

## SERVICES REQUIRING PREAUTHORIZATION

PARTICIPATING PROVIDERS ARE RESPONSIBLE FOR OBTAINING PREAUTHORIZATION.  
EMERGENCY SERVICES DO NOT REQUIRE PREAUTHORIZATION.  
(EFFECTIVE MARCH 1, 2016)

### **OUT-OF-NETWORK**

- All Out-of-Network Services

### **ADMISSIONS**

- Acute Care Observation services *greater* than two (2) days
- Inpatient Acute Care Hospital services *greater* than five (5) days \*
- Transfers between Acute Care Hospitals
- Inpatient Mental Health and Chemical Dependency, *including* partial hospitalization
- Post-Acute Care Services to include:
  - Skilled Nursing (SNF)
  - Inpatient Rehabilitation
  - Long Term Acute Care Hospital (LTACH)
  - Hospice
- Oncology Chemotherapy and Radiation Therapy
- Transplant services
- Spine Surgery
- Gastric Restrictive procedures
- Dental Services

### **OUTPATIENT**

- Selected Outpatient Surgery & procedures \*
- Dental Surgery
- Gastric Restrictive procedures
- Home health services, including home intravenous therapy
- Hospice
- Oncology Chemotherapy and Radiation Therapy
- Transplant services, excluding corneal transplants
- Chemical Dependency
- Select Durable Medical Equipment, including all prosthetics over \$1500 \*
- Select Specialty/Biologic Formulary drugs \*
- Select Genetic Testing \*
- Applied Behavioral Analysis

### **CLINICAL TRIALS**

- Must be preauthorized

### **The Following Services Require *Notification Only*:**

1. Inpatient Hospital Admissions (LOS < 6 days): Surgical, Medical and Maternity\*

\* Notification of maternity admissions is only required for stays which exceed the maximums outlined in The Newborns & Mother's Health Protection Act of 1996.

*NOTE: The list of services requiring preauthorization may be amended by DAKOTACARE at any time without notice to the member or provider.*

\* Code is for multiple procedure/test usage; non-specific for this procedure/test

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## NEW TECHNOLOGY UTILIZATION WITH LIMITATIONS PREAUTHORIZATION REQUIRED

- Apheresis (36511, 36516)
- Anterior Segment Aqueous Drainage Device – without Extraocular Reservoir – Internal Approach (0191T, 0376T)
- Artificial Discs: Cervical (Total Disc Arthroplasty) (22856, 22858, 22861, 22864, 0095T, 0098T)
- Balloon Sinuplasty (31295, 31296 and 31297) C1726 will be denied when done with sinus surgeries. Deny as Ineligible.
- Bone Graft – Infuse® - Morphogenic Bone Protein (Orthobiologics) – (BMP) - Only approved for some Spine Fusions, Tibial Shaft Fractures, Oral/Maxillofacial (A-DS010)
- Bone Growth Stimulation for Lumbar Spinal Fusion (E0748, E0749)
- Breast Specific Gamma Imaging (BSGI)/ Breast Scintimammography (S8080/78800,78801)\*
- Breast Tomosynthesis (Digital) (77061, 77062, 77063, G2079) (A-D022) – No PA required.
- Capsule Diagnostic Imaging Endoscopy (91110, 91111, 91112, 0355T)
- Cardiac Event Monitoring / Mobile Cardiac Telemetry (MCOT) (93228, 93229) (A-0120-D402)
  - Cardionet
  - SEEQ MCT System by Medtronic
  - Zio Patch/ Zio ECG Utilization Service (ZEUS)/Zio Event Card (0295T – 0298T)
- Catheter Delivered Heart Valve (33477) Pulmonary, 33366-2015 – Aortic by trans-apical approach
- Computer Aided Detection Breast MRI (0159T) – no PA required
- Continuous Glucose Monitoring - for Personal Use – Not Office Testing – No PA required (95249-95251)
- Deep Brain Stimulator / Stimulation – (61850, 61860, 61870, 61880, 61885, 61886)
- Discogram (aka Discography) (62290, 62291, 72285, 72295)
- Electrical Stimulator Implantation (64561, 64581)
- Excimer Laser for treatment of vitiligo (\* 96920, \* 96921, \* 96922)
- Fecal Microbiota for Instillation (Fecal Transplant) – 44705, G0455 – No PA required, Audit Only
- Gastric Stimulation and Pacing (95980, 95981, 95982, 43647, 43648, 43881, 43882, 64590, 64595)
- High Frequency Chest Compression Device – Airway Clearance Vests (E0483)
- Intra-Operative Radiation Therapy (IORT) (77424, 77425, 77469)
- Laparoscopy, surgical, esophageal sphincter augmentation with device (eg, magnetic band-LINX Device) (43284-43285 2017)
- Low Level Laser – S8948 (also noted under experimental)
  - Service by Chiropractor – Exp/Inv
  - Service by other practitioners – no PA – med nec needed
- Magnetic Resonance Spectroscopy (MRS) (76390)
- Morcellation (C1782)
- My-Sentry Night-time Glucose Monitoring – approved for children under 18 yrs. Old (E1399)
- Nebulizer Compressor (Large) for thick secretions (E0565) PA required – all other nebulizers no PA required.
- Neurostimulator, implantable pulse generator, any type (L8679)
- Nitric Oxide Expired Gas (95012) (No PA required)
- Percutaneous Transcatheter Closure – Left Atrial (Watchman Device) (33340) – also referred to as Ligation of atrial appendage with Atriclip (\*C1760, C1817, C2628-PA only required when device used with above procedure)
- Percutaneous Transcatheter Closure of Paravalvular Leak, Mitral Valve (93590), Aortic Valve (93591) (93592)
- *Pharmacy – PA / Review Required*
  - Botox use for Hyperhidrosis (J0585) Pharmacy PA/Review
  - Collagenase Injection for DuPuytren's (J0775, 20527, 26341) - Pharmacy PA/Review
  - Hyaluronan Derivatives, Pharmacy – Payment Guideline (no PA required)
    - Hyalgan/Supartz (J7321)
    - Euflexxa (J7323)
    - Orthovisc (J7324)
    - Synvisc (J7325)
  - Provenge (Q2043) handled through EviXiaflex - (collagenase clostridium histolyticum) (J0775, 20527, 26341) – Pharmacy PA/Review
- Photopheresis (36522)
- Plasmapheresis (36514) (aka plasmapheresis)
- Posterior Tibial Neurostimulation ( 64566 )
- Prothrombin Time (INR) Home Monitoring Device – letter of Med. Nec. needed – not normally covered
- Proton Beam Radiation (77520, 77522, 77523, 77525)
- Robotically Assisted Procedures (No PA Required) (S2900 will be denied as ineligible when billed with any other procedures other than listed below:
  - Hysterectomy (with or without salpingo-oophorectomies)

