

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

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

**Network Requirements:** The guidelines outlined in this document pertain to providers and facilities contracted with UnitedHealthcare or Amerigroup. Providers outside of these networks require prior authorization for all services, excluding emergent and urgent care.

**Referral Requirements:** HMSO does not require a referral from the Primary Care Provider (PCP). Some specialty care providers may require a PCP referral.

Omission of items/services on this guideline is not a guarantee of coverage. All services must be provided according to coverage and payment guidelines established by the Centers for Medicare & Medicaid Services (CMS). Prior Authorization is not a guarantee of payment for services. Payment is contingent upon member's eligibility and benefits on the date of service.

**Prior authorization is required for the services listed below unless otherwise noted in the "Exceptions" column.**

Service	Exceptions	Codes
<b>Durable Medical Equipment (DME) and Non-DME Supplies</b>  (Includes Prosthetics and Orthotics)	Medicare members must obtain the items listed under "Medicare Performance Home Medical List" from Performance Home Medical.  Item price applies to the accumulative price for all components that create a complete item/device.  Non-DME supplies do not require authorization but are subject to CMS allowable.	<b>Medicare Performance Home Medical list:</b> E0135, E0143, E0163, E0260-E0261, E0424, E0431, E0434, E0439, E0441-E0444, E0570, E0601, E0562, E1226, E1390, K0001-K0006, K0195  <b>Zoll LifeVest:</b> K0606  <b>Ventricular assist devices (VADs):</b> 33990, 33991, 33995, 33975, 33976, 33983, Q0477, Q0480-Q0509  <u>Any DME item with a retail purchase or a cumulative rental cost of more than \$500.</u>
<b>Genetic testing</b>	None	All Codes

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

Home Enteral Services	Services delivered via gastrostomy or nasogastric tube (Z93.1, Z97.8)	All Codes
Home Health Services	None	All Codes
Injectable Medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting)	None	<p><b>Chemotherapy:</b>            Chemotherapy injectable drugs (J9000 - J9999)            Leucovorin (J0640)            Levoleucovorin (J0641, J0642)            Chemotherapy injectable drugs that have a Q code</p> <p><b>Injectable colony-stimulating factor:</b>            Bio similar (Zarxio®) Q5101            Filgrastim (Neupogen®) J1442            Filgrastim-aafi (Nivestym™) Q5110            Pegfilgrastim (Neulasta®) J2506            Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122            Pegfilgrastim-bmez (Ziextenzo®) Q5120            Pegfilgrastim-jmdb (Fulphila™) Q5108            Pegfilgrastim-cbqv (UDENYCA™) Q5111            Sargramostim (Leukine®) J2820            Tbo-filgrastim (Granix®) J1447            Trilaciclib (Cosela®) J1448</p> <p><b>Bone-modifying agent:</b>            Denosumab J0897</p> <p><b>Other Injectables:</b>            Botulinum toxins J0585, J0586, J0587, J0588            Octreotide Acetate J2354            Orencia® J0129            Remicade® J1745            Sandostatin® LAR J2353</p>

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

		All injectables that are not FDA approved, have temporary codes or are being requested for off-label use require prior authorization.
<b>Inpatient Hospital Admissions</b> (Includes Inpatient Rehabilitation)	Maternity delivery (C-Section/SVD) Well-baby NICU admission <4 days Observation level of care	All codes
<b>Pain Management</b>	None	<p><b>Epidural Steroid Injections</b> 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999</p> <p><b>Facet Joint Injections</b> 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T</p> <p><b>Pain Infusion Pump</b> 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786</p> <p><b>Radiofrequency Ablation/Chemical Denervation</b> 64625-64629, 64624</p> <p><b>SI Joint Injections</b> 27096</p>
<b>Outpatient Therapy</b> (PT, OT, ST and Chiropractic)	<p>&lt;21 years of age.</p> <p>PT/OT/ST First 24 units per calendar year (Medicaid) and first 12 visits per episode of care (Medicare), per modality.</p> <p>Medicare covered Chiropractic Services.</p>	All codes

