



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

January 24, 2011

Dear Provider:

Please note that there is a revision to the MDwise Hoosier Alliance Hoosier Healthwise Prior Authorization List we sent to you in November. **Below are the CT Scans, MRIs, MRAs and PET scans that will continue to require prior authorization. This change is effective March 15, 2011.** Please note that prior authorization is not required for diagnostic imaging services provided between January 1, 2011 and March 14, 2011.

- 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

In addition to the above change, 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.**

As a reminder, the following deletions, changes and additions to the Prior Authorization list became effective January 1, 2011, and remain in effect:

Removal of prior authorization requirements:

- Sleep Studies (except when done in the home)
- Tonsillectomy
- Adenoidectomy
- Myringotomy
- Chiropractic Services

Changes to existing prior authorization requirement:

- DME Services
 - diapers (see attached)
 - all rentals in excess of \$500 require authorization



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

- Air Ambulance
- Gastroenterology Services – 91110
- Genetic Testing

The enclosed list, which identifies all services that will require Prior Authorization, has been revised to include the diagnostic imaging services mentioned on the previous page. It also lists the physical therapy criteria concerning age and number of visits.

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 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.