



Hoosier Alliance

Hoosier Alliance is An AmeriHealth Mercy Company

MDwise Hoosier Alliance
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Hoosier Healthwise Prior Authorization List – Effective March 15, 2011

The following is a list of services that require prior authorization review for medical necessity and place of service.

1. Services by out-of-network physicians/providers/facilities
2. All inpatient and observation hospital admissions medical and surgical, including rehabilitation
3. Specified outpatient services
 - Laryngoplasty
 - Hysterectomy
 - Audiological surgeries/procedures
 - Hyperbaric Oxygen Therapy
 - Excision of benign lesions
4. Diagnostic Imaging Services
 - CT Scans: (head, maxillofacial, cervical, thoracic and lumbar spine, thorax, abdomen, pelvis, needle guided CT scans, 3D CT scans)
 - MRIs: (cervical, thoracic and lumbar spine, chest, abdomen, pelvis, lower extremity, needle guided MRIs, 3D MRIs)
 - All MRAs
 - All PET Scans
5. All transplant evaluations and procedures
6. Air ambulance transportation
7. All transfers for inpatient and/or outpatient services between acute-care facilities
8. Skilled nursing facility admission for alternate levels of care in a facility, either freestanding or part of a hospital, that accepts patients in need of skilled level rehabilitation and/or medical care that is of a lesser intensity than that received in a hospital
9. Gastroenterology services (code 91110)
10. Bariatric surgery
11. Pain management services, not including procedures within 15 days of post-op
12. Cosmetic procedures – regardless of treatment setting – to include but not limited to the following: reduction mammoplasty, gastroplasty, ligation and stripping of veins, rhinoplasty
13. Outpatient Therapy Services (physical, occupational, speech)
 - Prior authorization is not required for an evaluation and up to 12-visits per discipline within a calendar year for patients age 20 and younger.
 - Prior authorization is required for services exceeding 12-visits per discipline within a calendar year for patients age 20 and younger.

Please note that new age guidelines regarding therapy services became effective January 1, 2011, (as published in the December 7, 2010 issue of the *IHCP Bulletin*):

Therapy services for patients 21 years old and older will not require prior authorization but will be limited to 25 visits per discipline, per rolling 12-month period.



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Hoosier Healthwise Prior Authorization List *Continued*

14. Home Health Services

- Prior authorization is not required for up to 6 visits per modality per calendar year including: skilled nursing visits by a RN or LPN, home health aide visits, physical therapy, occupational therapy, speech therapy
- All shift care/private duty nursing services require prior authorization, including services performed at a medical daycare or prescribed pediatric extended-care center
- Home infusion and injectables
- Home sleep study

15. DME:

- Purchase or monthly rental of items in excess of \$500
- The rental or purchase of all wheelchairs (motorized and manual) and all wheelchair items (components), regardless of cost per item
- Orthotics/Prosthetics
- Enterals in excess of \$500/month
- Diapers/pull-ups:
 - Any request in excess of \$162.50 a month for diapers or pull-ups, or a combination of both
 - All requests for brand-specific diapers require prior authorization
 - All requests for diapers supplied by a DME provider require prior authorization

16. Neuropsychological testing

17. Genetic laboratory testing

18. All miscellaneous/unlisted or not otherwise specified codes

Notification:

Maternity-related inpatient admissions or observation require notification only.