

2016 MDwise Excel Network Hoosier Healthwise Medical Services that Require Prior Authorization

Medical services that require Prior Authorization

Type of Service	Requires PA	Coding
All Out of Network services	Yes	With the exception of ER, Ambulance, Urgent Care Center services, Immunizations, Family planning services, chiropractic services, podiatry, and ologists, except if service is otherwise listed on PA list.
Facility to facility ambulance transport (non-emergent transport)	Yes	A0426 & A0428
Air Ambulance	Yes	A0430, A0431, A0435, A0436
Elective/emergent/urgent medical, surgical inpatient admissions, and skilled nursing facility services	Yes	POS 21, 51, 61, 31 Maternity stays are notification only and no prior authorization number is issued.
Inpatient Rehabilitation	Yes	POS 21 or 61 and accommodation codes 024, 931-932 POS 21 or POS 61. Revenue code 024
Subacute admission	Yes	POS 21
Transplants	Yes including the work up/evaluation for transplant	POS 21 - For outpatient need to have the following: S9975, Solid: Heart/lung: 33930 - 33945 Liver: 47133 - 47147 Pancreas: 48550 - 48556 Bone Marrow: 38240, -38242 Heart valve tissue transplants: 33933, 33944 Stem cell: 38204-38215, 38221, 38230, 38231, 38232 Pancreas: 48550-48556 Intestine: 44132-44137, 44715-44721
Bariatric Surgery	Yes	Roux-en-Y: 43644, 43846 Gastroplasty: 43842, 43843 Gastric banding sleeve: 43770 - 43774 Gastrectomy: 43644, 43847, 43848, 43886, 46887, 43888 Duodenal switch: 43845 43645, 43775, 43844, 43999
Cochlear Implants surgery (See DME for device)	Yes	69930
General anesthesia for dental procedures	Yes	D9210 - D9248

Type of Service	Requires PA	Coding
Hysterectomy	Yes	51925, 58150-58294, 58541-58951, 58952-58956
Mastectomy reconstructive surgery	Yes	Same as breast reconstruction below
Maxillofacial surgeries/TMJ -including Arthroplasty, Arthroscopy, Reconstruction, Discectomy (with or without disc replacement), trigger point injections, Arthrocentesis, and mandibular orthopedic repositioning appliances (MORA)	Yes	21010, 21025, 21026, 21050, 21060, 21070, 21073, 21116, 21193-21196, 21240-21249, 21255, 29800, 29804, 58262
Non-cosmetic reconstructive surgery	Yes	11200, 11201, 11920-11922, 11950-11954, 15775, 15776, 15780-15839, 15847, 15876-15879, 17106-17108, 19300, 19316-19396, 21740-21743, 30520, 36468-36471, 37785, 40650-40761, 42200-42281, 54660, 67900-67972, 67730, 67974, 67975, 69300, 52066, 52067, 52068, 19301-19307, 37799
Breast congenital anomaly (i.e. polymastia)	Yes	Included in Breast Reconstruction
Breast enlargement (same as Augmentation)	Yes	Same as Augmentation above
Congenital craniofacial anomaly surgery	Yes	Included in Maxillofacial above
Tonsillectomy & Adenoidectomy	Yes	42820, 42821, 42825, 42826, 42830, 42831, 42835, 42836
Uvulopalatoplasty including laser assisted	Yes	42145
Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Yes	0051T
Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	Yes	0052T
Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit	Yes	0053T
Insertion or replacement of permanent subcutaneous defibrillator system/ Insertion of subcutaneous implantable defibrillator electrode/ Removal of subcutaneous defibrillator electrode/ Repositioning of previously implanted subcutaneous implantable defibrillator electrode/Programming device evaluation (in person)/ Interrogation device evaluation (in person)/Electrophysiologic evaluation of subcutaneous implantable defibrillator	Yes	33270, 33271, 33272, 93260, 93261, 93644
Home health services	Yes	POS 12 with the following codes: G0151, G0152, G0153, G0155, 99600, 99600 TE, 99600 TD, 99601, 99602, 92610, S9349, S9127, 97001, 97003, 92521-24 - Initial evaluation codes for PT, OT, ST in home and all subsequent therapy visits in home requires PA.

