# MDwise Hoosier Healthwise and Healthy Indiana Plan Medical Services that Require Authorization

Please note requests are considered urgent ONLY when a delay in care could jeopardize the life/health of the member, jeopardize the member's ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service.

| Type of Service | Requires PA | Coding |
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| Out of Network Services | Yes | Exceptions include ER, ambulance, urgent care center services, immunizations, family planning services, chiropractic services, podiatry, and ologists, unless the service is otherwise listed on the PA list. |
| Inpatient Services<br>*(Including emergent, urgent, elective, medical, surgical, subacute, rehabilitation, and skilled nursing facility)* | Yes<br>Except Maternity Stays | POS 21, 51, 61, and 31<br>Initial NICU Admissions from birth should be sent to Progeny Health:<br>Fax: 866-305-6062<br>Email: mdwise-um@progenyhealth.com<br>Phone: 888-832-2006 |
| Behavioral Health | | See Behavioral Health Authorization List |
| Air Ambulance | Yes | A0430, A0431, A0435, A0436 |
| Bariatric Surgery | Yes | 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999 |
| Cochlear Implants<br>*(Surgery and Device)* | Yes | 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8690 |
| Defibrillator related evaluations and procedures | Yes | 33270, 33271, 33272, 93260, 93261, 93644 |
| Definitive Drug testing<br>*(less than 15 drug classes)* | Yes<br>If more than16 cumulative units per calendar year. | G0480, G0481, G0659 |
| Definitive Drug testing<br>*(15 or more drug classes)* | Yes | G0482, G0483 |
| Presumptive Drug testing | Yes<br>If more than 52 cumulative units per calendar year | 80305, 80306, 80307 |

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| Dialysis | Yes | REV: 082x,083x, 084x-, 085x<br>CPT: 90935, 90937, 90940, 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993, 90997, 90999 |
| Durable Medical Equipment, Prosthetics and Orthotics Rental/ Purchased | Yes, and any item billed for >$500 a month rented or for >$500 purchased. | E0251, E0250, E0255, E0256, E0260, E0261, E0265, E0266, E0277, E0290, E0292, E0293, E0294, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0372, E0373, E0465, E0466, E0471, E0472, E0483, E0636, E0652, E0783, E0786, E1006, E1008, E1035, E2402, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0851, K0852, K0853, K0854, K0855, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, L5856, L5857, L5858, L5961, L5987, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7180, L7181, L7185, L7186, L7190, L7191, Q0480, Q0481, Q0483, Q0489 |
| Genetic testing | Yes | 81161, 81162, 81163, 81164, 81165, 81166, 81200, 81201, 81202, 81203, 81206, 81207, 81208, , 81220, 81212, 81215, 81216, 81217, 81218, 81219, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81243, 81244, 81251, 81252, 81253, 81254, 81257, 81258, 81259, 81270, 81276, 81278, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81317, 81318, 81319, 81321, 81322, 81323, 81330, 81346, 81361, 81364, 81403, 81404, 81405, 81407, 81420, 81422, 81450, 81479, 81507, 81519, 81522, 83950, 83951, 84999, 86849, 88120, 88121, 88230, 88233, 88235, 88237, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88289, 88291, 88299, 88361, 88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, 88377, 88387, G0452, 0029U, 0034U, 0037U, 0040U, 0045U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0094U, 0101U, 0102U, 0103U, 0111U, 0129U, 0130U, 0131U, 0132U, 0134U, 0135U, 0136U, 0137U, 0138U, 0158U, 0169U, 0209U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0231U, 0233U, 0235U, 0236U, 0237U, 0238U, 0242U, 0265U, 0267U, 0327U, 0335U, 0336U,0340U, 0345U, 0411U, 81170, 81185, 81191, 81192, 81193, 81194, 81222, 81223, 81225, 81226, 81227, 81248, 81272, 81274, 81285, 81286, 81314, 81324, 81325, 81336, 81340, 81342, 81349, 81351, 81352, 81353, 81362, 81363, 81406, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81441, 81442, 81443, 81445, 81448, 81449, 81451, 81456, 81460, 81465, 81518, 81520, 81521, 81523, 81539, 81546, 81595 |
| Gynecologic Procedures | Yes | 58353, 58356 |
| Hearing Aids | Yes | V5030, V5040, V5050, V5060, V5080, V5095, V5100, V5120, V5130, V5140, V5246, V5247, V5252, V5253, V5256, V5257, V5260, V5261, V5267, V5299 |
| Home Health Services | Yes | POS 12<br>G0151, G0152, G0153, 99600, 99600 TE, 99600 TD, 99601, 99602, 92610 |

