

## Prior Authorization Guidelines

### Contact Information:

Outpatient services and general authorization: Phone 206-724-0868

Inpatient, skilled nursing, and home health: Phone 206-724-0865

Submit notifications and prior authorization requests to: Fax 206-834-6000

All services outside the HMSO network require: 1) prior authorization/notification unless specified in this guide, 2) a PCP referral, and 3) must be provided by a Health Plan contracted facility and/or provider.

	Procedure or Service	Codes	PA? Y/N	Comments
Cosmetic and Reconstructive Procedures	Botox injections	J0585-J0588	Y	
	Rhinoplasty	30400-30450	Y	
	Vein Procedures	36470-36479, 37700-37785	Y	
	Office Visits	Head and Neck	Y	Except with HMSO contracted Specialists
Dermatology Conditions	Hair loss	L63-L63.9, L65-L65.9	Y	
	Keloids	L73.0-L73.1, L73.8-L73.9, L73.9, L91.0-91.9	Y	
	Moles/Lesions/Tissue disorders	D22.0-D22.9, D23.0-D23.9, L98.7-L98.9	Y	
	Skin Excisions/Revisions	11400-11446, 11200-11201, 17106-17108, 17999, 14000-14350	Y	Except with dx D01-D03-D04.9 or C44 (only for benign codes)
	Skin Cancer Screening	Z12.83, Z85.828	Y	Except with dx Z85.828
	Pigmentation Disorders	L80, L81.0-L81.9	Y	
Genetic Testing	Molecular and Genetic	0001U-0118U, 0129U-0138U, 0152U-0163U, 0169U-0214U-0215U, 0004M-0013M, 81105-81479, 81507, 81518-81599, 87480-87482, 87505-87512, 87623, 87652, 87660-87661, 87797-87801, S3870	Y	

# HIGHLINE MEDICAL SERVICES ORGANIZATION

Hospitalizations	Emergent Admissions	Applies to all covered codes.	Y	Admit notification required within 24hrs
	Obstetric delivery and newborn admissions	Applies to all covered codes.	N	Except NICU >4 days
	Observation Admissions	Applies to all covered codes.	N	
	Planned IP admissions (Facility Only)	Applies to all covered codes.	Y	Authorization will be reviewed upon notification of admission.  Separate PA is required for surgeon.
Durable Medical Equipment (DME) and Non-DME Supplies	DME	Applies to all covered codes.	Y	<b>Except items provided by Performance Home Medical with total item cost &lt;\$300.</b>
	Non- DME supplies	Applies to all covered codes.	N	Subject to allowable limits
New Technology/Experimental or Investigational	New Technology	Applies to all covered codes.	Y	
	Investigational and/or experimental medications and procedures	Applies to all covered codes.	Y	
Medical Nutritional Education	Medicaid	97802-97803	Y	Except < 21 years old
	Medicare	97802-97803	Y	
Ophthalmology Procedures	Blepharoplasty	15820-15823	Y	
	Ptosis Repair	67900-67909	Y	
Physical, Occupational and Speech therapy	Medicaid	Applies to all covered codes.	Y	Except < 21 years old or the first 24 units per modality, per calendar year
	Medicare	Applies to all covered codes.	Y	Except first 12 visits per modality.

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Pulmonary and Cardiac Rehabilitation	Pulmonary Rehabilitation	G0424	Y	Except when provided at St. Anne Hospital
	Cardiac Rehabilitation	93797-93799	Y	Except when provided at St. Anne Hospital
Radiology/Interventional Radiology	PET Scan		Y	Except when provided at St. Anne Hospital or Rayus Radiology formally The Center for Diagnostic Imaging (CDI) <b>and</b> oncology related.
	Routine radiology (x-ray, ultrasounds)		N	
	Therapeutic Radiology Simulation/Treatment	77280, 77285, 77290, 77299	Y	
Specialty Care office visits (outside the HMSO network of providers)	Office visits and consultations with the following specialties: Allergy/Immunology, Dermatology, Nephrology, Neurology, Ophthalmology, Orthopedics, Otolaryngology, Physiatry/Pain Medicine, Podiatry, and Vascular Surgery	Applies to all covered codes.	Y	(See Cosmetic and reconstructive Procedures for exceptions)
Specialized Services	Anticoagulation clinic visits/services	Applies to all covered codes.	N	
	Colonoscopy/Sigmoidoscopy	Applies to all covered codes.	N	
	Dialysis	Applies to all covered codes.	N	
	Home Health	Applies to all covered codes.	Y	Must use HMSO contracted agencies, Envision Home Health or Wesley Homes at Home

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Spinal Procedures	Vertebroplasty, Kyphoplasty	22510-22515	Y	
Women's Health	Obstetric care		N	Does not apply to prenatal genetic testing. See genetic testing section of this guide.
	Office and Outpatient procedures		N	
Wound Care	Hyperbaric Therapy		Y	
	Wound care clinic services		Y	Except when provided at St. Anne Wound Clinic

## Additional Information

Specialists with an active referral or authorization from the PCP can send procedure or service authorizations directly to HMSO.

Non-HMSO Specialists must refer patient back to PCP for a referral to another Specialist.

If patient has an appointment scheduled within 5 calendar day, mark the prior authorization with "appointment scheduled" along with date. HMSO goal is to process within two business days.

The federal regulations define an urgent/expedited request as:

- a serious threat to life, limb or eyesight;
- worsening impairment of a bodily function that threatens the body's ability to regain maximum function.
- worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or
- severe pain that cannot be managed without prompt medical care.

**Refrain from submitting urgent/ expedited requests if the patients does not meet the above definition.**

Prior Authorization is not a guarantee of payment for services. Payment is contingent upon member's eligibility and benefits available on the date of services.

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Revision History

1/1/22	Policy Implemented
11/18/21	Policy Reviewed and approved by QUMC for implementation on 1/1/2022