



Health Plans

Commercial and Individual & Family Prior Authorization (PA) List

Service Category	Authorization Requirements
Ambulance	<p>For non-emergent transport (including air & water transport)</p> <p>CPT codes A0422-A0434, including: A0426 ALS level 1-non emergent A0427 ALS level 1-emergent A0428 BLS non-emergent A0429 BLS 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, D0800-K0899</p> <p>Note: Nebulizers are "purchase-only" items</p>



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Genetic Testing	All genetic testing
Home Health Services	All services provided within the home setting (includes PT, OT, ST and any skilled home health services)
Hospice Services	For all Exceptions: Deaconess, Deaconess Women's, Deaconess VNA, & Deaconess Heart employer groups – No PA required for hospice services
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 dispensed in a physician's office For Pharmacy prior authorizations use the following contact numbers: F 855.397.8762 Commercial T 866.822.6504 Individual & Family Plans T 855.859.1719 View the Pharmacy Drug List–Commercial and Individual & Family Plans for prescriptions requiring PA. You can also view our Medicare pharmacy website for additional information.
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 the MSD Wayne Township and Progressive Health Rehabilitation employer groups do not require authorization
Outpatient Surgeries	For surgeries performed in an outpatient surgery or ambulatory surgery center POS 19, 22, Bill Type 012x, 013x, 014x, 083x, or POS 24 CPT codes 11000-69955 require authorization (Please see Outpatient Surgery Exception List for codes that do not require a PA) Category III CPT codes and HCPC codes require authorization (Please see OP Category III Required list for codes that do require prior authorization.)
Prosthetics and Orthotics	For anything that cost more than \$500 per line item



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Radiology Services	<p>Radiology services requiring PA include, but are not limited to:</p> <p>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)</p> <p>Radiology Prior Authorizations must go through AIM Specialty Health: aimspecialtyhealth.com/goweb</p>
Skilled Nursing Facility Services	For all (in-patient and out-patient)
Sleep Studies	<p>For all studies (inpatient and outpatient)</p> <p>POS 21 CPT codes: 95810, 95811</p> <p>Exceptions: home sleep studies are the only exception and do not require a PA</p>
Transcutaneous Electrical Nerve Stimulation (TENS) Unit	Yes/three-month rental then purchase if compliant (Will need compliance documentation)
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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8:30 a.m.-4:30 p.m., Monday-Friday