



# Health Plans

## Commercial and Individual & Family Prior Authorization (PA) List

Service Category	Authorization Requirements
Ambulance	<p>For non-emergent transport (including air &amp; water transport)</p> <p>CPT codes A0422-A0434, including:            A0426 ALS level 1-non emergent            A0428 BLS non-emergent            A0425 ground mileage            A0433 ALS level 2            A0488 non-covered ambulance mileage i.e. miles traveled beyond closest appropriate facility</p>
Applied Behavior Analysis (ABA) Therapy	For all
Bariatric Surgery	For all
Behavioral Health/Substance Abuse Services	<p>For Electroconvulsive Therapy            Inpatient Treatments            Free-standing Treatment Facilities            Intensive Outpatient Programs            Partial Hospitalization            Psychological Testing            Residential Treatment Centers            Substance Abuse            Transcranial Magnetic Stimulation</p> <p>View the Behavioral Health Code List for an exhaustive listing of procedures requiring PA.</p>
Continuous Positive Airway Pressure (CPAP)/Bi-level Positive Airway Pressure (BIPAP)	<p>Yes/three-month rental then purchase if compliant            (Will need compliance documentation)</p>
Durable Medical Equipment	<p>For anything that cost more than \$500 per line item            Any item or rental that is a capped rental by CMS policy</p> <p>Non-Specific HCPCS Codes: A9279, A9280, A9900, A9999, E0446, E0625, E0676, E0796, E0770, E1229, E1239, E1699, E2599, K0108, K0812, K0898, K0899, Q0505</p> <p>A9279, A9280, A990, A9999, E0446, E0625, E0676, E0796, E0770, E1229, E1239, E1699, E2599, K0108, K0812, K0898, K0899, Q0505</p> <p>A7036-A7037, A4604, E0601, E0470, E0471, E0472, E0561, E0562, A7030, A7034, A7044, A7027, A7028-A7046</p> <p>E1399, E1356-E1392, E0445, A4615, A4616, K0800-K0899</p> <p>Note: Nebulizers are "purchase-only" items</p>
Genetic Testing	All genetic testing



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Home Health Services	All services provided within the home setting (includes PT, OT, ST and any skilled home health services)
Hospice Services	For all
Inpatient Admissions/Observation Stays	For inpatient medical, surgical, and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehab, and long-term acute care  Exceptions: Normal vaginal or cesarean section deliveries, including mom and well newborn, <i>do not</i> require prior authorization
Medications Requiring Medical Authorization	For all infusions/injections outside of the inpatient setting  For Pharmacy prior authorizations use the following contact numbers:  <b>F</b> 855.397.8762 Commercial <b>T</b> 866.822.6504 Individual & Family Plans <b>T</b> 855.859.1719 View the Pharmacy Drug List–Commercial and Individual & Family Plans for prescriptions requiring PA.
Neurostimulator – Trial & Implantation	For all (*Urine drug screen before trial)
Oral and Enteral Feedings	For all
Out-of-Network Providers	For all out-of-network providers, vendors, and services  (Exception: Dialysis services for Jay County Hospital employer group do not require authorization)
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 (TTE) Stress Echocardiography (SE) Transesophageal Echocardiography (TEE)  Radiology Prior Authorizations must go through AIM Specialty Health: <a href="http://aimspecialtyhealth.com/goweb">aimspecialtyhealth.com/goweb</a>
Skilled Nursing Facility Services	For all (in-patient)



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Sleep Studies	For all studies (inpatient and outpatient)  CPT codes: 95810, 95811  Exceptions: home sleep studies are the only exception and do not require a PA
Transcutaneous Electrical Nerve Stimulation (TENS) Unit	Yes/three-month rental then purchase if compliant
Transplants	For all transplants

**Fax prior authorization forms to Population Health Medical Management at 317.962.6219. For questions call 317.962.2378 or 866.492.5878 to speak with a representative.**

For routine after-hours calls leave a message on the department voicemail and it will be returned the next business day; to speak with the on-call nurse outside of normal business hours call 317.962.2378.

Retro-authorizations should *only* be used for emergent or extenuating circumstances.

**IU Health Plans**  
**Population Health**  
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Suite 600  
Indianapolis, IN 46204

**T** 317.962.2378  
**F** 317.962.6219

[iuhealthplans.org/provider/prior-authorization](http://iuhealthplans.org/provider/prior-authorization)

8:30 a.m.-4:30 p.m., Monday-Friday