

2017 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 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: 38204-38232 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, 43771, 43772, 43773, 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



HEALTHY INDIANA PLANSM
Health Coverage = Peace of Mind

Type of Service	Requires PA	Coding
Hysterectomy	Yes	51925, 58150-58294, 58541-58544, 58548-58554, 58570-58573, 58951-58956
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	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, 11920-11922, 11950-11954, 15775-15776, 15780-15839, 15847, 15876-15879, 17106-17108, 19300, 19316-19396, 21740-21743, 30520, 36468-36471 30400-30462, 30520, 36468-36471, 37785, 40650-40761, 42200-42281, 54660, 67900-67972, 67730, 67974, 67975, 69300, or diagnosis 757.32 or 757.33 S2066, S2067, S2068, 19301, 19302, 19303, 19304, 19304, 19305, 19306, 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
Vision surgery - Laser in-situ keratomileusis (LASIK), laser epithelial keratomileusis (LASEK), Photorefractive Keratectomy (PRK), Photostigmatic keratectomy (PARK/PRK-A), Epikeratoplasty	Yes	S0800, S0810, S0812, 65767
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





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Type of Service	Requires PA	Coding
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.
Home IV infusion	Yes	S9349 –Tocolytics, 99601-99602
Home oxygen	Yes	A4615- A4616, A7046, E0424-E0455, E0460, E0461, 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	ST - Revenue codes 440, 441, 442, 443, 449, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92525, 92526
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	



HEALTHY INDIANA PLANSM
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Type of Service	Requires PA	Coding
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
Prosthetics	Yes of \$500 or more per claim	L5000-L9900
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
Chiropractic	Yes	98940-98943, 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	Yes	81228, 81229, 88230, 88367, 88291, 80502, 88262, 88289, 88230, 72090, 77072
Hyperbaric oxygen	Yes	413, 99183, C1300, A4575, E0446
PET Scan- All	Yes	340 -349, 404, G0219-G0235, 78459, 78491, 78492, 78608, 78609, 78811-78816
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



Type of Service	Requires PA	Coding
MRI - Lower Extremity	Yes	73718 - 73723
MRI- 3D	Yes	76376-76377
MRI - Brain	Yes	70551 - 70559
MRI - Chest	Yes	71550, 71551, 71552, 71555
MRI - Cervical,Thoracic, lumbar spine	Yes	72141-72158,
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
3D CT scans	Yes	77061, 77062, 77063, 76376-76377
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 diagnosis of O21-O21.8, O20-O21.9, O44-O47, O67-O68
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, A4557, 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	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)
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	None
Enzyme Replacement Therapy	Cerezyme	imiglucerase	J1786
	Elelyso	taliglucerase	J3060
	Lumizyme	alglucosidase alfa	J0221
	Myozyme	alglucosidase alfa	J0220
	Vimizim	elosulfase alfa	None
	VPRIV	velaglucerase	J3385
Hormonal Modifiers	Eligard, Lupron	leuprolide	J9217, J9218, J1950
	Sandostatin	octreotide	J2354
	Sandostatin LAR	octreotide	J2353
	Trelstar LA	triptorelin	J3315
	Zoladex	goserelin	J9202
Immune Globulins	Bivigam	immune globulin, human	J1556
	Carimune	immune globulin, human	J1566
	Flebogamma / Flebogamma DIF	immune globulin, human	J1572
	GamaSTAN S/D	immune globulin, human	J1460
	Gammagard S/D	immune globulin, human	J1566
	Gammaplex	immune globulin, human	J1557
	Privigen	immune globulin, human	J1459
	Gammagard Liquid	immune globulin, human	J1569
	Hizentra	immune globulin, human	J1559
	Gamunex-C	immune globulin, human	J1561
	Gammaked	immune globulin, human	J1561
	Octagam	immune globulin, human	J1568
	Hyqvia	immune globulin, human with recombinant hyaluronidase	None

Therapeutic Category	Brand Name	Generic Name	Applicable Code(s)
Immuno-modulators for Inflammatory Conditions	Actemra	tocilizumab	J3262
	Benlysta	belimumab	J0490
	Entyvio	vedolizumab	None
	Orencia	abatacept	J0129
	Remicade	infliximab	J1745
	Rituxan	rituximab	J9310
	Simponi Aria	golimumab	J1602
Miscellaneous Immunomodulators	Ilaris	canakinumab	J0638
	Soliris	eculizumab	J1300
	Sylvant	siltuximab	None
Immuno-modulators for Multiple Sclerosis	Tysabri	natalizumab	J2323
Metabolic Bone Disease	Aredia	pamidronate	J2430
	Boniva	ibandronate	J1740
	Reclast	zoledronic acid	J3488
	Prolia, Xgeva	denosumab	J0897
	Zometa	zoledronic acid	J3487
Osteoarthritis	Euflexxa	sodium hyaluronate	J7323
	Gel-One	sodium hyaluronate	J7326
	Hyalgan, Supartz	sodium hyaluronate	J7321
	Monovisc	sodium hyaluronate	None
	Orthovisc	sodium hyaluronate	J7324
	Synvisc, Synvisc-One	sodium hyaluronate	J7325
Pulmonary Arterial Hypertension (PAH) Agents	Flolan	epoprostenol	J1325
	Veletri	epoprostenol	J1325
	Aralast NP	proteinase inhibitor	J0256
	Glassia	proteinase inhibitor	J0257
	Prolastin, Zemaira	proteinase inhibitor	J0257
Respiratory agents	Xolair	omalizumab	J2357