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| Home Oxygen | Yes | E0424, E0439, E0441, E0442, E0443, E0444, E0455, E1352, E1353, E1355, E1356, E1357, E1358, E1390, E1391, E1392, E1405, E1406, K0738 |
| Hospice<br>*(inpatient and outpatient)* | Yes | POS 34 or 12<br>REV: 651, 652, 655 and 656 |
| Hyperbaric Oxygen | Yes | 99183 |
| Hysterectomy | Yes | 51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58951, 58952, 58953, 58954,58956 |
| Implantation of Auditory Brainstem Implant | Yes | S2235 |
| Male Enhancement Procedures | Yes | 53445, 54406 |
| Maxillofacial Surgeries/TMJ | Yes | 21010, 21025, 21026, 21050, 21060, 21070, 21073, 21110, 21116, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21193, 21194, 21195, 21196, 21198, 21199, 21208, 21209, 21230, 21235, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, 21296, 21299, 21480, 21485, 21490, 21685, 29800, 29804, 30120, 40500, 40510, 40520, 40527, 40530, 41512, 41530, 41599, 42145, 42299 |
| Medical Rehabilitation | Yes | 93668, 92626, 92627, 92630, 92633 |
| Nutrition and Supplements | Yes | B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180 B4185, B4187, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998 |
| Osteotomy | Yes | 0594T |
| Outpatient Speech, Occupational, and Physical Therapy<br>*(See BH PA list for ABA Therapy)* | Yes<br>If more than 24 visits within a calendar year. | PT/OT REV: 420, 421, 422, 423, 429, 430, 431, 432, 433, 439<br><br>PT/OT CPT: 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97750, 97760, 97761<br><br>ST REV:440, 441, 442, 443, 444, 449<br>ST CPT:92507, 92508, 92520, 92526 |

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| Pain management | Yes | A4556, A4557, A4558, A4595, A4630, E0720, E0730, E0731, A4290, 64490, 64491, 64492, 64493, 64494, 64495, 62320, 62321, 62322, 62323, 64454, 64455, 64479, 64480, 64483, 64484, 64555, 64561, 64566, 64568, 64569, 64570, 64575, 64580, 64581, 64590, 64595, 61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, E0744, E0745, E0747, E0748, E0749, E0766, L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8691, L8692, L8693, L8694, L8695 |
| Photochemotherapy | Yes | 96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694 |
| Potentially Cosmetic Services | Yes | 11920, 11921, 11922, 15730, 15731, 15733, 15734, 15736,15780, 15781, 15782, 15783, 15820, 15821, 15822, 15823, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 17106, 17107, 17108, 19300, 19301, 19302, 19316, 19318, 19325, 19328, 19340,19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 21270, 21740, 21742, 21743, 30520, 30620, 36465, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37760, 37765, 37766, 37780, 37785, 40650, 40652, 40654, 40700, 40701, 40702, 40720, 40761, 42200, 42205, 42210, 42215, 42220, 42225, 42227, 42235,42260, 42280, 42281, 54660, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67930, 67935, 67938, 67961, 67971, 67975, 69300, S2066, S2067, S2068 |
| Preparation of fecal microbiota | Yes | 44705 |
| Pulse Generator | Yes | 61885, 61886 |
| Sacral nerve, Neuro or Spinal Cord Stimulator | Yes | 43647, 43648, 43881, 43882, 63650, 63661, 63662, 63663, 63664, 63685, 64553 |
| Spinal Stenosis | Yes | 22867, 22868, 22869, 22870 |
| Termination of Pregnancy | Yes | 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59870, 59897, 59898, 59899 |
| Transplants | Yes | 00144, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33930, 33933, 33935, 33940, 33944, 33945, 38205, 38206, 38221, 38230, 38232, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327,50328, 50329, 50340, 50360, 50365, 50370, 50380, 65710, 65730, 65750, 65755, 65756 |

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| Vision training therapy | Yes | 92065 |
| Wheelchairs and accessories | Yes, and any item billed for >$500 a month rented or for >$500 purchased. | E0955, E0956, E0957, E0983, E0984, E0986, E1002, E1003, E1004, E1005, E1007, E1010, E1012, E1028, E1399, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2358, E2359, E2361, E2362, E2363, E2368, E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2397, E2398, E2622, K0108, K0800, K0801, K0802, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848, K0849, K0856, K0861, K0869, K0890, K0891, K0898 |