



Healthy Indiana Plan Prior Authorization Listing

Medical Professional and Institutional (837 I and 837 P)

EFFECTIVE 2/1/11

Service	Code/Type	Notes
RECONSTRUCTIVE OR PLASTIC SURGERIES	11200, 11201 11960, 11970, 11971, 19300-19307, 19316, 19318, 19340, 19355, 19370 15820 - 15823 36470, 36471, 67900-67911	Removal of Skin Tags Breast Reconstruction and/or Repair Blepharoplasty Injection Sclerosing Solution, Veins Repair of Brow Ptosis, Blepharoptosis, Lid Retraction
MAXILLOFACIAL SURGERIES	21010-21499	Includes TMJ
PROSTHETICS AND ORTHOTICS	L0000 – L4999 Orthotic procedures and devices L5000 – L9999 Prosthetic procedures	>\$500 (total per claim) per orthotic/prosthetic
BARIATRIC SURGERY	43325, 43326, 43644, 43645, 43770-43774, 43842-43848, 43886-43888	
REDUCTION MAMMOPLASTY SURGERY	19318	
UVULOPALATOPLASTY (UPPP)	42145	
LASER ASSISTED UVULOPALATOPLASTY	42299	
BREAST AUGMENTATION	19324, 19325	
RHINOPLASTY AND SEPTOPLASTY	30400-30630	

Service	Code/Type	Notes
HOME HEALTH SERVICES <ul style="list-style-type: none"> ▪ MEDICATION OR INFUSION ▪ ALL OTHER 	All home health services require prior authorization.	The prior authorization requirement for home health services will be based on provider type of home health for both the CMS-1500 and the UB-04.
HOSPICE SERVICES - INPATIENT	Inpatient authorization based on revenue code.	
HOSPICE SERVICES - OUTPATIENT	Outpatient authorization based on revenue code.	
IMPLANTED NEUROSTIMULATORS	64553-64565 (for Implant) 43647, 43881 (for Electrodes)	
ELECTIVE/ EMERGENT/URGENT INPATIENT ADMISSIONS MEDICAL SURGICAL SUB ACUTE, REHABILITATION AND SKILLED NURSING FACILITY	Inpatient authorization based on revenue code.	
OBSERVATION STAY	Revenue code 760	Up to 72 hour stay.
HYSTERECTOMY	51925, 58150-58210, 58260-58294, 58541-58544, 58548-58554, 58951-58956, 59525	Consent evidence required.
MRA AND PET SCANS	70544 – 70546 (MRA head) 70547 – 70549 (MRA neck) 71555 – (MRA chest) 72159 – (MRA spine) 72198 – (MRA pelvis) 73225 – (MRA arm) 73725 – (MRA leg) 74185 – (MRA abdomen) 78459 – (PET heart) 78491 – 78492 (PET myocardial imaging perfusion study) 78608 – 78609 (PET brain) 78811 – 78816 (PET limited area)	MRI and CT scans do not require prior authorization.
OCCUPATIONAL/PHYSICAL THERAPY	97003 ,97004-97006, 97010-97039, 97110-97150, 97530-97546, 97750, 97755, 97760-97762, 97799, 98925-98929	BENEFIT LIMITATION OF 25 VISITS PER PLAN YEAR, no exceptions unless member is 19-20 and EPSDT indicates need for more than 25 visits. Effective 1/1/11, PT/OT/ST do not require prior auth for members 21 years of age and older. Prior authorization is required for members that are 19 – 20 years old.
ENTERAL AND BIOTECH INTRAVENOUS SERVICES	Services would be included under home health, DME or Pharmacy.	
SKILLED NURSING FACILITY	Prior authorization requirement would be based	

