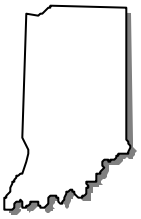
Indiana Health Coverage Programs



**P R O V I D E R  B U L L E T I N**

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## To: All Indiana Health Coverage Programs Practitioners and Providers

## Subject: Modifications to Prior Authorization Requirement

*Note: The information in this bulletin regarding prior authorization, payment methodology and maximum fees may vary for providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.*

## Overview

The following changes are effective April 5, 2002.

- Services listed in Table 1.1 no longer require prior authorization.
- Evaluation and management (E&M) services listed in Table 1.2 require prior authorization (PA) after 50 visits per member per rolling calendar year. Currently, these E&M services require PA after 30 visits per member per rolling calendar year.
- Prior authorization for PCCM members is required *in addition to* the current PMP certification requirements.

Prior authorization requirements are being modified after a comprehensive review of all services requiring PA. The Office of Medicaid Policy and Planning, prior to making its decision, reviewed the following data:

- Volume and outcome of prior authorization requests
- Claims expenditures for services requiring prior authorization
- Prior authorization medical utilization review experience
- Cost of a prior authorization transaction

Removal of hysterectomies from prior authorization does not eliminate the requirement for the federal hysterectomy form to be completed. The form used in Indiana Government requires form number SF 46314 (10-93), located on page 8-278 of the June 2001 *IHCP Provider Manual*.

## Hoosier Healthwise Managed Care

Effective *April 5, 2002*, prior authorization requirements are uniform for members enrolled in Indiana Health Coverage Programs (IHCP) primary care case management (PCCM) and fee-for-service (FFS). Previously, the Prior Authorization department accepted authorization by the primary medical providers (PMP) as proof that the services should be authorized. **After *April 5, 2002,* the PA department will review all requests in both FFS and PCCM to determine medical necessity. Requests may be suspended for information not previously requested. Removal of services from PA does not modify the current requirement for PMP certification for PCCM members.**

The criteria for review and approval may vary from one managed care organization (MCO) to another. For information about PA for one of the Hoosier Healthwise MCOs, please contact the following:

- Harmony – Provider Authorization at 1-800-504-2766, extension 2341
- MDwise – Prior Authorization at 1-800-356-1204 or (317) 630-2831
- MHS – Prior Authorization at 1-800-464-0991

## Tables of Prior Authorization Changes

Table 1.1 – Prior Authorization Requirement Eliminated – Effective April 5, 2002

| Code | Description |
|---|---|
| 15840 | Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) |
| 15841 | Graft for facial nerve paralysis; free muscle graft (including obtaining graft) |
| 15842 | Graft for facial nerve paralysis; free muscle graft by microsurgical technique |
| 15845 | Graft for facial nerve paralysis; reanimation, muscle transfers |
| 20924 | Tendon graft, from a distance |
| 21031 | Excision of torus mandibularis |
| 21032 | Excision of maxillary torus palatinus |
| 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autographs); without LeFort I |
| 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autographs); with LeFort I |
| 21160 | Reconstruction midface, LeFort III w/forehead advancement, req. Bone grafts with LeFort I |
| 21172 | Reconstruction superior-lateral orbital rim & lower forehead, advance or alter, w/wo grafts |
| 21175 | Reconstruction, bifrontal, superior-lateral orbital rims & lower forehead, advancement or alter w/wo grafts |

Table 1.1 – Prior Authorization Requirement Eliminated – Effective April 5, 2002

| Code | Description |
|---|---|
| 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (inc. Obtaining. autograft) |
| 27881 | Amputation leg, through tibia and fibula; with immediate fitting technique including application of first cast |
| 28111 | Ostectomy; complete excision of first metatarsal head |
| 33245 | Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy |
| 33246 | Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy; with insertion of pulse generator |
| 40654 | Repair lip, full thickness; over one half vertical height, or complex |
| 42150 | Removal exostosis bony palate |
| 51580 | Cystectomy, complete, with uterosigmoidostomy or ureterocutaneous transplantations |
| 51925 | Closure of vesicouterine fistula; with hysterectomy |
| 56700 | Partial hymenectomy or revision of hymenal ring |
| 56800 | Plastic repair of introitus |
| 57291 | Construction of artificial vagina; without graft |
| 57292 | Construction of artificial vagina; with graft |
| 58200 | Total hysterectomy, including partial vaginectomy, with limited para-aortic and pelvic lymph nodes |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation) |
| 59525 | Subtotal or total hysterectomy after cesarean delivery (list in addition to 59510 or 59515) |
| 62287 | Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar |
| 67335 | Adjustable suture technique during strabismus surgery |
| 69110 | Excision external ear; partial, simple repair |
| 90997 | Hemoperfusion (e.g., with activated charcoal or resin) |
| 92240 | Indocyanine-green angiography (includes multiframe imaging) with interpretation and report |
| 92573 | Lombard test |
| 92575 | Sensorineural acuity level test |
| 92579 | Visual reinforcement audiometry (VRA) |
| 92584 | Electrocochleography |
| 92594 | Electroacoustic evaluation for hearing aid; monaural |
| 92595 | Electroacoustic evaluation for hearing aid; binaural |

