



Effective January 1, 2020

Commercial Member Services Requiring Prior Authorization (PA)

Fax completed prior authorization forms to Population Health Medical Management at 317.962.6219. For questions call 317.962.2378 or 866.492.5878. Download the PA form at iuhealthplans.org/provider/provider-resources.

SERVICE REQUEST	PRIOR AUTHORIZATION REQUIRED*	CODES**					
Ambulance (land, sea or air)	Yes, for non-emergent transport	A0380 A0384 A0392 A0420	A0422 A0424 A0425 A0426	A0428 A0430 A0431 A0432	A0433 A0434 A0435 A0436	A0888 A0998 A0999	S9960 S9961
Applied Behavior Analysis (ABA) Therapy	Yes, for all codes except: Developmental Screening 96110	0362T 0373T 90867	90868 90869 90880	97151 97152	97153 97154	97155 97156	97157 97158
Arthroplasty	Yes, for inpatient, outpatient and observation	0098T 0163T 0165T 0375T 22856 22857 22858 22861 22862 23470	23472 23473 23474 24360 24361 24362 24363 24365 24365	24366 24366 24370 24371 25444 25445 25446 25447 25449	26530 26531 26535 26536 26536 27120 27122 27125 27130	27132 27134 27137 27138 27438 27440 27441 27442 27443	27445 27446 27447 27486 27487 27700 27702 27703 G0289
Bariatric Surgery	Yes, after completing all pre-surgery requirements including: <ul style="list-style-type: none"> weight loss program psychological evaluation dietary counseling 	43644 43645 43770 43771	43772 43773 43774 43775	43842 43843 43845	43846 43847 43848	43886 43887 43888	43999 S2083
Behavioral Health	Yes for: <ul style="list-style-type: none"> electroconvulsive therapy inpatient treatments freestanding treatment facilities intensive outpatient programs partial hospitalization psychological/neuropsychological testing residential treatment centers substance abuse transcranial magnetic stimulation all out of network services 	90867 90868 90869	90880 96116 96121	96130 96131 96132	96133 96136	96137 96138	96139 96146
Bone Growth Stimulator	Yes	20974 20975	20979	E0747	E0748	E0749	E0760
Breast Reconstruction	Yes, except when following a mastectomy	19316 19318 19324 19325	19328 19330 19350 19355	19357 19361 19364 19366	19367 19368 19369 19370	19371 19380 19396 19499	L8600 S2066 S2067 S2068
Carpel Tunnel Surgery	Yes	29848	64719	64721			
Cartilage Implants	Yes	27412	29866	29867	29868	S2112	
Clinical Trials	Yes	S9988	S9990	S9991			

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Cochlear and Other Auditory Implants	Yes	69710 69714 69715	69718 69930 69949	L8614 L8619	L8627 L8628	L8690 L8691	L8692 V5273
Colonoscopy	Yes, if less than 50 years of age with evidence of medical necessity and/or risk factors	G0104	G0105	G0106	G0120	G0121	G0122
Cosmetic and Reconstructive Services	Yes	10040 11200 11201 11300 11301 11302 11303 11305 11306 11307 11308 11310 11311 11312 11313 11920 11921 11922 11950 11951 11952 11954 11960 11970 11971 15775 15776 15780 15781 15782 15783 15786 15787 15788 15789 15792 15793 15819	15820 15821 15822 15823 15824 15825 15826 15828 15829 15830 15832 15833 15834 15835 15836 15837 15838 15839 15847 15876 15877 15878 15879 17106 17107 17108 17340 17360 17380 19300 19316 19318 19324 19325 19328 19330 19340 19342	19350 19355 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 21077 21082 21083 21084 21086 21087 21088 21120 21121 21122 21123 21125 21127 21137 21138 21139 21141 21142 21143 21145 21146 21147 21150 21151 21154	21155 21159 21160 21172 21175 21179 21180 21181 21182 21183 21184 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21230 21235 21244 21245 21246 21247 21248 21249 21255 21256 21260 21261 21263 21267 21268	21270 21275 21280 21282 21295 21296 30400 30410 30420 30430 30435 30450 30460 30462 30465 30540 30545 30560 30620 36468 36470 36471 36473 36474 36475 36476 36478 36479 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785	56800 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67961 67966 67971 67973 67974 67975 68360 68362 68371 69090 69300 69310 69320 S2066 S2067 S2068
Durable Medical Equipment (DME)	Yes, for any DME items with charges in excess of \$500 billed rates per line item, or any item or rental that is a capped rental by CMS policy Yes, for non-specific HCPCS codes Yes, for Glucose Sensor codes A9276 - A9278 Yes, for Continuous Positive Airway Pressure (CPAP)/Bi-level Positive Airway Pressure (BIPAP) - three-month rental then purchase of device if compliant (compliance documentation required) CPAP Supplies - Compliance documentation required for additional supplies - Supplies authorized for six months Nebulizers are "purchase-only" items						