SERVICES	off of revenue codes and provider specialty.	
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Service	Code/Type	Notes
SPEECH THERAPY	92507, 92508	BENEFIT LIMITATION OF 25 VISITS PER PLAN YEAR, no exceptions unless member is 19-20 and EPSDT indicates need for more than 25 visits. Effective 1/1/11, PT/OT/ST do not require prior auth for members 21 years of age and older. Prior authorization is required for members that are 19 – 20 years old.
TRANSPLANT EVALUATIONS AND PROCEDURES / SURGERY	Would be covered under the inpatient authorization.	Only the transplant requires prior auth, not the workup or testing
BEHAVIORAL HEALTH CARE/SUBSTANCE ABUSE	As required by the behavioral health policy and procedure and included on the behavioral health grid below.	
OUTPATIENT SERVICES OUTPATIENT SURGICAL PROCEDURES DESIGNATED OUTPATIENT DIAGNOSTIC PROCEDURES	Specific outpatient services that require prior authorization are indicated throughout this document.	
PAIN MANAGEMENT	62350-62351, 62360-62362, 99601-99602 Epidural/Intrathecal 96365-96370, 96374-96379 Intravenous Therapy	
PULSE GENERATOR	61885, 61886	
INFUSIONS FOR REMICAID	J1745 - Infliximab	
SUBCUTANEOUS INJECTIONS	J0885 – Procrit J1441 – Neupogen J1440 – Filgastrim	
ALL NON-CONTRACTED PROVIDER SERVICES	Applies to PMP and Behavioral Health services.	Currently the specialty network is “open” with the exception of behavioral health. The behavioral health network was closed effective 10/2/09.
DURABLE MEDICAL EQUIPMENT	A9274 A9542 – A9545 E0100 – E8002 K0001 – K0899	Durable Medical Equipment and supplies > \$500 (total per claim) per rental or purchase
ALL SERVICES AT NON-DELIVERY SYSTEM CONTRACTED FACILITIES		Any service at a facility not contracted by the member’s Delivery System requires prior auth before service can be rendered.

Behavioral Health Professional Billing (CMS 1500 or 837P)

CPT Code	Description	M.D.	HSPP	Mid-Level	PA Required	POS	Comments
00104	ANESTHESIA, ELECTROCONVULSIVE THERAPY (ECT)	X			NA –part of inpt/ outpt auth	11, 21, 22, 51	ECT is offered on both an inpatient and outpatient basis. Anesthesia may be provided as part of ECT service. The professional fee is a covered service and is not included in the DRG.
96372	THER/PROPH/DIAG INJ, SC/I	X		X - Mod HE with SA only	NA – included in visit auth	11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	May not be paid in conjunction with office visit codes 99201 – 99205, 99211 – 99239, & 99241 – 99245, 99251-99255. May be paid in conjunction with CPT code 90862. Only MDs, nurse practitioners, and clinical nurse specialists can be reimbursed for this code.
90801 90802	PSYCHIATRIC DIAGNOSTIC INTERVIEW INTERACTIVE (INTAC) PSYCH DX INTERVIEW	X	X	X	*See note	03, 11, 12, 14, 15, 20, 21, 22, 23, 31, 32, 33, 49, 50, 51, 53, 54, 55, 57	* 1 unit per member, per billing contracted provider or IHCP psychiatrist, per rolling 12-months is allowed without PA. 2 units per member per rolling 12-months are allowed without PA when member is separately evaluated by a MD, an advanced practice nurse or HSPP and another mid-level practitioner. * A diagnostic interview provided in emergency room inpatient admission may be reimbursed without PA in addition to maximum # of units outlined above. * One diagnostic interview provided during a medical/surgical inpatient stay is allowed without PA. *May not be reimbursed in conjunction with screening & brief intervention codes 99408 & 99409.
90804 90806	PSYCHOTHERAPY (PSYTX), OFFICE, 20-30 MIN PSYTX, OFF, 45-50 MIN	X	X	X	*See note	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	* For contracted MDwise BH providers (non-psychiatrists) 5 therapy sessions per member are allowed without PA (90804, 90806, 90810, 90812, 90846, 90847, 90853, & 90857) per billing provider. PA is required for additional visits. *Authorization for 90804, 90806, 90810, 90812, 90846 & 90847 can be used interchangeably, therefore PA applies to group of codes.
90805 90807	PSYTX, OFF, 20-30 MIN W/E&M PSYTX, OFF, 45-50 MIN W/E&M	X		X - Mod HE with SA only (CNS & NP)	*See note.	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	* For contracted MDwise psychiatrists and CNS/NPs, 19 visits without PA are allowed for the following group of CPT codes per member, per billing provider: 90862, 90805, 90807, 90811, & 90813. *If PA is given for 90807 and provider instead bills for 90805, PA for 90807 should also apply to 90805.