Table 1.1 – Prior Authorization Requirement Eliminated – Effective April 5, 2002

| Code | Description |
|---|---|
| 93980 | Duplex scan of arterial inflow and venous outflow of penile vessels; complete study |
| 93981 | Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study |
| 94772 | Circadian respiratory pattern pediatric pneumogram |
| E0167 | Pail or pan for use with commode chair |
| E0179 | Dry pressure pad or cushion, nonpositioning (e.g., eggcrate) |
| E0280 | Bed, cradle, any type |
| E0958 | Wheelchair attachment to convert any wheelchair to one arm drive |
| E0966 | Hook on head rest extension |
| E0972 | Transfer board, wheelchair |
| E0975 | Reinforced seat upholstery, wheelchair |
| E0976 | Reinforced back upholstery, wheelchair |
| E0977 | Wedge cushion, wheelchair |
| E0995 | Calf rest, each |
| E0996 | Tire, solid, each |
| E0997 | Caster with a fork |
| E0998 | Caster without fork |
| E1000 | Tire, pneumatic caster |
| E1372 | Immersion external heater for nebulizer |
| J7310 | Ganciclovir, 4.5 mg, long-acting implant |
| L0978 | Axillary crutch extension |
| L0980 | Peroneal straps, pair |
| L0982 | Stocking supporter grips, set of four (4) |
| L2750 | Addition to lower extremity orthosis, plating chrome or nickel, per bar |
| L2760 | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adj. for growth) |
| L2770 | Addition to lower extremity orthosis, stainless steel-per bar or joint |
| L2780 | Addition to lower extremity orthosis, non-corrosive finish, per bar |
| L2785 | Addition to lower extremity orthosis, drop lock retainer, each |
| L2795 | Addition to lower extremity orthosis, knee control, full kneecap |
| L2800 | Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull |
| L2810 | Addition to lower extremity orthosis, knee control, condylar pad |

Table 1.1 – Prior Authorization Requirement Eliminated – Effective April 5, 2002

| Code | Description |
|---|---|
| L2820 | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section |
| L2830 | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section |
| L2840 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each |
| L2850 | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each |
| L2999 | Lower extremity orthoses, not otherwise specified |
| L3000 | Foot, insert, removable, molded to patient model, "UCB" type, berkeley shell, each |
| L3001 | Foot insert, removable, molded to patient model, Spenco, each |
| L3002 | Foot insert, removable, molded to patient model, Plastazote or equal, each |
| L3003 | Foot, insert, removable, molded to patient model, silicone gel each |
| L3010 | Foot, insert, removable, molded to patient model, longitudinal arch support, each |
| L3020 | Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each |
| L3030 | Foot, insert, removable, formed to patient foot, each |
| L3040 | Arch support, removable, premolded |
| L3050 | Foot, arch support, removable, premolded, metatarsal, each |
| L3060 | Foot, arch support, removable, premolded, longitudinal/metatarsal, each |
| L3070 | Foot, arch support, nonremovable attached to shoe, longitudinal, each |
| L3080 | Foot, arch support, nonremovable attached to shoe, metatarsal, each |
| L3090 | Foot, arch support, nonremovable attached to shoe, longitudinal/metatarsal, each |
| L3100 | Foot, shoe filler for partial foot, hallus-valgus night or dynamic splint, each |
| L3201 | Orthopedic shoe, oxford with supinator or pronator, infant |
| L3202 | Orthopedic shoe, oxford with supinator or pronator, child |
| L3203 | Orthopedic shoe, oxford with supinator or pronator, junior |
| L3204 | Orthopedic shoe, hightop with supinator or pronator, infant |
| L3206 | Orthopedic shoe, hightop with supinator or pronator, child |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, junior |
| L3208 | Surgical boot, each, infant |
| L3209 | Surgical boot, each, child |
| L3211 | Surgical boot, each, junior |
| L3212 | Benesch boot, pair, infant |
| L3213 | Benesch boot, pair, child |
| L3214 | Benesch boot, pair, junior |

