authorization is obtained. You will receive notification via your EOP should this occur and you should call MHS immediately.

**THERAPY SERVICES** (applies to both contracted and non contracted providers)
Physical, occupation and speech therapy services, for members 21 and older, have a benefit limit of 25 visits per modality, per rolling 12 months with no PA required. Services above the 25 visit limit require PA.

Any member under the age of 21 will require authorization for Medical Therapy Services (Physical, Speech, Occupational) with the following exceptions:

Please note the exception only applies if the members has one of the listed ICD-10 diagnosis AND the service is billed for one of the listed therapy CPT codes:

- **Members with the following Developmental Delay diagnosis codes**: F71, F72, F73, F801, F802, F804, F82, F840, F843, F845, F846, F847, F848, F849, G801, G802, G9340, G9341, Q909, Q913, Q917, Q934, Q9381, Q9398, R6250, R633
- **Services billed with the following therapy CPT codes**: 92506-92508, 92526, 92609-92611, 96116, 97000-97008, 97010-97018, 97024-97039, 9710-97150, 97530-97546, 97750-97799
OPTICARE MANAGED VISION (Routine Vision Services)

Routine vision services are a self-referral service and do not require primary medical provider referral or MHS prior authorization. Members receive enhanced vision services from OptiCare network providers. Surgical vision services are coordinated by MHS directly.

PHONE: 1-877-647-4848 or 1-866-599-1774
FAX: 1-252-451-2182
WEBSITE: Opticare.com

CLAIMS ADDRESS: Opticare Managed Vision
ATTN: Claims
P.O. Box 7548
Rocky Mount, NC 27804

ELECTRONIC CLAIMS: Payor Number 56190
WEB-SUBMISSION CLAIMS: Opticare.com
(for participating providers)

CENPATICO® (Behavioral Health)

Please call Cenpatico for prior authorization for the following HHW/HIP and Presumptive Eligibility services: Facility services billed with revenue codes, including inpatient, intensive outpatient, partial hospitalization; Community based services and other services billed with HCPCS codes, including H, T, S, or G codes; and certain professional services including ECT and psych testing. There is no prior authorization required for individual, group, and family therapy and most professional services billed with CPT codes.

PHONE: 1-877-647-4848
CLAIMS ADDRESS: Cenpatico Behavioral Health
ATTN: Claims Department
P.O. Box 6800
Farmington, MO 63640-3817

WEBSITE: cenpatico.com

CLAIMS APPEALS ADDRESS: Cenpatico Behavioral Health
ATTN: CBH Appeals
P.O. Box 6000
Farmington, MO 63640-3809

MEDICAL NECESSITY APPEALS ADDRESS: Cenpatico
ATTN: Appeals Coordinator
12515-8 Research Blvd, Suite 400
Austin, TX 78701
FAX: 1-866-714-7991

PHARMACY

HHW: The pharmacy benefit is administered for HHW members through the Indiana Health Coverage Programs (IHCP). For more information please see IndianaMedicaid.com and access the pharmacy services link or Chapter 9 of the IHCP provider manual.
HIP & HCC: The pharmacy benefit is administered for HIP and HCC members through US Script.

PRIOR AUTHORIZATION PHONE: 1-855-772-7125
FAX: specialty 1-855-678-6976 • non-specialty 1-866-399-0929
WEBSITE: usscript.com

CLAIMS SUBMISSION:
BIN #009019
Group #22801

LCP (TRANSPORTATION)

Ambulance and transportation claims are paid through LCP Transportation.

PHONE: 1-800-508-7230
CLAIMS ADDRESS: P.O. Box 531097 • Indianapolis, IN 46253

DENTAL

HHW: Dental benefit is administered through Indiana Health Coverage Programs. For more info please see IndianaMedicaid.com.
HIP & HCC: Routine dental services are a self-referral service and do not require primary medical provider referral or MHS prior authorization. Members receive comprehensive dental services from DentaQuest network providers. Outpatient/Hospital services are coordinated by MHS directly.

PHONE: 1-855-453-5286
CLAIMS FAX: 1-262-834-3589
EMAIL: Send claims questions only to: denclaims@DentaQuest.com
Send eligibility or benefit questions to: denelig.benefits@DentaQuest.com
CLAIMS ADDRESS: DentaQuest - Claims
12121 North Corporate Parkway • Mequon, WI 53092

WEB-SUBMISSIONS: www.dentaquest.com
EDI CLAIMS:
Via Clearinghouse – Payer ID CX014
Include address on electronic claims – DentaQuest, LLC
12121 N Corporate Parkway
Mequon, WI 53092
CREDENTIALING HOTLINE: 1-800-233-1468

MHS is a health insurance provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. MHS is your choice for affordable health insurance. Learn more at mhsindiana.com.