



Effective January 1, 2020

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 PA form at iuhealthplans.org/provider/provider-resources.

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES**					
Ambulance (land, sea or air)	Yes, for non-emergent transport	A0380 A0384 A0392 A0420	A0422 A0424 A0426 A0428	A0430 A0431 A0432 A0433	A0434 A0435 A0436	A0888 A0998 A0999	S9960 S9961
Applied Behavior Analysis (ABA) Therapy **	Yes, for all codes except: Developmental Screening 96110	0362T 0373T 90867	90868 90869 90880	97151 97152	97153 97154	97155 97156	97157 97158
Arthroplasty	Yes, for inpatient, outpatient and observation	0098T 0163T 0165T 0375T 22856 22857 22858 22861 22862	23470 23472 23473 23474 24360 24361 24362 24363 24365	24366 24370 24371 25444 25445 25446 25447 25449 26530	26531 26535 26536 26536 27120 27122 27125 27130 27132	27134 27137 27138 27438 27440 27441 27442 27443 27445	27446 27447 27486 27487 27700 27702 27703
Bariatric Surgery	Yes, after completing all pre-surgery requirements including: • weight loss program • psychological evaluation • dietary counseling	43644 43645 43770 43771	43772 43773 43774 43775	43842 43843 43845	43846 43847 43848	43886 43887 43888	43999 S2083
Behavioral Health **	Yes for: • electroconvulsive therapy • inpatient treatments • freestanding treatment facilities • intensive outpatient programs • partial hospitalization • psychological/neuropsychological testing • residential treatment centers • substance abuse • transcranial magnetic stimulation • all out of network services	90867 90868 90869	90880 96116 96121	96130 96131 96132	96133 96136	96137 96138	96139 96146
Bone Growth Stimulator	Yes	20974 20975	20979	E0747	E0748	E0749	E0760
Breast Reconstruction **	Yes, except when following a mastectomy	19316 19318 19324 19325	19328 19330 19350 19355	19357 19361 19364 19366	19367 19368 19369 19370	19371 19380 19396 19499	L8600 S2066 S2067 S2068
Carpel Tunnel Surgery	Yes	29848	64719	64721			
Cartilage Implants	Yes	27412	29866	29867	29868	S2112	
Clinical Trials **	Yes	S9988	S9990	S9991			

*Services not requiring prior authorization may be subject to post service reviews.
 ** Prior authorization requirements are not limited to the codes listed.
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Cochlear and Other Auditory Implants	Yes	69710 69714 69715	69718 69930 69949	L8614 L8619	L8627 L8628	L8690 L8691	L8692 V5273
Colonoscopy	Yes, if less than 50 years of age with evidence of medical necessity and/or risk factors	44388 44389 44390 44391 44392	44394 44401 44402 44403 44404	44405 44406 44407 44408 45378	45379 45380 45381 45384 45385	45386 45388 45389 45390	45391 45392 45393 45398
Cosmetic and Reconstructive Services **	Yes	10040 11200 11201 11920 11921 11922 11950 11951 11952 11954 11960 11970 11971 15775 15776 15780 15781 15782 15783 15786 15787 15788 15789 15792 15793 15819 15820 15821 15822 15823 15824 15825 15826 15828 15829 15830	15832 15833 15834 15835 15836 15837 15838 15839 15847 15876 15877 15878 15879 17106 17107 17108 17340 17360 17380 19300 19316 19318 19324 19325 19328 19330 19340 19342 19350 19355 19357 19361 19364 19366 19367 19368	19369 19370 19371 19380 19396 21077 21082 21083 21084 21086 21087 21088 21120 21121 21122 21123 21125 21127 21137 21138 21139 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21172 21175 21179	21180 21181 21182 21183 21184 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21244 21245 21246 21247 21248 21249 21255 21256 21260 21261 21263 21267 21268 21270 21275 21280 21282	21295 21296 30400 30410 30420 30430 30435 30450 30460 30462 30465 30520 30540 30545 30560 30620 36468 36470 36471 36473 36474 36475 36476 36478 36479 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785 56800	67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67961 67966 67971 67973 67974 67975 68360 68362 68371 69090 69300 69310 69320 S2066 S2067 S2068

