



Hoosier Alliance

Hoosier Alliance Is An AmeriHealth Mercy Company

MDwise Hoosier Alliance
Suite N
5604 Fortune Circle South
Indianapolis, IN 46241

Toll Free: 1-888-961-3100
Fax: 1-888-465-5581
www.hoosieralliance.org

November 1, 2010

Dear Provider:

While our mission is to help members obtain quality care, we also want to make it easier to provide care. MDwise Hoosier Alliance recently performed a thorough review of our prior authorization list and has identified many services that are routinely approved for members enrolled in the Hoosier Healthwise program. To ease the administrative burden for our network providers, we have significantly reduced the number of services requiring prior authorization.

Effective January 1, 2011, the MDwise Hoosier Alliance Prior Authorization List will include the following deletions, changes and additions:

Removal of prior authorization requirements:

- All CT Scans and MRIs
- MRAs and PET Scans
- Sleep Studies (except when done in the home)
- Tonsillectomy
- Adenoidectomy
- Myringotomy
- Chiropractic Services

Changes to existing prior authorization requirement:

- Therapy Services – 12 visits allowed without authorization
- DME Services
 - diapers (see attached)
 - all rentals in excess of \$500 require authorization

The following services will be added to the Prior Authorization List, effective January 1, 2011:

- Air Ambulance
- Gastroenterology Services – 91110
- Genetic Testing



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The enclosed list identifies all services that will require Prior Authorization. Please note that the process to request prior authorization of services has not changed. You may submit requests via our provider prior authorization online portal, iExchange. The portal can be accessed through our Web site, www.hoosieralliance.org. To learn more about iExchange, or to request prior authorization by telephone, call 888-961-3100, ext 37903.

Thank you for continuing to provide quality care to our Hoosier Healthwise members.

Sincerely,

Mark P. Rollins, MD
Medical Director



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Hoosier Healthwise Prior Authorization List – Effective January 1, 2011

The following is a list of services that require prior authorization review for medically necessary 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. All transplant evaluations and procedures
5. Air ambulance transportation
6. All transfers for inpatient and/or outpatient services between acute-care facilities
7. 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
8. Gastroenterology services (code 91110)
9. Bariatric surgery
10. Pain management services, not including procedures within 15 days of post-op
11. Cosmetic procedures – regardless of treatment setting – to include but not limited to the following: reduction mammoplasty, gastroplasty, ligation and stripping of veins, rhinoplasty
12. 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
 - Prior authorization is required for services exceeding 12-visits per discipline within a calendar year
13. 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



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Hoosier Healthwise Prior Authorization List *Continued*

14. 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

15. Neurological psychological testing

16. Genetic laboratory testing

17. All miscellaneous/unlisted or not otherwise specified codes