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

<table>
<thead>
<tr>
<th>Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity-related inpatient admissions and observations</td>
</tr>
<tr>
<td>NICU-related admissions</td>
</tr>
</tbody>
</table>

PO616 (10/10)  Revised 1/1/13