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Durable Medical Equipment (DME)	<p>Yes, for any DME items with charges in excess of \$500 billed rates per line item, or any item or rental that is a capped rental by CMS policy</p> <p>Yes, for non-specific HCPCS codes</p> <p>Yes, for Glucose Sensor codes A9276 – A9278</p> <p>Yes, for Continuous Positive Airway Pressure (CPAP)/Bi-level Positive Airway Pressure (BIPAP) – three-month rental then purchase of device if compliant (compliance documentation required)</p> <p>CPAP Supplies – Compliance documentation required for additional supplies – Supplies authorized for six months</p> <p>Nebulizers are “purchase-only” items</p>																																																																																																																																																																																																																																																																																																	
Experimental and Investigational Services **	Yes	<table border="0"> <tr><td>0009M</td><td>0331T</td><td>33340</td><td>97153</td><td>L8604</td><td>Q4166</td></tr> <tr><td>0071T</td><td>0332T</td><td>33368</td><td>97154</td><td>L8605</td><td>Q4167</td></tr> <tr><td>0072T</td><td>0333T</td><td>33369</td><td>97155</td><td>M0075</td><td>Q4168</td></tr> <tr><td>0085T</td><td>0335T</td><td>33477</td><td>97156</td><td>M0076</td><td>Q4169</td></tr> <tr><td>0198T</td><td>0338T</td><td>33548</td><td>97157</td><td>M0100</td><td>Q4170</td></tr> <tr><td>0200T</td><td>0339T</td><td>37250</td><td>97158</td><td>M0300</td><td>Q4171</td></tr> <tr><td>0201T</td><td>0341T</td><td>37251</td><td>97610</td><td>P9020</td><td>Q4173</td></tr> <tr><td>0202T</td><td>0342T</td><td>37252</td><td>97799</td><td>Q0035</td><td>Q4174</td></tr> <tr><td>0205T</td><td>0345T</td><td>37253</td><td>A4305</td><td>Q4103</td><td>Q4175</td></tr> <tr><td>0206T</td><td>0347T</td><td>41512</td><td>A4306</td><td>Q4107</td><td>Q4176</td></tr> <tr><td>0207T</td><td>0348T</td><td>41530</td><td>A4555</td><td>Q4111</td><td>Q4177</td></tr> <tr><td>0208T</td><td>0349T</td><td>43210</td><td>A4575</td><td>Q4112</td><td>Q4178</td></tr> <tr><td>0209T</td><td>0350T</td><td>43257</td><td>A4639</td><td>Q4113</td><td>Q4179</td></tr> <tr><td>0210T</td><td>0351T</td><td>43647</td><td>A9155</td><td>Q4115</td><td>Q4180</td></tr> <tr><td>0211T</td><td>0352T</td><td>43648</td><td>A9272</td><td>Q4117</td><td>Q4181</td></tr> <tr><td>0212T</td><td>0353T</td><td>43881</td><td>C1821</td><td>Q4118</td><td>Q4182</td></tr> <tr><td>0213T</td><td>0354T</td><td>43882</td><td>C9250</td><td>Q4122</td><td>Q4183</td></tr> <tr><td>0214T</td><td>0355T</td><td>44705</td><td>C9360</td><td>Q4123</td><td>Q4184</td></tr> <tr><td>0215T</td><td>0356T</td><td>46601</td><td>C9361</td><td>Q4124</td><td>Q4185</td></tr> <tr><td>0216T</td><td>0357T</td><td>46607</td><td>C9362</td><td>Q4125</td><td>Q4186</td></tr> <tr><td>0217T</td><td>0358T</td><td>46999</td><td>C9363</td><td>Q4126</td><td>Q4187</td></tr> <tr><td>0218T</td><td>0362T</td><td>53860</td><td>C9364</td><td>Q4127</td><td>Q4188</td></tr> <tr><td>0219T</td><td>0373T</td><td>55706</td><td>E0221</td><td>Q4128</td><td>Q4189</td></tr> <tr><td>0220T</td><td>0374T</td><td>55899</td><td>E0446</td><td>Q4130</td><td>Q4190</td></tr> <tr><td>0221T</td><td>0375T</td><td>58674</td><td>E0675</td><td>Q4132</td><td>Q4191</td></tr> <tr><td>0222T</td><td>0377T</td><td>62287</td><td>E0740