CPT Code	Description	M.D.	HSP	Mid-Level	PA Required	POS	Comments
90808	PSYTX, OFFICE, 75-80 MIN	X	X	X	Yes	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	*If PA is given for 90808 and provider instead bills for 90806 or 90804 (i.e. less psychotherapy time), PA for 90808 should also apply to 90806 or 90804.
90809	PSYTX, OFF, 75-80 MIN, W/E&M	X		X - Mod HE with SA only (CNS & NP)	Yes	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	*If PA is given for 90809 and provider instead bills for 90807 or 90805 (i.e. less psychotherapy time), PA for 90809 should also apply to 90807 or 90805.
90810 90812	INTAC PSYTX, OFF, 20-30 MIN INTAC PSYTX, OFF, 45-50 MIN	X	X	X	*See note	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	* For contracted MDwise BH providers (non-psychiatrists) 5 therapy sessions per member are allowed without PA (90804, 90806, 90810, 90812, 90846, 90847, 90853, & 90857) per billing provider. PA is required for additional visits. *Authorization for 90804, 90806, 90810, 90812, 90846 & 90847 can be used interchangeably, therefore PA applies to group of codes.
90811 90813	INTAC PSYTX, 20-30 MIN, W/E&M INTAC PSYTX, 45-50 MIN W/E&M	X		X - Mod HE with SA only (CNS & NP)	*See note	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	* For contracted MDwise psychiatrists and CNS/NPs, 19 visits without PA are allowed for the following group of CPT codes per member, per billing provider, per calendar year: 90862, 90805, 90807, 90811, & 90813. *If PA is given for 90813 and provider instead bills for 90811, PA for 90813 should also apply to 90811.
90814	INTAC PSYTX, OFF, 75-80 MIN	X	X	X	Yes	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	*If PA is given for 90814 and provider instead bills for 90810 or 90812 (i.e. less psychotherapy time), PA for 90814 should also apply to 90810 or 90812.
90815	INTAC PSYTX, 75-80 MIN W/E&M	X		X - Mod HE with SA only (CNS &	Yes	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55,	*If PA is given for 90815 and provider instead bills for 90811 or 90813 (i.e. less psychotherapy time), PA for 90815 should also apply to 90811 or 90813.

CPT Code	Description	M.D.	HSP	Mid-Level	PA Required	POS	Comments
				NP)		57	
90816 90818 90821 90823 90826 90828	PSYTX, HOSP, 20-30 MIN PSYTX, HOSP, 45-50 MIN PSYTX, HOSP, 75-80 MIN INTAC PSYTX, HOSP, 20-30 INTAC PSYTX, HOSP, 45-50 INTAC PSYTX, HOSP, 75-80	X	X	X	NA for BH inpt stay as included in inpt PA, see note for med/surg stay	21, 51	*During medical/surgical stay, prior authorization is not required for the first three follow-up visits/psych services that are 20-30 minutes in length (CPT codes 90816, 90817, 90823, 90824) per member, per hospitalization. Prior authorization is required for follow-up visits that exceed 30 minutes or exceed 3 visits per inpatient stay.
90817 90819 90822 90824 90827 90829	PSYTX, HOSP, 20-30 MIN W/E&M PSYTX, HOSP, 45-50 MIN W/E&M PSYTX, HOSP, 75-80 MIN W/E&M INTAC PSYTX, HSP 20-30 W/E&M INTAC PSYTX, HSP 45-50 W/E&M INTAC PSYTX, HSP 75-80 W/E&M	X		X - Mod HE with SA only (CNS & NP)	NA for BH inpt stay as included in inpt PA, see note for med/surg stay	21, 51	*During medical/surgical stay, prior authorization is not required for the first three follow-up visits/psych services that are 20-30 minutes in length (CPT codes 90816, 90817, 90823, 90824) per member, per hospitalization. Prior authorization is required for follow-up visits that exceed 30 minutes or exceed 3 visits per inpatient stay.
90845	PSYCHOANALYSIS	X			Yes	11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	
90846 90847	FAMILY MEDICAL PSYTX. FAMILY PSYTX. (CONJOINT)	X	X	X	*See note	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	* For contracted MDwise BH providers (non-psychiatrists) 5 therapy sessions per member are allowed without PA (90804, 90806, 90810, 90812, 90846, 90847, 90853, & 90857) per billing provider. PA is required for additional visits. *Authorization for 90804, 90806, 90810, 90812, 90846 & 90847 can be used interchangeably, therefore PA applies to group of codes.
90849	MULTI-FAMILY GROUP PSYTX	X	X	X	Yes	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	
90853 90857	GROUP PSYCHOTHERAPY INTERACTIVE GROUP PSYCHOTHERAPY	X	X	X	*See note	03, 11, 12, 15, 20, 22, 23, 31, 32,	* For contracted MDwise BH providers (non-psychiatrists) 5 therapy sessions per member are allowed without PA (90804, 90806, 90810, 90812,

