

## MDwise Total Health Prior Authorization

### Hoosier Healthwise

1. SERVICES BY OUT-OF-NETWORK PHYSICIANS/PROVIDERS/FACILITIES
2. Hospital inpatient admissions (including Skilled Nursing, Rehabilitation, Burn Unit admissions)
3. Hospital observation admissions (up to 72 hours)
4. Specified OP surgical services
  - a. Bariatric surgery
  - b. Reduction mammoplasty
  - c. Reconstructive or plastic surgeries that may be considered cosmetic (including jaw surgery, vein surgery, eyelid surgery and facial surgery)
  - d. Surgery for sleep apnea
5. Specified specialist services
  - a. All out-of-network services
  - b. Pain management evaluation and treatment
  - c. Transplant specialty referrals
6. Nutritional & medical food products (nutritional supplements)
7. Chiropractic services beyond 50 visits per year
8. DME
  - a. DME with a "total claim" of >\$500 in billed charges
  - b. DME rental items
9. Physical, occupational, speech and respiratory therapy
  - a. All outpatient therapies with the following exceptions
    - i. Initial evaluations do not require authorization
    - ii. Home based therapies as noted under Home Health below do not require authorization
10. Home health
  - a. All home health services require authorization except 120 visits within 30 days following hospital discharge.
  - b. Any combination of therapy services ordered prior to hospital discharge in excess of 30 units within 30 calendar days of discharge. (Source 405 IAC 5-16-3)
11. Home infusion services, including hemophilia factor medications
12. Air ambulance for inter-facility transports only
13. Non-emergency transportation
  - a. Ambulance transport
  - b. Taxi one-way trip of one hundred (100) miles or greater
  - c. Airline or interstate transportation

### Notifications

Maternity-related inpatient admissions and observations  
NICU-related admissions