

MEDICAL PRIOR AUTHORIZATION AND EXCLUSION LISTS

Hoosier Healthwise and Healthy Indiana Plan Medical Services that Require Prior 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.

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.
Air Ambulance	Yes	A0430, A043I, A0435, A0436
Elective/emergent/urgent medical, surgical inpatient admissions, and skilled nursing facility services	Yes	POS 2I, 5I, 6I, and 3I; excluding maternity stays
Inpatient Rehabilitation	Yes	POS 2I or 6I and accommodation codes 024, 93I, 932 POS 2I or POS 6I. Revenue code 024
Subacute admission	Yes	POS 2I
Transplants	Yes	POS 2I - Solid: Heart/lung 3285I, 32852, 32853, 32854, 32855, 32856, 33927, 33930, 33933, 33935, 33940, 33944, 33945 Liver - 47I33, 47I35, 47I40, 47I4I, 47I42, 47I43, 47I44, 47I45, 47I46, 47I47 Pancreas -48550, 4855I, 48552, 48554, 48556 Bone Marrow: 38240, 3824I, 38242 Cornea: 00I44, 657I0, 65730, 65750, 65755, 65756 Heart valve tissue transplants: 33933, 33944 Kidney: 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380 Stem cell: 38205, 38206, 3822I, 38230, 38232 Pancreas: 48550, 4855I, 48552, 48554, 48556 Intestine: 44I32, 44I33, 44I35, 44I36, 44I37, 447I5, 44720, 4472I
Bariatric Surgery	Yes	Roux-en-Y- 43846, 43847 Gastroplasty - 43842, 43843 Gastric banding sleeve - 43770, 4377I, 43772, 43773, 43774 Gastrectomy - 43644, 43847, 43848, 43886, 43888 Duodenal switch - 43845 43645, 43659, 43775, 43999

Type of Service	Requires PA	Coding
Cochlear Implants surgery (See DME for device)	Yes	69930
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
Gynecologic Procedures	Yes	58353, 58356
Male enhancement procedures	Yes	53445, 54406
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, 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,
Potentially cosmetic procedures in addition to other procedures listed separately: blepharoplasty, septoplasty/rhinoplasty, port wine stain removal, otoplasty, breast reconstruction, breast enlargement, breast reduction/ mastopexy, mastopexy 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	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, 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, 19301, 19302

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 or bill type 330 with the following codes, G0151, G0152, G0153, 99600, 99600 TE, 99600 TD, 99601, 99602, 92610, 92521, 92522, 92523, 92524 - Initial evaluation codes for PT, OT, ST in home and all subsequent therapy visits in home requires PA.
Home oxygen	Yes	E0424, E0439, E0441, E0442, E0443, E0444, E0455, EI352, EI353, EI355, EI356, EI357, EI358, EI390, EI391, EI392, EI405, EI406, K0738
Hospice (inpatient and outpatient)	Yes	All POS 34, For POS 12, the following should pend: 651, 652, 655 and 656
Nutritionals and Supplements, Enteral/Parenteral Nutrition and services	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
Outpatient ST/OT/PT (See BH PA list for ABA Therapy)	The initial evaluation does not require prior auth. No PA required for ST/OT/PT for the first 24 visits within a calendar year.	PT - Revenue codes - 420, 421, 422, 423, 429, and 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 OT - Revenue codes 430, 431, 432, 433, 439 ST - Revenue codes 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526
Cochlear Implants (device)	Yes	69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8690

Type of Service	Requires PA	Coding
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 Please also refer to other categories for other items that may be considered DME that require prior authorization. Effective February 1, 2021, for capped rental items that are subject to the 21st Century Cures Act, the capped rental period will be 6 months or 10 months, depending on the type of item. For codes not subject to the Act, the capped rental period will remain 15 months.
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
Continuous Glucose Monitors and Insulin Pumps	Yes, May also submit through pharmacy benefits: fax 858.790.7100 Please see Diabetic supply list: Indiana Health Coverage Programs - PBM (optum.com)	A4239, A4238, A9274, E0784, E2102, E2103

Type of Service	Requires PA	Coding
Hearing Aids	Yes	Left and Right ear- V5030, V5040, V5050, V5060, , V5080, V5095, V5100, V5120, V5130, V5140, , V5246, V5247, V5252, V5253, V5256, V5257, V5260, V5261, V5267, Bilateral- V5100, V5120, V5130, V5140, V5252, V5253, V5260, V5261, V5299
TENS (see pain management)	Yes	A4556, A4557, A4558, A4595, A4630, E0720, E0730, E0731, A4290
Dialysis	Yes	Rev codes 082x,083x, 084x-, 085x 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
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, 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
Genetic testing (biomarkers)	Yes, effective 7/1/2024	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, 81170, 81185, 81191, 81192, 81193, 81194, 81222, 81223, 81225, 81226, 81227, 81248, 81249, 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

Type of Service	Requires PA	Coding
Definitive Drug testing (less than 15 drug classes)	Yes after 16 cumulative units per calendar year.	G0480, G0481, G0659
Definitive Drug testing (15 or more drug classes)	Yes	G0482, G0483
Presumptive Drug testing	Yes, after the first 52 cumulative units per calendar year	80305, 80306, 80307
Hyperbaric oxygen	Yes	REV 4I399I83
Pulse generator	Yes	6I885, 6I886
Implantation of Auditory Brainstem implant	Yes	S2235
Vision training therapy	Yes	92065
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	A4556, A4557, A4558, A4595, A4630, E0720, E0730, E073I, A4290, 64490, 6449I, 64492, 64493, 64494, 64495, 62320, 6232I, 62322, 62323, 64454, 64455, 64479, 64480, 64483, 64484, 64555, 6456I, 64566, 64568, 64569, 64570, 64575, 64580, 6458I, 64590, 64595, 6I850, 6I860, 6I863, 6I864, 6I867, 6I868, 6I880, 6I885, 6I886, 6I888, E0744, E0745, E0747, E0748, E0749, , E0766, L8679, L8680, L868I, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L869I, L8692, L8693, L8694, L8695
Sacral nerve, Neuro or Spinal Cord stimulator	Yes	64553, 43647, 43648, 4388I, 43882, 63650,6366I, 63662, 63663, 63664, 63685
Photochemotherapy	Yes	96573, 96574, 969I0, 969I2, 969I3, 96920, 9692I, 96922, E069I, E0692, E0693, E0694
Medical Rehabilitation	Yes	93668, 92626, 92627, 92630, 92633
Termination of Pregnancy	Yes	59840, 5984I, 59850, 5985I, 59852, 59855, 59856, 59857, 59870, 59897, 59898, 59899
Behavioral Health		See Behavioral Health Prior Authorization Lists

Type of Service	Requires PA	Coding
Preparation of fecal microbiota for instillation, including assessment of donor specimen	Yes	44705
Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Yes	0594T
Spinal Stenosis	Yes	22867, 22868, 22869, 22870