



Effective January 1, 2018

## Commercial Member Services Requiring Prior Authorization (PA)

Fax completed prior authorization forms to Population Health Medical Management at 317.962.6219. For questions call 317.962.2378 or 866.492.5878. Download the prior authorization form at [iuhealthplans.org/resources](http://iuhealthplans.org/resources).

SERVICE CATEGORY	PRIOR APPROVAL REQUIRED
Ambulance (non-emergent transport, including air and water)	<p>Yes</p> <p>CPT codes A0422-A0434, including:</p> <ul style="list-style-type: none"> <li>A0426 ALS level 1-non emergent</li> <li>A0428 BLS non-emergent</li> <li>A0425 ground mileage</li> <li>A0433 ALS level 2</li> <li>A0888 non-covered ambulance mileage (i.e. miles traveled beyond closest appropriate facility)</li> </ul>
Applied behavior analysis (ABA) therapy	Yes
Bariatric surgery	For all codes identified on the Bariatric Services PA Required List
Behavioral health (including substance abuse services)	<p>For Electroconvulsive Therapy</p> <ul style="list-style-type: none"> <li>Inpatient Treatments</li> <li>Free-standing Treatment Facilities</li> <li>Intensive Outpatient Programs</li> <li>Partial Hospitalization</li> <li>Psychological Testing</li> <li>Residential Treatment Centers</li> <li>Substance Abuse</li> <li>Transcranial Magnetic Stimulation</li> </ul> <p>View the Behavioral Health Code List for an exhaustive listing of procedures requiring PA.</p>
Cosmetic and reconstructive services	Yes; services that are potentially cosmetic or reconstructive in nature require authorization. All codes identified on the Cosmetic & Reconstructive Services PA Required List require an authorization.
Continuous positive airway pressure (CPAP)/Bi-level positive airway pressure (BIPAP)	Yes; three-month rental, then purchase if compliant (Will need compliance documentation)



Durable medical equipment

For anything that cost more than \$500 per line item, or any item or rental that is a capped rental per CMS policy.

Non-Specific HCPCS Codes: A9279, A9280, A9900, A9999, E0446, E0625, E0676, E0796, E0770, E1229, E1239, E1699, E2599, K0108, K0812, K0898, K0899, Q0505

A9279, A9280, A990, A9999, E0446, E0625, E0676, E0796, E0770, E1229, E1239, E1699, E2599, K0108, K0812, K0898, K0899, Q0505

A7036-A7037, A4604, E0601, E0470, E0471, E0472, E0561, E0562, A7030, A7034, A7044, A7027, A7028-A7046

E1399, E1356-E1392, E0445, A4615, A4616, K0800-K0899

Note: Nebulizers are “purchase-only” items

Experimental and investigative services

For all codes identified on the Experimental & Investigational Services PA Required List

Genetic testing

Yes

Home health services

Yes; all services provided within the home setting (includes PT, OT, ST and any skilled home health services)

Hospice services

Yes

Inpatient admissions

For inpatient medical, surgical, and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehab, and long-term acute care

Exceptions: Inpatient observation stays and normal vaginal or cesarean section deliveries, including mom and well newborn, do not require prior authorization

Medication requiring authorization

For all infusions/injections outside of the inpatient setting

For pharmacy prior authorizations use the following contact numbers: F 855.397.8762; T 866.822.6504

View the Pharmacy Drug List–Commercial and Individual & Family Plans for prescriptions requiring authorization.

Neurostimulator — trial and implementation

Yes; for all (urine drug screen required before trial)

Oral and enteral feedings

Yes

Out-of-network providers

Yes

950 N. Meridian Street  
Suite 600  
Indianapolis, IN 46206-1367  
T 317.962.2378  
F 317.962.6219  
[iuhealthplans.org/resources](http://iuhealthplans.org/resources)



Prosthetics and orthotics

For anything that cost more than \$500 per line item

Radiology services

Radiology services requiring PA include, but are not limited to:  
Outpatient and non-emergent services  
Computed Tomography (CT/CTA), including cardiac  
Magnetic Resonance (MRI/MRA, MRM), including cardiac  
Nuclear Cardiology  
Positron Emission Tomography (PET) Scans, including cardiac  
Resting Transthoracic Echocardiography (TEE)  
Stress Echocardiography (SE)  
Transesophageal Echocardiography (TEE)

Radiology prior authorizations must go through AIM Specialty Health: [aimspecialtyhealth.com/goweb](http://aimspecialtyhealth.com/goweb)

Skilled nursing facility services

Yes; for all inpatient

Sleep studies

Yes; for all studies (inpatient and outpatient)

CPT codes: 95810, 95811

Exceptions: home sleep studies are the only exception and do not require authorization

Transcutaneous electrical nerve stimulation (TENS) unit

Yes; three-month rental, then purchase if compliant

Transplants

For all transplants

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