



MHS Health Wisconsin (MHS Health) - Network Health Plan (NHP) Prior Authorization Requirements

www.mhswi.com or (800) 222-9831

Important Numbers

Provider Inquiry Line
(800) 222-9831

- ✓ Eligibility
- ✓ Authorizations
- ✓ Claim status

Member Services
(888) 713-6180

Important Fax Numbers

Outpatient Authorization
(866) 467-1316

Inpatient Hospital Face/Census Sheets
(800) 354-6136

Concurrent Authorization
(866) 700-0988

Notification of Pregnancy
(866) 681-5125

After hours, weekends & holidays call MHS Health's 24-hour nurse advice line at (800) 280-2348

PROCEDURES/SERVICES

- ❖ Procedures & services performed by out-of-plan providers
- ❖ Procedures that are cosmetic
- ❖ Abortions (must include required consent & special criteria)
- ❖ Bariatric surgery
- ❖ Blepharoplasty
- ❖ Botox injection
- ❖ Capsule endoscopy
- ❖ Cardiac imaging – MRI/CT/PET scans
- ❖ Cochlear implants
- ❖ Court-ordered services
- ❖ Experimental or Investigational procedures
- ❖ General Anesthesia for Dental Procedure age 5 years and older
- ❖ Hospitalizations – All planned admissions, newborn deliveries (by next business day), hospice, rehab, skilled nursing, transplants, including transplant evaluations.
- ❖ Hysterosalpingography
- ❖ Implantable devices
- ❖ Mammoplasty
- ❖ Neuropsychological testing
- ❖ Obstetrical ultrasound

(2 allowed in a 9-month period, any additional will require authorization, with the exception of those ordered by perinatologists).

PROCEDURES/SERVICES CONTINUED

- ❖ Oral surgery – TMJ surgeries
- ❖ Otoplasty
- ❖ Pain management: all invasive measures
- ❖ Reconstructive/plastic surgery (excluding breast reconstruction after mastectomy)
- ❖ Rhinoplasty and/or septoplasty
- ❖ Scar revision/keloids/excisions
- ❖ Spine surgery - including disc replacement
- ❖ Synagis injections
- ❖ Ultraviolet (UV) therapy
- ❖ Varicose vein procedures

Other Services

- ❖ Genetic Testing
- ❖ Notification of Pregnancy
- ❖ Quantitative Drug Testing (for Drugs of Abuse and Molecular diagnostic testing)

ANCILLARY SERVICES

- ❖ Air ambulance transport (non-emergent, fixed wing)
- ❖ DME - See www.mhswi.com for details
- ❖ Enteral nutrition
- ❖ Orthotics/prosthetics sale items See www.mhswi.com for details (physician office locations excluded)
- ❖ Podiatry – After 3 visits
- ❖ Therapy – ongoing services
- ❖ Occupational/physical therapy – per member benefit - required after 1st 6 visits within a rolling 12 month period or if visit exceeds 6 units per day.
- ❖ Speech therapy – required after evaluation
- ❖ Home care services – which include skilled nursing visits, infusion therapy, hospice, personal care worker, wound care, physical therapy, occupational therapy and speech therapy
- ❖ Transportation – non-emergent ambulance transportation must be handled through Medical Transportation Management, Inc.

Use our Prior Authorization Tool for quick confirmation - available on our website!

Our website is available 24 hours a day, seven days a week, including holidays!

MHS Health/NHP Provider Network Quick Reference Guide

Prior Authorization (PA) Requirements - (800) 222-9831



❖ BEHAVIORAL HEALTH/SUBSTANCE ABUSE

Must use Cenpatico Behavioral Health network.

Call (800) 589-3186

❖ CHIROPRACTIC (covered by Medicaid FFS)

Members may use any Medicaid-certified chiropractor.

Claims are billed to the state fee for service.

❖ CLAIMS SUBMISSION

Claims must be submitted within 90 days, (or as specified in the contract), of the date of service. Failure to do so will result in denial of claim.

❖ ELECTRONIC SUBMISSIONS:

Can be done via web portal or utilizing a variety of clearinghouses. Please check www.mhswi.com for details on electronic submissions.

