



2018 MDwise HIP 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, A0435, A0431, A0436
Elective/emergent/urgent medical, surgical inpatient admissions, and skilled nursing facility services	Yes	POS 21, 22, 24, 51, 61, 31, 32 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 - Heart/lung 33930-33945 Liver - 47133-47147 Pancreas - 48550-48556 Bone Marrow/Stem cell: 38204-38242 Pancreas: 48550-48556 Intestine: 44132-44137, 44715-44721
Accidental dental services (other than ER)	Yes	D0100-D0999. Please contact DentaQuest for prior authorization of dental services
Bariatric Surgery	Yes	Roux-en-Y- 43644, 43846 Gastroplasty - 43842, 43843 Gastric banding sleeve – 43770-43775 Gastrectomy - 43644, 43847, 43848, 43886, 46887, 43888, 43999 Duodenal switch - 43645, 43845, 43999 Revision: 43850-43865
Cochlear Implants surgery (See DME for device)	Yes	69930
Hysterectomy	Yes	45126, 51925, 51597, 58150–58294, 58541-58554, 58570-58573, 58951-58956, 59135
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, 21025-21029, 21050, 21060, 21070, 21073, 21116, 21120-21215, 21193-21196, 21240-21249, 21255, 29800, 29804, D7000-D7999

Type of Service	Requires PA	Coding
Non-cosmetic reconstructive surgery	Yes	Included in potentially cosmetic
Potentially cosmetic procedures in addition to other procedures listed separately: blepharoplasty, septoplasty/rhinoplasty, port wine stain removal, otoplasty, breast reconstruction, breast enlargement, breast reduction/mammoplasty, mammoplasty for gynecomastia, breast implant removal, excision of excess skin due to weight loss including panniculectomy/abdominoplasty, lipectomy or excess fat removal, varicose vein treatment, cleft lip/palate surgery, congenital craniofacial anomaly surgery, surgical treatment of congenital chest wall deformity (pectus excavatum), breast congenital anomaly (i.e. polymastia)	Yes	11200, 11201, 11400-11471 (with criteria) 11920-11922, 11950-11954, 11971, 15780-15839, 15847, 15876-15879, 17106-17250, 19300-19307, 19316 -19396, 19499, 21740-21743, 30400-30462, 30520-30630, 36468-36479, 37500, 37700-37785, 37799, 40650-40761, 42200-42281, 54660, 67900-67999, 69300-69320, S2066, S2067, S2068, 96910-96999
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, if age 18 or older	42820, 42821, 42825, 42826, 42830, 42831, 42835, 42836
Uvulopalatoplasty including laser assisted	Yes	42145
Vision surgery - Laser in-situ keratomileusis (LASIK), laser epithelial keratomileusis (LASEK), Photorefractive Keratectomy (PRK), Photostigmatic keratectomy (PARK/PRK-A), Epikeratoplasty	Yes	non-covered
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, 33273, 93260, 93261, 93644



Type of Service	Requires PA	Coding
Home health services	Yes	POS 12 with the following codes, G0151, G0152, G0153, G0155, 99600, 99600 TE, 99600 TD, 99601, 99602, 92610, S9349, S9127, 97161-97163, 97165 – 97167, 92521-24 – Initial evaluation codes for PT, OT, ST in home and all subsequent therapy visits in home requires PA.
Home IV infusion	Yes	S9349 –Tocolytics, 99601-99602
Home oxygen	Yes	A4615- A4616, A7046, E0430-E0459, E0465, E0466, 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 all PT or OT. 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 97164, 97168, 97012-97150, 97530-97542, 97750, 97760-97799 OT - Revenue codes 430-433, 439 ST - Revenue codes 440,-443, 449, 92507, 92508, 92520-92526
Outpatient Pulmonary rehab	Yes	ST - Revenue codes 440, 441, 442, 443, G0237-G0239
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-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