Table 1.1 – Prior Authorization Requirement Eliminated – Effective April 5, 2002

| Code | Description |
|---|---|
| L3218 | Orthopedic footwear, ladies surgical boot, each |
| L3223 | Orthopedic footwear, men's surgical boot, each |
| L3224 | Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) |
| L3225 | Orthopedic footwear, men's shoe oxford, used as an integal part of a brace (orthosis) |
| L3230 | Orthopedic footwear, custom shoes depth inlay, lady's depth inlay, small |
| L3253 | Foot, molded shoe plastazote (or similar) custom fitted, each |
| L3254 | Non-standard size or width |
| L3255 | Non-standard size or length |
| L3257 | Orthopedic footwear, additional charge for split size |
| L3260 | Ambulatory surgical boot, each |
| L3265 | Plastazote sandal, each |
| L3300 | Lift, elevation, heel, metal extension (skate) |
| L3320 | Lift, elevation, heel and sole, neoprene, per inch |
| L3330 | Lift, elevation, metal extension (skate) |
| L3340 | Heel wedge, sach |
| L3360 | Sole wedge, outside sole |
| L3370 | Sole wedge, between sole |
| L3380 | Clubfoot wedge |
| L3390 | Outflare wedge |
| L3400 | Metatarsal bar wedge, rocker |
| L3410 | Metatarsal bar wedge, between sole |
| L3420 | Full sole and heel wedge, between sole |
| L3430 | Heel, counter, plastic reinforced |
| L3440 | Heel, counter, leather reinforced |
| L3450 | Heel, sach cushion type |
| L3455 | Heel, new leather, standard |
| L3460 | Heel, new rubber, standard |
| L3465 | Heel, thomas with wedge |
| L3470 | Heel, thomas extended to ball |
| L3480 | Heel-pad and depression for spur |
| L3485 | Heel, pad, removable for spur |
| L3500 | Orthopedic shoe addition, insole, leather |

Table 1.1 – Prior Authorization Requirement Eliminated – Effective April 5, 2002

| Code | Description |
|---|---|
| L3520 | Orthopedic shoe addition, insole, felt covered with leather |
| L3530 | Orthopedic shoe addition, sole, half |
| L3540 | Orthopedic shoe addition, sole, full |
| L3550 | Orthopedic shoe addition, toe tap, standard |
| L3560 | Orthopedic shoe addition, toe tap, horseshoe |
| L3570 | Orthopedic shoe addition, special extension to instep (leather with eyelets) |
| L3580 | Orthopedic shoe addition, convert instep to velcro closure |
| L3590 | Orthopedic shoe addition, convert firm shoe counter to soft counter |
| L3595 | Orthopedic shoe addition, march bar |
| L3600 | Transfer of an orthosis from one shoe to another, caliper plate, existing |
| L3610 | Transfer of an orthosis from one shoe to another, caliper plate, new |
| L3620 | Transfer of an orthosis from one shoe to another, solid stirrup, existing |
| L3630 | Transfer of an orthosis from one shoe to another, solid stirrup, new |
| L3640 | Transfer of an orthosis from one shoe to another, dennis brown splint (riveton), both shoes |
| L5985 | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon |
| Z5016 | Home subcutaneous tocolytic infusion therapy utilizing a home uterine monitoring device-global package includes home uterine monitor, skilled nursing services, ambulatory infusion pump, tocolytic drugs, and all other supplies necessary for home therapy |
| Z5017 | Home subcutaneous tocolytic infusion therapy utilizing a home uterine monitoring device-home uterine monitoring and skilled nursing components of therapy only |

Table 1.2 – Evaluation and Management Services Requiring Prior Authorization
After 50 Visits per Member per Rolling Calendar Year

| E&M Code Range | Description |
|---|---|
| 99201 – 99205 | New patient, office or other outpatient |
| 99211 – 99215 | Established patient, office or other outpatient |
| 99241 – 99245 | Office or other outpatient consultations, new or established patient |
| 99271 – 99275 | Confirmatory consultation, new or established patient |
| 99381 – 99387 | Preventive medicine, new patient, initial visit |
| 99391 – 99397 | Preventive medicine, established patient, periodic visit |
| 99401 – 99429 | Preventive medicine, counseling and/or risk factor reduction, new or established patient |

## Additional Information

Questions about the information contained in this bulletin should be directed to the Health Care Excel Medical Policy department at (317) 347-4500. Questions about billing procedures should be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.