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

Pulmonary and Cardiac Rehabilitation	None	<b>Pulmonary Rehabilitation</b> G0424 <b>Cardiac Rehabilitation</b> 93797-93799
Radiology		<b>Non-oncological PET Scans</b> <b>Interventional Radiology Procedures</b> All codes <b>Therapeutic Radiology Simulation/Treatment</b> 77280, 77285, 77290, 77299
Skilled Nursing Facility	Medicare rating must be at least 2 star at time of admission.	All codes
Stimulators	None	<b>Bone Growth</b> E0747, E0748, E0760 <b>Neuromuscular</b> E0764, E0770 <b>Neurostimulator</b> 61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, 0424T-0436T, 0588T, 0720T, C1767, C1787, K1018, K1020, K1023, L8683 <b>Spinal Cord</b> 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688
Surgical Services (Ambulatory Surgery Center and Office)	Post mastectomy reconstruction (Z42.1) Breast cancer (C50.*) Women's Health services by a Women's Health provider	0095T, 0098T, 0163T-0165T, 0202T, 0219T- 0222T, 0253T 0274T, 0275T, 0312T-0317T, 0345T 0421T, 0424T-0436T, 0449T, 0450T, 0474T, 0505T, 0524T, 0571T- 0574T, 0580T, 0582T, 0614T, 0656T, 0657T, 0660T, 0661T, 0671T, 0719T, 11920-11922, 11960, 11971, 14020, 14021, 14041, 14061, 15820-15823, 15830, 15847, 15877, 17106-17108, 17999, 19300-19307, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361,

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

		<p>19364, 19367-19371, 19380, 19396, 20930-20939, 20982, 20983, 21137-21139, 21172, 21175, 21179-21184, 21230, 21235, 21256, 21275, 21280, 21282, 21295, 21685, 21740, 21742, 21743, 22854, 22858, 28344, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 30620, 31237, 31240, 31253- 31257, 31259, 31267, 31276, 31287, 31288, 31295-31298, 32607, 32608, 33206-33208, 33210-33217, 33221, 33224, 33227-33235, 33240, 33241, 33244, 33249, 33262- 33264, 33270-33275, 33289, 33340, 34701-34706, 36465-36483, 37231, 37500, 37700, 37718, 37722, 37735, 37760-37766, 37780, 37785, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 43770-43775, 43842-43848, 43886-43888, 47370, 47371, 47380-47383, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 54400, 54401, 54405 55873, 64582, 65710-65757, 66989, 66991, 67900, 67901-67924, 67950, 67961, 67966, 69300, 69320, 69705, 69706, 69714, 69930, 75710, 75716, 92920, 92928, 92937, 92943, 93264, 93580, 93650, 93653, 93654, 93656, C1721, C1722, C1777, C1779, C1785, C1786, C1789, C1813, C1821, C1882, C1895, C1896, C1898, C1899, C1900, C2614, C2619, C2620, C2621, C2622, C2624, C9600, C9604, C9607, C9727, C9757, L8600, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, S2080, S2202, S2235, S2348, S2350, S2351.</p> <p>All temporary codes.</p>
Surgical Services (Outpatient Hospital and planned inpatient hospital)		All codes
Wound Care	None	<p><b>Hyperbaric therapy</b> All codes</p> <p><b>Negative Pressure Wound Therapy (NPWT)</b> 97605, 97606, A6550, E2402, K0743</p> <p><b>Skin grafts and Skin substitute</b> A2001-2013, A4100, C1832, C1849, C9354, C9358, C9360-C9364, Q4100-Q4261</p>

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

### Additional Information

Some services are not managed by HMSO and may require authorization by the health plan (ex: Behavioral health, routine vision, transplants, bariatric, Hospice).

If a patient has an appointment scheduled within 5 calendar days, mark the prior authorization with “appointment scheduled” along with the appointment date. HMSO’s 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 patient does not meet the above definition.

### Contact the Utilization Management Department

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

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

General Email: [MedManagement@hmsoinc.org](mailto:MedManagement@hmsoinc.org)

(Emails must be HIPPA compliant.)

Contact an HMSO staff member if you need access to a HIPPA compliant link)

# HIGHLINE MEDICAL SERVICES ORGANIZATION

## Prior Authorization Guidelines

### Revision History

1/1/22	Policy Implemented
11/18/21	Policy Reviewed and approved by QUMC for implementation on 1/1/2022
9/1/22	Removal of PA requirement for office visits effective 10/1/2022
11/17/22	Policy Reviewed and approved by QUMC for implementation on 1/1/2023. Extensive content and formatting changes