PAPER SUBMISSIONS

MHS Health Wisconsin

P.O. Box 3001

Farmington, MO 63640-3801

❖ DENTAL – DentaQuest (800) 504-9660

Preventive treatment, routine exams & diagnostic X-rays are covered for MHS Health/NHP members living in Milwaukee, Kenosha, Racine, Ozaukee, & Waukesha counties. Members outside of these counties covered under FFS, call DentaQuest for further info.

❖ DURABLE MEDICAL EQUIPMENT/SUPPLIES

(DME)/(DMS)

Must use MHS Health provider. (Physician office locations excluded). Bill up to the purchase price. DME/DMS items over the Medicaid quantity limit would need PA & supporting medical documentation, including RX from the physician. We follow the same guidelines for criteria & quantity limit as Medicaid.

❖ EMERGENCY ADMISSIONS

No PA required for emergency admits from physician offices. Hospitals **MUST** notify MHS Health of the admission.

www.mhswi.com (800) 222-9831

❖ Hearing Aids

Valid codes: **V5030, V5040, V5100, V5180, V5220, V5256, V5260, V5261, V5257**

Valid Modifiers: **LT-Left side, RR-Rental, RT-Right side.**

Provider must purchase hearing aids from manufacturers with contract w/ Division of Health Care Access & Accountability. Attach copy of the invoice w/claim, including hearing aid manufacturer, model billed, & contract purchase price.

❖ ORTHOTICS/PROSTHETICS

Must use MHS Health provider, who must obtain prior auth for ALL orthopedic footwear, shoe modifications and any billing utilizing an "L" code > \$500. Must submit with documentation to support medical necessity. (Physician office locations excluded).

❖ PAIN MANAGEMENT

PA required for injections related to pain management. All invasive measures require auth. Documentation required for PA of initial injection includes history of: condition, treatment attempted prior to injection, & imaging reports. PA requests for additional injections require office notes documenting progress since previous injection, and any other additional info. to support medical necessity.

❖ PERSONAL CARE WORKER

For initial/renewal or increase in unit requests all of the following is required:

- MD order & office notes/plan of care
- Personal care screening tool
- PCW notes for ALL renewal requests;
- PT/OT Personal Needs Assessment may be required upon initial or renewal requests.
- MapQuest (or similar tool) indicating travel time

❖ PHARMACY BENEFIT (covered by Medicaid FFS)

Prescription drugs, radiopharmaceuticals, injectable biopharmaceuticals & other injectables administered in home health, MD office, skilled nursing & most outpatient settings should be billed to FFS.

❖ PODIATRY

No PA is required for the first 3 visits per calendar year. Routine foot care is NOT a covered benefit.

❖ TRANSPORTATION

ALL non-emergent medical transportation needs are handled by Medical Transportation Management, Inc. (866) 907-1493

❖ SMOKING CESSATION

MHS offers coverage for office visits & counseling sessions related to smoking cessation. The services are covered when billed with ICD-9 diagnosis code **305.1** in positions 1-4 or diagnosis code **V15.82** in positions 2-4. For smoking cessation counseling, use the following codes:

99406- smoking & tobacco use cessation counseling visit; intermediate, > than 3 minutes, up to 10 minutes.

99407 – smoking & tobacco use cessation counseling visit; intensive, > than 10 minutes. Remember to screen every pregnant woman for tobacco use during initial prenatal visit & each follow-up, document in the medical record.

❖ STERILIZATION

The Federal Sterilization Informed Consent form must be submitted with claims for any sterilization procedures including: tubal ligation, vasectomies & hysterectomies. Failure to comply with any of the requirements will result in denial of all claims associated with the procedure. Further guidelines are outlined in the Wisconsin Medical Assistance Provider Manual.

❖ THERAPIES

PA not required for initial evaluation by an in-plan, physical, occupational or speech therapist. PA is not required for the first 6 visits of physical /occupational therapy within rolling 12 month period (per member, NOT provider). If visit exceeds 6 units per day, PA is required (1 unit =15 min). Speech therapy requires PA after the initial evaluation. To continue services, treating clinician must request PA & provide documentation of medical necessity.

❖ VISION – OptiCare (866) 458-2134

Must use a network provider. Members should call OptiCare to find a provider. Routine vision services are covered annually. Referral to ophthalmologists for medical conditions must be to an in-plan provider.