CPT Code	Description	M.D.	HSP	Mid-Level	PA Required	POS	Comments
						33, 49, 50, 53, 54, 55, 57	90846, 90847, 90853, & 90857) per billing provider. PA is required for additional visits.
90862	PHARMACOLOGIC MANAGEMENT	X		X* Mod HE with SA	*See note	03, 11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	* For contracted MDwise psychiatrists and CNS/NPs, 19 visits without PA are allowed for the following CPT codes per member, per billing provider, per calendar year: 90862, 90805, 90807, 90811, & 90813. *Cannot be paid "incident to" a physician service (codes: 90805, 90807, 90809, 90811, 90813, 90815, 90816 - 90829, 90845, 90870, 96111, 96150 – 96154, 99201-99205, 99211- 99223, 99231 - 99239, 99241-99245, 99251-99255, 99281-99285).
90865	NARCOSYNTHESIS	X			Yes	11, 22, 53	
90870	ELECTROCONVULSIVE THERAPY	X			Yes	11, 21, 22, 51	ECT is offered on both an inpatient and outpatient basis. Anesthesia (CPT code 00104) may also be provided. Facility charges for ECT are part of inpatient DRG/per diem and are not separately reimbursable.
90875	IND PSYCHOPHYSIOLOGY, 20-30 MIN		X		Yes	11, 22, 53	*Must be conducted by psychophysiolgist (Ph.D with specific training). Incorporates biofeedback & psychotherapy.
90876	IND PSYCHOPHYSIOLOGY, 45 – 50 MIN						
90880	MEDICAL HYPNOTHERAPY	X	X	X	Yes	11, 22, 53	*Must be trained specifically in hypnotherapy. Not generally covered by commercial plans.
90899	UNLISTED PSYCHIATRIC SERVICE*	X	X	X	Yes	11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	Although code is listed as HIP covered service, code may be denied with request for medical records.
96101	PSYCHO TESTING BY PSYCH/P	X	X		Yes	11, 12, 15,	
96102	PSYCHO TESTING BY TECHNIC	X	X			20, 21, 22,	
96103	PSYCHO TESTING ADMIN BY COMPUTER					23, 31, 32,	
96105	ASSESSMENT OF APHASIA	X	X			33, 49, 50,	
96110	DEVELOPMENTAL TEST, LIMITED	X	X			51, 53, 54,	
96111	DEVELOPMENTAL TEST, EXTENSIVE	X	X			55, 57	
96116	NEUROBEHAVIORAL STATUS EX	X	X				
96118	NEUROPSYCH TST BY PSYCH/P	X	X				
96119	NEUROPSYCH TESTING BY TEC	X	X				

