

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.

Coordination of Benefits (COB): HMSO does not require prior authorization as a secondary payer.

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 Requiring Authorization
Durable Medical Equipment (DME) and Supplies (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. Supplies do not require authorization but are subject to CMS allowable.	Medicare Performance Home Medical list: E0135, E0143, E0163, E0260-E0261, E0424, E0431, E0434, E0439, E0441-E0444, E0570, E0601, E0562, E1226, E1390, K0001-K0006, K0195 Zoll LifeVest: K0606 Ventricular assist devices (VADs): 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>
Genetic testing	No Exceptions	All Codes
Home Enteral Services	Services delivered via gastrostomy or nasogastric tube (Z93.1, Z97.8)	All Codes

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Home Health Services	No Exceptions	All Codes
Injectable Medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting)	No Exceptions	<p>Chemotherapy: Chemotherapy injectable drugs (J9000 - J9999) Leucovorin (J0640) Levoleucovorin (J0641, J0642) Chemotherapy injectable drugs that have a Q code</p> <p>Injectable colony-stimulating factor: 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>Bone-modifying agent: Denosumab J0897</p> <p>Other Injectables: Botulinum toxins J0585, J0586, J0587, J0588 Octreotide Acetate J2354 Orencia® J0129 Remicade® J1745 Sandostatin® LAR J2353</p> <p>All injectables that are not FDA approved, have temporary codes or are being requested for off-label use require prior authorization.</p>

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<p>Inpatient Hospital Admissions (Includes Inpatient Rehabilitation)</p>	<p>Maternity delivery (C-Section/SVD) Well-baby and special care nursery NICU admission <4 days Observation level of care</p>	<p>All codes</p>
<p>Pain Management</p>	<p>No Exceptions</p>	<p>Epidural Steroid Injections 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999</p> <p>Facet Joint Injections 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T</p> <p>Pain Infusion Pump 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786</p> <p>Radiofrequency Ablation/Chemical Denervation 64624-64629</p> <p>SI Joint Injections 27096</p>
<p>Outpatient Therapy (PT, OT, ST and Chiropractic)</p>	<p><21 years of age.</p> <p>PT/OT/ST First 24 units per calendar year (Medicaid) and first 12 visits per calendar year (Medicare), per modality.</p> <p>Medicare covered Chiropractic Services.</p>	<p>All codes</p>

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Pulmonary and Cardiac Rehabilitation		All codes
Radiology	No Exceptions	<p>Non-oncological PET Scans</p> <p>Interventional Radiology Procedures All codes</p> <p>Therapeutic Radiology Simulation/Treatment 77280, 77285, 77290, 77299</p>
Skilled Nursing Facility	Medicare rating must be at least 2 star at time of admission.	All codes
Stimulators	No Exceptions	<p>Bone Growth E0747, E0748, E0760</p> <p>Neuromuscular E0764, E0770</p> <p>Neurostimulator 61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, 0424T-0436T, 0588T, 0720T, C1767, C1787, K1018, K1020, K1023, L8683</p> <p>Spinal Cord 63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688</p>
Surgical Services (Ambulatory Surgery Center and Office)	<p>Post mastectomy reconstruction (Z42.1, Z90.1*)</p> <p>Breast cancer (C50.*)</p> <p>Women's Health services by a Women's Health provider</p> <p>HMSO surgeons and ASC's</p>	<p>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, 19364, 19367-19371, 19380, 19396, 20930-20939, 20982, 20983, 21137-21139, 21172, 21175, 21179-21184, 21230, 21235, 21256, 21275, 21280,</p>

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		<p>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>
<p>Surgical Services (Outpatient Hospital and planned inpatient hospital) *See "Inpatient Hospital Admission" section for facility guidelines.</p>	<p>Post mastectomy reconstruction (Z42.1, Z90.1*) Breast cancer (C50.*) Women's Health services by a Women's Health provider HMSO surgeons</p>	<p>All codes</p>
<p>Wound Care</p>	<p>No Exceptions</p>	<p>Hyperbaric therapy All codes Negative Pressure Wound Therapy (NPWT) 97605, 97606, A6550, E2402, K0743 Skin grafts and Skin substitute A2001-2013, A4100, C1832, C1849, C9354, C9358, C9360-C9364, Q4100-Q4261</p>

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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

(Emails must be sent HIPAA compliant.)

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

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Revision History

5/1/23	Policy Updated: Minor formatting changes. Added HMSO surgeons to exceptions for surgical services. Verbiage clarifications.
11/17/22	Policy Reviewed and approved by QUMC for implementation on 1/1/2023. Extensive content and formatting changes
9/1/22	Removal of PA requirement for office visits effective 10/1/2022
1/1/22	Policy Implemented
11/18/21	Policy Reviewed and approved by QUMC for implementation on 1/1/2022