Type of Service	Requires PA	Coding
Prosthetics	Yes of \$500 or more per claim	L5000–L9900
Botox Injections	Yes	J0585, J0586, J0587, J0588 Please refer to worksheet titled Drugs requiring PA
Chiropractic	Yes	97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97034-97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140
Clinical trials for cancer treatment	Yes	
Dialysis	Yes	Rev codes 082x, 083x, 084x-, 085x
Genetic testing, urine drug testing-limit to 10 presumptive and 10 definitive tests (G0480 only) per calendar year without prior authorization.		81161-81219, 81228-81519, 88120-1, 88235, 88237, 88261-88264, 88289, 88291, 88299, 88365 -88368, 77072, 80305-80307, 82542, 83516-83520, 83789, G0480-G0483
Hyperbaric oxygen	Yes	99183, A4575, E0446
PET Scan- All	Yes	78459, 78491, 78492, 78608, 78609, 78811-78816
MR Spectroscopy	Yes	76390
MRI- Abdomen	Yes	74181, 74182, 74183
MRI - Pelvis	Yes	72195, 72196, 72197
Outpatient procedures	Yes	27132-27138, 27700-27704, 29866-29867, 29914-29916, 31237-31297, 31580-31591, 32672, 33140-33141, 33254-33256, 33265-33266, 33548, 33641, 33647, 33660, 37241-37244, 47370, 47380-47383, 52601, 52647-52649, 53850-53860, 59076, 61580-61581, 61645, 61720-61735, 61783, 61796-61798, 63620-63621, 64633-64636, 64722, 65710-65757, 65770, 65772, 65775, 66999, 75894, 76940, 77013, 77371-77373, 82785, 86003-86005, 91110, 93025, 93228-93229, 93580-93582, 93650-93657, 93797-93799, 95950-95958, 97530-97542, 97799, 0071T, 0072T, 0191T, 0376T, G0297, S2117
MRI – Upper/Lower Extremity	Yes	73218-73223, 73718-73723

Type of Service	Requires PA	Coding
MRI- 3D	Yes	76376-76377
MRI - Brain	Yes	70336, 70551-70559, 70540,-70543
MRI - Chest, Heart	Yes	71550, 71551, 71552, 75557-75565
MRI - Cervical, Thoracic, lumbar spine	Yes	72141-72158
CT scan - Cervical, Thoracic, lumbar spine	Yes	72125-72133
CT scan -Thorax	Yes	71250-71275, 75571-75574
CT-Scan -Abdomen	Yes	74150-74178, 75635
CT Scan –Pelvis, upper, lower extremity	Yes	72191, 72192, 72193, 72194 73700-73702
3D CT scans, CTA	Yes	76376-76377, 77061, 77062, 77063, 70496-70498, 72191, 73206, 73706
Podiatry (also described as routine foot care per HIP 2.0 benefit plans)	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	
PICC line insertion for OB services (i.e. hyperemesis gravidarum)	Yes	36569 with listed diagnosis
Pain management- including trigger point injection, facet joint and/or facet joint nerve injection, Epidural steroid injection	Yes the following require prior authorization	22510-22515, 22526-22527, 61850-61888, 62290, 62318, 62319, 62320-62327, 64455, 64479-64484, 64490-64495, 72275-72295, 77003,-E0744-E0749, E0762, E0766, L8679-L8695
Sacral nerve, Neuro or Spinal Cord stimulator	Yes	64553, 64595 (for implant) 43647, 43648, 43881-43882 (for electrodes)
Behavioral Health	Yes	Coding PA requirement as outlined on the following pages.

Medical Benefit Drugs that Require Prior Authorization

Therapeutic Category	Brand Name	Generic Name	Applicable Code (s)
Addiction Management	Probuphine	bu prenorphine	J0570
	Vivitrol	naltrexone	J2315
Antisense Oligonucleotides	Exondys 51	eteplirsen	None
	Spinraza	nusinersin	None
Botulinum toxins	Botox	onabotulinumtoxin A	J0585
	Dysport	abobotulinumtoxin A	J0586
	Myobloc	rimabotulinumtoxin B	J0587
	Xeomin	incobotulinumtoxin A	J0588
Endocrine Agents	H.P. Acthar	corticotropin	J0800
	Makena	hydroxyprogesterone caproate	J1725
Enzyme Replacement Therapy	Aldurazyme	laronidase	J1931
	Cerezyme	imiglucerase	J1786
	Elaprase	idurasulfase	J1743
	Elelyso	taliglucerase	J3060
	Fabrazyme	agalsidase beta	J0180
	Kanuma	sebelipase alfa	J2840
	Lumizyme	alglucosidase alfa	J0221
	Naglazyme	galsulfase	J1458
	Vimizim	elosulfase alfa	J1322
VPRIV	velaglucerase	J3385	
Hereditary Angioedema Agents	Berinert	CI esterase inhibitor, human	J0597
	Cinryze	CI esterase inhibitor, human	J0598
	Firazyr	icatibant acetate	J1744
	Kalbitor	ecallantide	J1290
	Ruconest	CI esterase inhibitor, human	J0596
Hormonal modifiers	Eligard, Lupron	leuprolide acetate	J9217, J9218, J1950
	Sandostatin	octreotide acetate	J2354
	Sandostatin LAR	octreotide acetate	J2353
	Supprelin LA, Vantas	histrelin acetate	J9226
	Trelstar / Trelstar Depot / Trelstar LA	triptorelin pamoate	J3315
	Vantas	histrelin acetate	J9225
	Zoladex	goserelin acetate	J9202

