

Medical Prior Authorization Reference Guide

Please refer to MDwise.org and click on “For Providers,” then “Forms” and then “Prior Authorization” for listings by program. Please use the [IHCP Universal Prior Authorization Form](#)

MDwise offers 4 ways to submit an authorization:

- Fax

MDwise Excel Healthy Indiana Plan (HIP)	Inpatient: 1-866-613-1631

- Email- padept@mdwise.org
- Phone: 1.888.961.3100
- Portal- request access through authportalhelp@mdwise.org

Inquiries: Please first check to see if you received confirmation via fax or portal.

MDwise UM Decision Timelines:

- Urgent concurrent review – MDwise must make a decision within 48 hours of receipt of all necessary information.
- Urgent preservice decisions – MDwise must make a decision within 48 hours of receipt of all necessary information.
- Non-urgent preservice decisions – MDwise must make a decision within five (5) business 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 submitting concurrent review within 2 business days of last covered day.

Authorization Appeals:

Member appeal rights will be attached to any modified or denied prior authorization request.

- 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
Or
Email request from the [Prior Authorization Appeal Request](#) form on the website
- 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.

Urgent Requests:

MDwise will review Urgent requests using the NCQA definition. If a request does not meet the following definition, requests will be reviewed with standard timeframes.

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.*