</td><td>Q4133</td><td>Q4192</td></tr> <tr><td>0228T</td><td>0378T</td><td>64999</td><td>E0745</td><td>Q4134</td><td>Q4193</td></tr> <tr><td>0229T</td><td>0379T</td><td>72159</td><td>E0762</td><td>Q4135</td><td>Q4194</td></tr> <tr><td>0230T</td><td>0380T</td><td>73225</td><td>E0764</td><td>Q4136</td><td>Q4195</td></tr> <tr><td>0231T</td><td>0381T</td><td>75571</td><td>E0765</td><td>Q4137</td><td>Q4196</td></tr> <tr><td>0232T</td><td>0382T</td><td>75945</td><td>E0766</td><td>Q4138</td><td>Q4197</td></tr> <tr><td>0234T</td><td>0383T</td><td>75946</td><td>E0769</td><td>Q4139</td><td>Q4198</td></tr> <tr><td>0235T</td><td>0384T</td><td>76499</td><td>E0770</td><td>Q4140</td><td>Q4200</td></tr> <tr><td>0236T</td><td>0385T</td><td>76936</td><td>E1801</td><td>Q4141</td><td>Q4201</td></tr> <tr><td>0237T</td><td>0386T</td><td>78350</td><td>E1802</td><td>Q4142</td><td>Q4202</td></tr> <tr><td>0238T</td><td>19105</td><td>78351</td><td>E1805</td><td>Q4143</td><td>Q4203</td></tr> <tr><td>0253T</td><td>19499</td><td>78499</td><td>E1806</td><td>Q4145</td><td>Q4204</td></tr> <tr><td>0254T</td><td>22510</td><td>81313</td><td>E1810</td><td>Q4146</td><td>S1034</td></tr> <tr><td>0263T</td><td>22512</td><td>81430</td><td>E1811</td><td>Q4147</td><td>S1035</td></tr> <tr><td>0264T</td><td>22526</td><td>81431</td><td>E1812</td><td>Q4148</td><td>S1036</td></tr> <tr><td>0265T</td><td>22527</td><td>88749</td><td>E1815</td><td>Q4149</td><td>S1037</td></tr> <tr><td>0266T</td><td>22861</td><td>91111</td><td>E1816</td><td>Q4150</td><td>S2102</td></tr> <tr><td>0267T</td><td>22864</td><td>91299</td><td>E1818</td><td>Q4151</td><td>S2118</td></tr> <tr><td>0268T</td><td>22867</td><td>92978</td><td>E1821</td><td>Q4152</td><td>S2348</td></tr> <tr><td>0269T</td><td>22868</td><td>92979</td><td>E1825</td><td>Q4153</td><td>S3650</td></tr> <tr><td>0270T</td><td>22869</td><td>93050</td><td>E1830</td><td>Q4154</td><td>S3652</td></tr> <tr><td>0271T</td><td>22870</td><td>93279</td><td>E1831</td><td>Q4155</td><td>S3722</td></tr> <tr><td>0272T</td><td>22899</td><td>93286</td><td>E1840</td><td>Q4156</td><td>S3800</td></tr> 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0269T	22868	92979	E1825	Q4153	S3650																																																																																																																																																																																																																																																																																													
0270T	22869	93050	E1830	Q4154	S3652																																																																																																																																																																																																																																																																																													
0271T	22870	93279	E1831	Q4155	S3722																																																																																																																																																																																																																																																																																													
0272T	22899	93286	E1840	Q4156	S3800																																																																																																																																																																																																																																																																																													