Therapeutic Category	Brand Name	Generic Name	Applicable Code (s)
Immune Globulins	Bivigam	immune globulin, human	J1556
	Carimune, Gammagard S/D	immune globulin, human	J1566
	Flebogamma / Flebogamma DIF	immune globulin, human	J1572
	Gammagard Liquid	immune globulin, human	J1569
	GamaSTAN S/D	immune globulin, human	J1460, J1560
	Gammaplex	immune globulin, human	J1557
	Gamunex-C, Gammaked	immune globulin, human	J1561
	Hizentra	immune globulin, human	J1559
	Hyqvia	immune globulin, human with recombinant hyaluronidase	J1575
	immune globulin, unspecified	immune globulin, human	J1599
	Octagam	immune globulin, human	J1568
	Privigen	immune globulin, human	J1459
Immunomodulators for Inflammatory Conditions	Actemra	tocilizumab	J3262
	Benlysta	belimumab	J0490
	Entyvio	vedolizumab	J3380
	Orencia	abatacept	J0129
	Remicade	infliximab	J1745
	Rituxan	rituximab	J9310
	Simponi Aria	golimumab	J1602
Miscellaneous Immunomodulators	Ilaris	canakinumab	J0638
	Soliris	eculizumab	J1300
	Sylvant	siltuximab	J2860
Immuno-modulators for multiple sclerosis	Lemtrada	alemtuzumab	J0202
	Ocrevus	ocrelizumab	None
	Tysabri	natalizumab	J2323
Metabolic bone disease	Aredia	pamidronate	J2430
	Boniva	ibandronate	J1740
	Reclast, Zometa	zoledronic acid	J3489
	Prolia, Xgeva	denosumab	J0897
Osteoarthritis	Euflexxa	sodium hyaluronate	J7323
	Gel-One	sodium hyaluronate	J7326
	GenVisc 850	sodium hyaluronate	J7320
	Hyalgan, Supartz	sodium hyaluronate	J7321
	Hymovis	sodium hyaluronate	J7322
	Monovisc	sodium hyaluronate	J7327
	Orthovisc	sodium hyaluronate	J7324
	Synvisc / Synvisc-One	sodium hyaluronate	J7325

Therapeutic Category	Brand Name	Generic Name	Applicable Code (s)
Oncology Agents	Abraxane	paclitaxel, protein bound	J9264
	Adectris	brentuximab vedotin	J9042
	Aldurazyme	laronidase	J1931
	Alimta	pemetrexed disodium	J9305
	Arzerra	ofatumumab	J9302
	Avastin	bevacizumab	J9035
	Beleodaq	belinostat	J9032
	Blinicyto	blinatumomab	J9039
	Cyramza	ramucirumab	J9308
	Darzalex	daratumumab	J9145
	Elspar	asparaginase	J9020
	Empliciti	elotuzumab	J9176
	Erbitux	erbituxin	J9055
	Erwinaze	asparaginase erwinia chrysanthemii	J9019, J9020
	Faslodex	fulvestrant	J9395
	Folotyng	pralatrexate	J9307
	Gazyva	obinutuzumab	J9301
	Halaven	eribulin mesylate	J9179
	Herceptin	trastuzumab	J9355
	Imlygic	talimogene laherparepvec	J9325
	Istodax	romidepsin	J9315
	Ixempra	ixabepilone	J9207
	Kadcyla	ado-trastuzumab emtansine	J9354
	Keytruda	pembrolizumab	J9271
	Kyprolis	carfilzomib	J9047
	Marqibo	vincristine sulfate liposome	J9371
	Novantrone	mitoxantrone hydrochloride	J9293
	Oncaspar	pegaspargase	J9266
	Onyvide	irinotecan liposome	J9205
	Opdivo	nivolumab	J9299
	Perjeta	pertuzumab	J9306
	Photofrin	porfimer sodium	J9600
	Portrazza	necitumumab	J9295
Synribo	omacetaxine	J9262	

Therapeutic Category	Brand Name	Generic Name	Applicable Code (s)
Oncology Agents <i>(continued)</i>	Torisel	temsirolmus	J9330
	Vectibix	panitumumab	J9303
	Velcade	bortezomib	J9041
	Yervoy	ipilimumab	J9228
	Yondelis	trabectedin	J9352
	Zaltrap	ziv-aflibercept	J9400
Pulmonary Arterial Hypertension (PAH) Agents	Flolan, Veletri	epoprostenol	J1325
	Remodulin	treprostinil	J3285
Respiratory agents	Aralast NP, Prolastin, Zemaira	proteinase inhibitor	J0256
	Cinqair	reslizumab	J2786
	Glassia	proteinase inhibitor	J0257
	Nucala	mepolizumab	J2182
	Xolair	omalizumab	J2357