MDwise St. Vincent Hoosier Healthwise Prior Authorization List
Effective January 1, 2014

The following is a list of services that require prior authorization review for medical necessity and place of service

1. **All Services and Visits by Out-of-network Physicians/Providers/Suppliers/Facilities**

2. **All Inpatient and Observation Hospital Admissions:** e.g. medical, obstetrics, surgical, and rehabilitation.) Call medical management to verify

3. **In-Network Labor Checks do not require authorization**

4. **All Transfers** for inpatient and/or outpatient services between acute-care facilities

5. **Home Health and Therapy Services;** including infusion and outpatient therapy services

Physical	Speech
Occupational	Nursing Services

6. **Outpatient Services:** including but not limited to,

Dialysis	Neurospinal Simulator placement/replacement	Hyperbaric Oxygen Therapy
Laryngoplasty	Percutaneous Implant/electrode placement	Audiological Surgeries
Any Lesion removal	Dressing changes requiring anesthesia	Implantable DME

7. **Skilled Nursing Facility;** admission for alternate levels of care in a facility, either freestanding or part of a hospital, that accepts patients in need of skilled level rehabilitation and/or medical care that is of lesser intensity than that received in a hospital

8. **Diagnostic Services:** such as,

BSER with Anesthesia	Amniocentesis
Sleep Studies	Cardiac Catheterization
All PET Scans	Pediatric Services requiring Anesthesia
All Genetic Testing	Ultrasounds * Guidelines are stated in the IHCP Manual

9. **All Endoscopy/Gastroenterology Services**

10. **Surgical Procedures:** including but not limited to,

Bariatric	Device (re)placement
Experimental/Investigational	Percutaneous Vertebroplasty
Exploratory of the ear and/or eye	TMJ Surgery or manipulation
Computer Assisted Surgery	Gastric Neuostimulator procedures
Spinal Surgery	Orchiopexy
Nerve blocks	All T&A's
Inpatient hysterectomies	All Skin grafts

MDwise St. Vincent Hoosier Healthwise Prior Authorization List (cont.)

11. **Transplant Evaluations and Procedures;**

12. **Cosmetic Procedures:** in any setting, including but not limited to,

Abdominoplasty	Reduction Mammoplasty
Blepharoplasty	Ligation and stripping of the veins
Lipectomy	Rhinoplasty
Dermabrasion	Gastroplasty
Lesion removals (any method)	

13. **Pain Management Services**; including injections (separate from surgical procedures)

14. **Air Ambulance Transportation;** as well as any transportation over 50 miles or across state lines

15. **Durable Medical Equipment (DME):** including but not limited to,

The rental/purchase of all wheelchairs (motorized/manual) and all wheelchair components
Implantable DME
Orthotics/Prosthetics
Enteral supplies i.e. formulas and parenteral
Electronic Breast Pumps
Glasses for after cataract surgery
***Refer to the IHCP Manual for extensive details on coverage and member benefits**

16. **Non-Routine Podiatry:** including but not limited to,
    Trimming non-dystrophic nails, bunionectomy, osteotomy, and arthrodesis/mal/non-union repair of the foot, and orthotics or DME.

17. **Behavioral Health Service:** including but not limited to,

Neuropsychological testing	Psychological testing
All inpatient admissions	Neurosynthesis
ECT	Psychiatric Placement evaluation of hospital records
Play therapy	
***Office Visits: Please refer to the IHCP Manual for benefit and authorization guidelines**	

18. **Non-covered Services**; please refer to the IHCP manual regarding coverage and benefit limitations: www.indianamedicaid.com