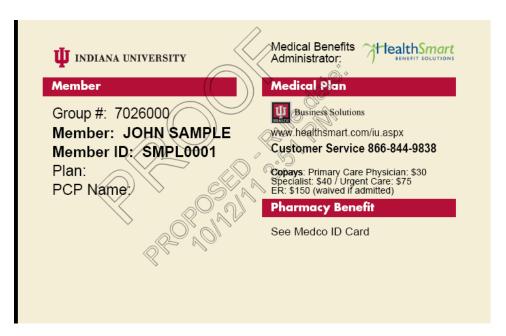
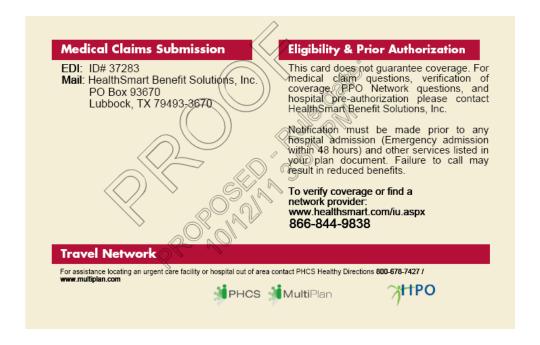


Indiana University Employee Health Plan Provider Information Guide

Indiana University Quality Partners Identification Card:

All members will have an identification card.







Contact Information:

Contact information:	,		
	HealthSmart 1-866-844-9838		
Eligibility/Benefits Verification/Claims Inquiry:	www.healthsmart.com/iu.aspx		
	Call for instructions on how to obtain a user ID and		
	password.		
	Services requiring authorization are listed below. Call or		
	fax Authorization Request form to:		
	Tax / tation/2ation request form to:		
Medical Prior Authorization:	IU Health Medical Management		
	Phone: 317-962-2378 or 866-492-5878		
	Fax: 317-962-6219 or 317-962-4005		
	Authorization Request Form can be obtained by calling the		
	number above or at www.healthsmart.com/iu.aspx		
Claims Submission:	HealthSmart Benefit Solutions		
	PO Box 93670		
Ciamis Cubinission.	Lubbock TX 79493-3670		
	EDI Submission #37283		
	IU Health Pharmacy Benefit Management		
	Phone: 317-963-3347 or 877-769-0191		
Rx Formulary:	Farmendam and list of drawn included in Oaks (04 Oansais		
	Formulary and list of drugs included in Select \$4 Generic		
	Drug Program available at www.healthsmart.com/iu.aspx		
	Certain drugs require prior authorization or have step		
	therapy requirements. Requirements are noted on		
	formulary list (PA or ST).		
	HealthSmart Benefit Solutions		
	Phone: 866-844-9838		
	or		
Claim Disputes and Appeals:	Submit in writing to:		
	HealthSmart Benefit Solutions		
	PO Box 93670		
	Lubbock TX 79493-3670		
	IU Health Pharmacy Benefit Management		
	Fax: 866-429-8920		
	Phone: 317-963-3347 or 877-769-0191		
Drug Prior Authorization:			
	List of drugs requiring prior authorization can be obtained		
	at www.healthsmart.com/iu.aspx		
	To obtain authorization call or fax Universal Prior Authorization Form to fax number above.		
	HealthSmart		
Provider Directory:	www.healthsmart.com/iu.aspx		
Trovider Directory.	www.nealthait.com/id.aspx		
	Refer member questions to:		
Mambay Caminas	3		
Member Services:	HealthSmart		
	Phone: 866-844-9838		



Indiana University Health Employee Health Plan Services Requiring Prior Authorization

ALL SERVICES PROVIDED BY OUT OF NETWORK PROVIDERS REQUIRE PRIOR APPROVAL

Service Category	Prior Approval Required		
Ambulance (non-emergent transport)	Yes		
ABA Therapy	Yes		
Behavioral Health Services	Partial Hospitalization Only		
Bariatric Surgery	Yes		
Durable Medical Equipment	Yes, except items with charges < \$500		
Home Health Services	Yes		
Hospice Services	Yes		
Infertility Diagnosis	Yes		
Injectable Drugs (in physician office)	Contact Pharmacy PA Coordinator Phone:317.963.3347 or 877.769.0191		
Inpatient Admissions	Yes		
Observation Stays	Yes		
Orthotic/Prosthetic	Yes, except items with charges <\$500		
Out of Network Services	Yes		
Plastic/Reconstructive Surgeries including but not limited to: Blepharoplasy Chin Implant Diastasis Recti Repair Lipectomy Mammoplasty Mentoplasty Osteoplasty Mandible Panniculectomy Prosthetic Material Collagen Implants (insertion or injection) Rhinoplasty	Yes		
Rehabilitation Services - physical and occupational therapies	Yes, if treatment plan is >24 visits		
Skilled Nursing Facility Services	Yes		
Substance Abuse Services – Outpatient	Partial Hospitalization Only		

Please contact IU Health Medical Management via phone for authorization request or fax Authorization Request form to:

IU Health Medical Management Phone: (317) 962-2378 or (866) 492-5878 Fax: (317) 962-6219 or (317) 962-4005 Hours: 8:30 to 4:30 Monday-Friday

Authorization Request Form is available at www.healthsmart.com/iu.aspx



Indiana University Health Medical Management Authorization Request Form Forward completed form via FAX to IUHMM at (317) 962-6219 or (317) 962-4005

REQUESTING PHYSICIAN INFORMATION Ordering MD: **TAX ID: Address: Phone: Contact: MEMBER INFORMATION Name: ID#: DOB: SS#: Phone: Phone: SS#: Phone: Phone:			REQUESTING VENDOR INFORMATION Vendor: **TAX ID: Address: Phone: Contact: *******IUHMM USE ONLY***** AUTHORIZATION NUMBER Services APPROVED As Requested Request MODIFIED (see below for detail) Request DENIED, Letter To Follow Modifications Made: IUHMM Staff: Date:			
Date of Service HCPC Code	Requested Service		Place of Service INP OP OBS	Units	Diagnosis / ICD9 Code	
CLINICAL SUMMARY (Form					ents, if needed).	