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Experimental and Investigational Services	Yes	0009M 0331T 33289 95999 G4131 Q4164 0071T 0332T 33340 97153 L5973 Q4165 0072T 0333T 33368 97154 L8604 Q4166 0085T 0335T 33369 97155 L8605 Q4167 0198T 0338T 33477 97156 M0075 Q4168 0200T 0339T 33548 97157 M0076 Q4169 0201T 0341T 37250 97158 M0100 Q4170 0202T 0342T 37251 97610 M0300 Q4171 0205T 0345T 37252 97799 P9020 Q4173 0206T 0347T 37253 99174 Q0035 Q4174 0207T 0348T 41512 A4305 Q4103 Q4175 0208T 0349T 41530 A4306 Q4107 Q4176 0209T 0350T 43210 A4555 Q4111 Q4177 0210T 0351T 43257 A4575 Q4112 Q4178 0211T 0352T 43647 A4639 Q4113 Q4179 0212T 0353T 43648 A9155 Q4115 Q4180 0213T 0354T 43881 A9272 Q4117 Q4181 0214T 0355T 43882 C1821 Q4118 Q4182 0215T 0356T 44705 C9250 Q4122 Q4183 0216T 0357T 46601 C9360 Q4123 Q4184 0217T 0358T 46607 C9361 Q4124 Q4185 0218T 0362T 46999 C9362 Q4125 Q4186 0219T 0373T 53860 C9363 Q4126 Q4187 0220T 0374T 55706 C9364 Q4127 Q4188 0221T 0375T 55899 E0221 Q4128 Q4189 0222T 0377T 58674 E0446 Q4130 Q4190 0228T 0378T 62287 E0675 Q4132 Q4191 0229T 0379T 64999 E0740 Q4133 Q4192 0230T 0380T 72159 E0745 Q4134 Q4193 0231T 0381T 73225 E0762 Q4135 Q4194 0232T 0382T 75571 E0764 Q4136 Q4195 0234T 0383T 75945 E0765 Q4137 Q4196 0235T 0384T 75946 E0766 Q4138 Q4197 0236T 0385T 76499 E0769 Q4139 Q4198 0237T 0386T 76936 E0770 Q4140 Q4200 0238T 19105 78350 E1801 Q4141 Q4201 0253T 19499 78351 E1802 Q4142 Q4202 0254T 22510 78499 E1805 Q4143 Q4203 0263T 22512 81313 E1806 Q4145 Q4204 0264T 22526 81430 E1810 Q4146 S1034 0265T 22527 81431 E1811 Q4147 S1035 0266T 22861 88749 E1812 Q4148 S1036 0267T 22864 91111 E1815 Q4149 S1037 0268T 22867 91299 E1816 Q4150 S2102 0269T 22868 92978 E1818 Q4151 S2118 0270T 22869 92979 E1821 Q4152 S2348 0271T 22870 93050 E1825 Q4153 S3650 0272T 22899 93279 E1830 Q4154 S3652 0273T 27279 93286 E1831 Q4155 S3722 0274T 28446 93288 E1840 Q4156 S3800 0275T 28899 93294 E1841 Q4157 S3852 0278T 31626 93296 E2120 Q4158 S8080 0289T 31627 93740 G0276 Q4159 S8130 0290T 31660 93799 G0416 Q4160 S8131 0293T 31661 93998 G0428 Q4161 S8940 0294T 32994 94799 G0455 Q4162 S9034 0329T 33274 95980 G0460 Q4163 S9090 0330T 33275

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Gender Dysphoria Treatment	Yes	19301	54405	54690	57107	58275	58552
		19302	54406	55175	57110	58280	58553
		19303	54408	55180	57111	58285	58554
		19304	54410	55970	57291	58290	58570
		19325	54411	55980	57292	58291	58571
		53430	54415	56625	57335	58541	58572
		53431	54416	56800	58150	58542	58573
		54125	54417	56805	58180	58543	58661
		54400	54520	56810	58260	58544	58720
		54401	54660	57106	58262	58550	
Genetic and Molecular Testing	Yes, all including BRCA	0002M	0086U	0100U	87901	83870	S3844
		0003M	0087U	0101U	87902	96040	S3845
		0004M	0088U	0102U	87903	G9143	S3846
		0006M	0089U	0103U	87904	G9840	S3849
		0007M	0090U	0104U	87905	G9841	S3850
		0009M	0091U	81105	87906	G9843	S3852
		0011M	0092U	-thru-	87910	G9845	S3853
		0012M	0093U	81599	87912	S0265	S3854
		0013M	0094U	83870	87999	S3620	S3861
		0001U	0095U	84999	88120	S3800	S3865
		-thru-	0096U	85999	88121	S3840	S3866
		0081U	0097U	86152	88130	S3841	S3870
		0084U	0098U	86153	88140	S3842	
		0085U	0099U	86849	88299		
Home Health Services	Yes, all services provided within the home setting						
Hospice Services	Yes, all services						
Hysterectomy	Yes, for vaginal hysterectomy-inpatient only	51925	58200	58270	58540	58544	58572
	Yes, for abdominal and laparoscopic hysterectomy	58150	58210	58275	58541	58553	58573
	Yes, for inpatient only on the following codes: 58260, 58262, 58263, 58270, 58275, 58280, 58285, 58290-58294	58152	58240	58293	58542	58570	58575
		58180	58267	58294	58543	58571	
Infertility Treatments	Yes	0058T	58970	89260	89321	89352	S4023
		0357T	58974	89261	89322	89353	S4025
		38207	58976	89264	89325	89354	S4026
		38208	76948	89268	89329	89356	S4027
		38209	89250	89272	89330	89398	S4028
		55870	89251	89280	89331	G0027	S4030
		58321	89253	89281	89335	S4011	S4031
		58322	89254	89290	89337	S4013	S4035
		58323	89255	89291	89342	S4014	S4037
		58345	89257	89300	89343	S4015	S4040
		58752	89258	89310	89344	S4016	S4042
		58760	89259	89320	89346	S4022	