CPT Code	Description	M.D.	HSP	Mid-Level	PA Required	POS	Comments
96120	NEUROPSYCH TST ADMIN W/CO	X	X				
96150 96151 96152 96153 96154 96155	ASSESS HLTH/BEHAVE, INIT ** ASSESS HLTH/BEHAVE, SUBSEQUENT INTERVENE HLTH/BEHAVE, IN INTERVENE HLTH/BEHAVE, GR OUP INTERV HLTH/BEHAV, FAM W/PATIENT PRESENT HLTH/BEHAV FAM NO INTERV	X	X n/a for 96154	X	No	11, 12, 15, 20, 21, 22, 23, 31, 32, 33, 49, 50, 51, 53, 54, 55, 57	Providers should use a physical health diagnosis when billing for these codes. A mental health diagnosis does not need to be primary for coverage of this service, nor does it need to be included on the claim.
99201 99202 99203 99204 99205	NEW PATIENT: OFFICE VISIT MINOR OFFICE VISIT MODERATE OFFICE VISIT MODERATE OFFICE VISIT, MOD TO HIGH OFFICE VISIT, HIGH SEVERITY	X		X - Mod HE with SA only (CNS & NP)	Yes	11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	
99211 99212 99213 99214 99215	ESTABLISHED PATIENT OFFICE VISIT MINIMAL OFFICE VISIT MINOR OFFICE VISIT LOW OFFICE OR OTHER OUTPATIENT OFFICE OR OTHER OUTPATIENT	X		X - Mod HE with SA only (CNS & NP)	Yes	11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	
99217 99218 99219 99220	OBSERVATION CARE DISCHARGE INITIAL OBSERVATION CARE INITIAL OBSERVATION CARE INITIAL OBSERVATION CARE	X			Yes	22	
99221 99222 99223 99231 99232 99233	INITIAL HOSPITAL CARE INITIAL HOSPITAL CARE, PE INITIAL HOSPITAL CARE, PE SUBSEQUENT HOSPITAL CARE SUBSEQUENT HOSPITAL CARE SUBSEQUENT HOSPITAL CARE	X			NA - included as part of inpatient PA	21, 51	
99234 99235 99236	OBSERV/HOSP SAME DATE OBSERV/HOSP SAME DATE OBSERV/HOSP SAME DATE	X			NA - included as part of inpatient/ obs PA	21, 51	
99238	HOSPITAL DISCHARGE DAY MA	X			NA -	21, 51	

CPT Code	Description	M.D.	HSP	Mid-Level	PA Required	POS	Comments
99239	HOSPITAL DISCHARGE DAY				included as part of inpatient		
99241 99242 99243 99244 99245	OFFICE CONSULTATION,MINOR OFFICE CONSULTATION,LOW OFFICE CONSULT,MODERATE OFFICE CONSULT,HIGH OFFICE CONSULTATION	X		X - Mod HE with SA only (CNS & NP)	Yes	11, 12, 15, 20, 22, 23, 31, 32, 33, 49, 50, 53, 54, 55, 57	
99251 99252 99253 99254 99255	INITIAL INPT CONSULT INITIAL INPT CONSULT INITIAL INPT CONSULT INITIAL INPT CONSULT INITIAL INPT CONSULT	X			NA for inpt stay as included in inpt PA	21, 51	
99408 99409	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING & BRIEF INTERVENTION SERVICES, 15-30 MINUTES ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING & BRIEF INTERVENTION SERVICES, > THAN 30 MINUTES	X	X	X	No*	03, 11, 20, 22, 23, 24, 31, 32, 49, 50, 61, 62, 71, 72	* For contracted providers, authorization is not required for one 99408 or 99409 per member, per billing provider. SBI services are limited to one structured screening and brief intervention per member, every three years when billed by the same billing provider. *Prior authorization is required for non-contracted providers, except if provided as emergency service. *SBI services are not typically billed by behavioral health clinics as screening and interventions are already include in behavioral health assessment/treatment CPT codes. May not be paid in conjunction with assessment codes 90801& 90802.
H0002	BEHVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	X	X	X	Yes	11, 12, 15, 20, 21, 22, 23, 31, 32, 33, 49, 50, 51, 53, 54, 55, 57	
H0035	ACUTE OUTPATIENT SERVICES (E.G. PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT SERVICES)	X	X	X	Yes	11, 21, 22, 51, 52, 53	*One unit of service equals 15 minutes. Units of service do not have to be consecutive to be billed. Actual time per day should be totaled and then rounded up to 15-minute increment. *Professional fees are included in acute outpatient service and may not be paid separately for the same time period as the acute outpatient service.

Revenue Code	Description	Acute Care (010)	Freestanding (011)	CMHC (111)	PA	Comments
780	Telemedicine, general	X	X	X	* See note	*See PA rules for professional services. PA is only required if psychiatric or substance abuse service requires PA. *If a different, separately reimbursable treatment room rev code is provided on the same day as telemedicine consult; the treatment room rev code should also be included on the claim. *Services are paid only when the hub and spoke sites are more than 20 miles apart.
90x	BH treatment/services	x	x	x	* See note	Payment is based on Medicare APC rate. Provider must supply revenue code along with CPT code indicating services provided. *See PA rules for professional services. PA is only required if psychiatric or substance abuse service requires PA.
91x	BH treatment/services	x	x	x	* See note	Payment is based on Medicare APC rate. Provider must supply revenue code along with CPT code indicating services provided. *See PA rules for professional services. PA is only required if psychiatric or substance abuse service requires PA.