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Commercial Member Services Requiring Prior Authorization (PA)

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES**
		0273T 28446 93288 E1841 Q4157 S3852 0274T 28899 93294 E2120 Q4158 S8080 0275T 31626 93296 G0276 Q4159 S8130 0278T 31627 93740 G0416 Q4160 S8131 0289T 31660 93799 G0428 Q4161 S8940 0290T 31661 93998 G0455 Q4162 S9034 0293T 32994 94799 G0460 Q4163 S9090 0294T 33274 95980 G4131 Q4164 0329T 33275 95999 L5973 Q4165 0330T 33289
Gender Dysphoria Treatment **	Yes	19301 54405 54690 57107 58275 58552 19302 54406 55175 57110 58280 58553 19303 54408 55180 57111 58285 58554 19304 54410 55970 57291 58290 58570 19325 54411 55980 57292 58291 58571 53430 54415 56625 57335 58541 58572 53431 54416 56800 58150 58542 58573 54125 54417 56805 58180 58543 58661 54400 54520 56810 58260 58544 58720 54401 54660 57106 58262 58550
Genetic and Molecular Testing **	Yes, all including BRCA	0002M 0086U 0100U 87901 83870 S3844 0003M 0087U 0101U 87902 96040 S3845 0004M 0088U 0102U 87903 G9143 S3846 0006M 0089U 0103U 87904 G9840 S3849 0007M 0090U 0104U 87905 G9841 S3850 0009M 0091U 81105 87906 G9843 S3852 0011M 0092U -thru- 87910 G9845 S3853 0012M 0093U 81599 87912 S0265 S3854 0013M 0094U 83870 87999 S3620 S3861 0001U 0095U 84999 88120 S3800 S3865 -thru- 0096U 85999 88121 S3840 S3866 0081U 0097U 86152 88130 S3841 S3870 0084U 0098U 86153 88140 S3842 0085U 0099U 86849 88299
Home Health Services	Yes, all services provided within the home setting	
Hospice Services	Yes, all services	
Hysterectomy	Yes, for vaginal hysterectomy–only if performed inpatient Yes, for abdominal and laparoscopic hysterectomy Yes, for inpatient only on the following codes: 58260, 58262, 58263, 58270, 58275, 58280, 58285, 58290-58294	51925 58200 58270 58540 58544 58572 58150 58210 58275 58541 58553 58573 58152 58240 58293 58542 58570 58575 58180 58267 58294 58543 58571

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Infertility Treatments **	Yes	0058T	58970	89260	89321	89352	S4023
		0357T	58974	89261	89322	89353	S4025
		38207	58976	89264	89325	89354	S4026
		38208	76948	89268	89329	89356	S4027
		38209	89250	89272	89330	89398	S4028
		55870	89251	89280	89331	G0027	S4030
		58321	89253	89281	89335	S4011	S4031
		58322	89254	89290	89337	S4013	S4035
		58323	89255	89291	89342	S4014	S4037
		58345	89257	89300	89343	S4015	S4040
		58752	89258	89310	89344	S4016	S4042
		58760	89259	89320	89346	S4022	
Inpatient Admissions	<p>Yes, for inpatient medical, surgical and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehabilitation and long-term acute care.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • observation if 48 hours or less • normal vaginal deliveries if 2 days stay or less • cesarean section deliveries if 4 days stay or less <p>Yes, for mother or newborn admissions exceeding these length of stay</p>						
Laboratory Services	<p>Providers are to utilize an in-network laboratory for all laboratory needs. Out-of-network lab services and tests with charges in excess of \$500 billed rates per line item and any tests that are potentially investigation/experimental require prior authorization.</p>						
Mammogram	<p>Yes, if less than 40 years of age with evidence of medical necessity and/or risk factors.</p>						
Medications Requiring Authorization	<p>Yes, for all infusions/injections dispensed outside the inpatient setting</p> <p>For pharmacy prior authorizations use the following contact numbers: F 855.397.8762 T 866.822.6504</p> <p>View the Pharmacy Drug List-Commercial for prescriptions requiring authorization.</p>						
Neurostimulator – Trial and Implantation	<p>Yes, for all</p> <p>Urine drug screen should be done 30 days prior to trial.</p>						
Oral and Enteral Feedings **	Yes	B4102	B4154	B4161	B4178	B4197	B4224
		B4103	B4155	B4162	B4180	B4199	B5000
		B4149	B4157	B4164	B4185	B4216	B5100
		B4150	B4158	B4168	B4189	B4220	B5200
		B4152	B4159	B4172	B4193	B4222	S9433
		B4153	B4160	B4176			