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Inpatient Admissions	Yes, for inpatient medical, surgical and behavioral health. Includes sub-acute i.e. skilled nursing, inpatient rehabilitation and long-term acute care. Exceptions: <ul style="list-style-type: none"> • observation if 48 hours or less • normal vaginal deliveries if 2 days stay or less • cesarean section deliveries if 3 days stay or less Yes, for mother or newborn admissions exceeding these length of stay	
Laboratory Services	Providers are to utilize an in-network laboratory for all laboratory needs. Out-of-network lab services and tests with charges in excess of \$500 billed rates per line item and any tests that are potentially investigation/experimental require prior authorization.	
Mammogram	Yes, if less than 40 years of age with evidence of medical necessity and/or risk factors.	
Medications Requiring Authorization	Yes, for all infusions/injections dispensed outside the inpatient setting For pharmacy prior authorizations use the following contact numbers: F 855.397.8762 T 866.822.6504 View the Pharmacy Drug List–Commercial for prescriptions requiring authorization.	
Neurostimulator – Trial and Implantation	Yes, for all Urine drug screen should be done 30 days prior to trial.	
Oral and Enteral Feedings	Yes	B4102 B4154 B4161 B4178 B4197 B4224 B4103 B4155 B4162 B4180 B4199 B5000 B4149 B4157 B4164 B4185 B4216 B5100 B4150 B4158 B4168 B4189 B4220 B5200 B4152 B4159 B4172 B4193 B4222 S9433 B4153 B4160 B4176
Out-of-Network Services	If member has no coverage for out-of-network benefits: <ul style="list-style-type: none"> • services may be authorized only when services are not available from a participating network provider • OR if the requested service otherwise requires a prior authorization • OR for laboratory services performed out of network AND if labs cannot be performed in network For members with out-of-network benefits: <ul style="list-style-type: none"> • initial consult visit with an out-of-network specialist <u>does not</u> require a PA • all follow-up visits DO require a prior authorization along with clinical justification and plan of treatment 	
Prosthetics and Orthotics	Yes, for any item with charges in excess of \$500 bill rates per line item	
Radiology	Prior Authorizations must go through AIM Specialty Health. Yes, includes but not limited to Computed Tomography 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)	
Rehabilitative Therapies (PT/OT/ST)	No prior authorization required. May be subject to plan limits. Exception: Home Health Therapies require prior authorization	

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Skilled Nursing Facility Services	Yes						
Sleep Studies	Yes, with one exception: Home sleep studies do not require prior authorization	95782 95783	95805 95807	95808	95810	95811	95822
Spinal Cord Stimulators	Yes	63650 63655 63661 63662 63663 63664	63685 63688 64553 64570 C1767 C1816	C1820 C1822 C1823 C1883 C1897 E0745	E0764 E0770 L8679 L8680 L8680 L8682	L8682 L8685 L8685 L8686 L8686 L8687	L8687 L8688 L8688 S8130 S8131
Spinal Surgery	Yes, outpatient, inpatient and observation	S2350 S2351 S2348 22206 22207 22208 22210 22212 22214	22216 22224 22510 22511 22512 22513 22514 22515 22532	22533 22534 22548 22551 22552 22554 22556 22558	22586 22590 22595 22600 22612 22630 22632 22633 22808	22810 22812 22899 62380 63001 63003 63011 63015	63017 63050 63064 63075 63077 63200 63250 63251 63252
Transcutaneous Electrical Nerve Stimulation (TENS)	Yes, only approved when meets medical necessity	E0720	E0730	E0731			
Transplants	Yes, for all transplants (soft and solid organs)	23440 26485 26489 27396 27397 32851 32852 32853 32854	33927 33928 33929 33930 33935 33940 33945 38230 38232	38240 38241 44132 44133 44135 44136 44137 48160 48550	48554 48556 50370 50380 65710 65756 65780 65780 65781	65782 65785 G0341 G0342 G0343 S2053 S2054 S2055 S2060	S2061 S2065 S2102 S2103 S2140 S2142 S2150 S2152
Ventricular Assist Devices	Yes	0451T 0452T 0453T 0454T	33927 33927 33928 33928	33929 33975 33975 33976	33976 33979 33979 33981	33981 33982 33982 33983	33983 33990 33991

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