Type of Service	Requires PA	Coding
Home oxygen	Yes	A4615, A4616, A7046, E0424, E0425, E0426-E0463, E1352-E1392, E1405, E1406, K0738
Hospice (inpatient and outpatient)	Yes	All POS 34, For POS 12, the following should pend: 651, 652, 655 and 656 with HCPCS codes Q5001-Q5010
Nutritionals and Supplements, Enteral/ Parenteral Nutrition and services	Yes, regardless of total claim cost	B4034 -B9998
Outpatient ST/OT/PT	The initial evaluation does not require prior auth. Prior authorization is required for PT or OT exceeding the 12 hours or visits per discipline within 30 calendar days. No PA required for ST for the first 12 visits or hours within a calendar year	PT - Revenue codes - 420, 421, 422, 423, 429, and 97002, 97004, 97029- 97546, 97750-97762 OT - Revenue codes 430-433, 439 ST - Revenue codes 440,-443, 449, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92525, 92526
Outpatient Pulmonary rehab	Yes	G0237 - G0239 99 HX G0424 - G0424 99 HX G0237-G0239, 948, G0424
Cochlear Implants (device)	Yes	L8614- L8619
Durable Medical equipment	Yes all DME and supplies >\$500 (total claim) including rental or purchase requires prior authorization	ALL DME codes. Please also refer to the orthotics category of this document for other items that may be considered DME that require prior authorization.
Electric breast pump	Yes, rental or purchase of \$500 or more per claim	
Hearing Aids	Yes	Left and Right ear- V5030, V5040, V5050, V5060, V5070, V5080, V5095, V5100, V5120, V5130, V5140, V5150, V5170, V5180, V5190, V5210, V5220, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5263, V5267 Bilateral- V5100, V5120, V5130, V5140, V5150, V5248, V5249, V5250, V5251, V5252, V5253, V5258, V5259, V5260, V5261
Orthotics	Yes for orthotics of \$250 or more	L0100-L4631
Prosthetics	Yes of \$500 or more per claim	L5000-L9900

Type of Service	Requires PA	Coding
TENS (see pain management)	Yes	A4556, A4557, A4558, A4595, A4630, E0720, E0730, E0731, A4290
Bone Density study for members under 65 years of age	Yes	G0130 - G0130 99 HX 76977 - 76977 99 CP 77078 - 77086 99 CP 78350 - 78351 99 CP
Botox Injections	Yes	J0585, J0586, J0587, J0588 Please refer to worksheet titled Drugs requiring PA
Clinical trials for cancer treatment	Yes	
Dialysis	Yes	Rev codes 082x, 083x, 084x-, 085x
Genetic testing	Yes	81228, 81229, 88230, 88367, 88291, 80502, 88262, 88289, 88230, 72090, 77072
Hyperbaric oxygen	Yes	413 99183 C1300, A4575, E0446
PET Scan- All	Yes	404, G0219, G0220, G0221, G0222, G0223, G0224, G0225, G0226, G0227, G0228, G0229, G0230, G0231, G0232, G0233, G0234, G0235, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78813, 78814, 78815, 78816
MRA- ALL	Yes	74185, 73225, 71555, 70544, 70545, 70546, 73725, 70547, 70548, 70549, 72198, 72159 (billed under MRI revenue codes)
MR Spectroscopy	Yes	76390
MRI- Abdomen	Yes	74181, 74182, 74183
MRI - Pelvis	Yes	72195, 72196, 72197
MRI - Lower Extremity	Yes	73718, 73719, 73720, 73721, 73722, 73723
MRI- 3D	Yes	76376-76377
MRI - Brain	Yes	70551, 70552, 70553, 70554, 70555, 70556, 70557, 70558, 70559
MRI - chest	Yes	71550, 71551, 71552, 71555
MRI - Cervical, Thoracic, lumbar spine	Yes	72141, 72142, 72143, 72144, 72145, 72146, 72147, 72148, 72149, 72150, 72151, 72152, 72153, 72154, 72155, 72156, 72157, 72158,
MRI - Breast	Yes	77058 - 77059
CT scan - Cervical, Thoracic, lumbar spine	Yes	72125-72133
CT scan -Thorax	Yes	71250-71275
CT-Scan -Abdomen	Yes	74150 - 74178
CT scan - maxillofacial	Yes	70486, 70487, 70488
CT Scan -Pelvis	Yes	72191, 72192, 72193, 72194

Type of Service	Requires PA	Coding
3D CT scans	Yes	77061, 77062, 77063, 76376-76377
Podiatry	Yes after 6 visits	Podiatry visits require prior authorization AFTER the 6th visit. All services rendered during the visit unless otherwise noted on this prior authorization list are included in the visit limit without authorization
Pulse generator	Yes	61885-61886
The following radiation therapy requires prior auth: IMRT	Yes	77385 and 77386
Vision training therapy	Yes	92065
Routine OB Ultrasounds	Yes, more than 2 OB ultrasounds require prior authorization	76801-76817 with Diagnosis codes Z34.00, Z34.80, Z34.90, Z33.1, O09.00-O09.93, Z36, O00-O99, P05.00-P05.9
PICC line insertion for OB services (i.e. hyperemesis gravidarum)	Yes	36569 with diagnosis of O21-O21.8, O20-O21.9, O44-O47, O67-O6
Pain management- including trigger point injection, facet joint and/or facet joint nerve injection, Epidural steroid injection, transcutaneous electric nerve stimulator	Yes the following require prior authorization (TENS)	A4556,-A4558, A4595, A4630, E0720, E0730, E0731, A4290, 64490-64495, 62310, 62311, 64479-64484, 72275, 77003, 64550,-64581, 61850-61888, 64561, 64581, E0744-E0749, E0762, E0766, L8679-L8695
Sacral nerve, Neuro or Spinal Cord stimulator	Yes	64553, 64454, 64455, 64565 (for implant) 43647, 43881 (for electrodes) "
Behavioral Health	Yes	PA requirements as outlined on the BH PA list located on the MDwise website, MDwise.org .