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Out-of-Network Services	<p>If member has no coverage for out-of-network benefits:</p> <ul style="list-style-type: none"> • services may be authorized only when services are not available from a participating network provider • OR if the requested service otherwise requires a prior authorization • OR for laboratory services performed out of network AND if labs cannot be performed in network <p>For members with out-of-network benefits:</p> <ul style="list-style-type: none"> • initial consult visit with an out-of-network specialist <u>does not</u> require a PA • all follow-up visits DO require a prior authorization along with clinical justification and plan of treatment 	
Prosthetics and Orthotics	Yes, for any item with charges in excess of \$500 bill rates per line item	
Radiology	<p>Prior Authorizations must go through AIM Specialty Health.</p> <p>Yes, includes but not limited to Computed Tomography including cardiac, Magnetic Resonance (MRI/MRA, MRM) including cardiac, Nuclear Cardiology, Positron Emission Tomography (PET) Scans including cardiac, Resting Transthoracic Echocardiography (TTE), Stress Echocardiography (SE), Transesophageal Echocardiography (TEE)</p>	
Rehabilitative Therapies (PT/OT/ST)	No prior authorization required. May be subject to plan limits. Exception: Home Health Therapies require prior authorization	
Skilled Nursing Facility Services	Yes	
Sleep Studies	Yes, with one exception: Home sleep studies do not require prior authorization (95800, 95801, 95803, 95806)	95782 95805 95808 95810 95811 95822 95783 95807
Spinal Cord Stimulators	Yes	63650 63685 C1820 E0764 L8682 L8687 63655 63688 C1822 E0770 L8685 L8688 63661 64553 C1823 L8679 L8685 L8688 63662 64570 C1883 L8680 L8686 S8130 63663 C1767 C1897 L8680 L8686 S8131 63664 C1816 E0745 L8682 L8687
Spinal Surgery **	Yes, outpatient, inpatient and observation	S2350 22216 22533 22586 22810 63017 S2351 22224 22534 22590 22812 63050 S2348 22510 22548 22595 22899 63064 22206 22511 22551 22600 62380 63075 22207 22512 22552 22612 63001 63077 22208 22513 22554 22630 63003 63200 22210 22514 22556 22632 63011 63250 22212 22515 22558 22633 63015 63251 22214 22532 22585 22808 63016 63252
Transcutaneous Electrical Nerve Stimulation (TENS)	Yes, only approved when meets medical necessity	E0720 E0730 E0731

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Transplants **	Yes, for all transplants (soft and solid organs)	23440	33927	38240	48554	65782	S2061
		26485	33928	38241	48556	65785	S2065
		26489	33929	44132	50370	G0341	S2102
		27396	33930	44133	50380	G0342	S2103
		27397	33935	44135	65710	G0343	S2140
		32851	33940	44136	65756	S2053	S2142
		32852	33945	44137	65780	S2054	S2150
		32853	38230	48160	65780	S2055	S2152
		32854	38232	48550	65781	S2060	
Ventricular Assist Devices	Yes	0451T	33927	33929	33976	33981	33983
		0452T	33927	33975	33979	33982	33990
		0453T	33928	33975	33979	33982	33991
		0454T	33928	33976	33981	33983	

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