- Prostatectomy
- Sacrocolpopexy
- Ureteropelvic junction (UPJ) obstruction  
\*\*\*\*\*Effective 08/01/17: S2900 will be denied as ineligible when billed with any surgical procedures. \*\*\*\*\*
- Sleeve Gastrectomy (43775) (*Related to Obesity Surgery*)
- Solesta Injectable – L8605, 0377T
- Subcutaneous Implantable Cardioverter Defibrillator (S-ICDS) (M-157) (33270, 33271, 33272, 33273, 93260, 93261, 93644 – 2015) – No PA Required (M-157)
- Sublingual Immunotherapy – Pharmacy
  - FDA Approved Sublingual Immunotherapy
    - Current names include Gastek, Ragwitek and Oralair
    - Others not listed refer to Pharmacy Department
- Telemedicine and Tele-care for Critical Patients (Q3014) – No PA required
- Total Hip Resurfacing
- Transcranial Magnetic Stimulation (TMS) ie: Neurostar (90867, 90868, 90869)
- Transcutaneous Electrical Nerve Stimulation (TENS); (E0720, E0730, E0731)
- Vagus Nerve Stimulator
- Virtual CT Colonoscopy – diagnostic only (screening not covered) (Diagnostic – 74261, 74262)(Screening – 74263)
- Volumetric tissue reduction (partial glossectomy, radiofrequency ablation) (41120, 41130)
- Wearable Automatic External Defibrillator (WAED) / Cardio Defibrillator (WCD) called ZOLL Life Vest WCD (K0606-K0609)

## **GENETIC TESTING PREAUTHORIZATION REQUIRED** **NEW TECHNOLOGY WITH LIMITATIONS**

- Alzheimer Disease - APP, PSEN1, and PSEN2 Genes (A-0590) (S3852)
- Angelman Syndrome UBE3A (A-0708)(\*81406)(81331)
- Array-Based Comparative Genomic Hybridization (aCGH) (A-0588-0301) (81228, 81229)
- Ashkenazi Jewish Genetic Panel (A-0592)(81412)
- Breast Cancer Gene Expression Assays (ie: MammaPrint) (A-0532) S3854
- Brugada Syndrome - CACNA1C, CACNB2, GPD1L, HCN4, KCND3, KCNE3, KCNJ8, SCN1B, SCN3B, and SCN5A Genes (A-0594) (S3861)
- CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) - NOTCH3 Gene (A-0668)(\*81406)
- Canavan Disease - ASPA Gene (A-0595) (81200)
- Carbamazepine Pharmacogenetics - HLA-B\*1502 Allele (A-0649)
- Catecholaminergic Polymorphic Ventricular Tachycardia - RYR2 and CASQ2 Genes (A-0636)
- Charcot-Marie-Tooth Hereditary Neuropathy - EGR2, GDAP1, GJB1, LITAF, MFN2, MPZ, NEFL, PMP22, PRPS1, and PRX Gene (A-0691) (81324, 81325, 81326)
- Cologuard – Colorectal DNA Fecal Testing (81528)
- Cowden Syndrome - PTEN Gene (A-0585) (81321, 81322, 81323)
- Cystic Fibrosis - CFTR Gene and Mutation Panel (A-0597) (81220, 81221, 81222, 81223)
- Deafness, Hereditary - GJB2 and GJB6 Genes (A-0596) (81252, 81253, 81254, 81430)
- Dilated Cardiomyopathy - ANKRD1, DMD, LDB3, LMNA, MYBPC3, MYH7, RBM20, TNNI3, and TNNT2 Genes (A-0648) (S3866)
- Factor V Leiden Thrombophilia - F5 Gene (A-0600) (81241)
- Familial Adenomatous Polyposis - APC and MUTYH Genes (A-0534) (81201, 81202, 81203)
- Familial Dysautonomia - IKBKAP Gene (A-0685) (81260)
- Familial Mediterranean Fever - MEFV Gene (A-0689) (\*81404)
- Fanconi Anemia - FANC Genes (A-0683) (81242)
- Fetal Aneuploidy Trisom Risk - Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence (81420, 81507)
- Fragile X-Related Disorders - FMR1 Gene (A-0602) (81243, 81244)
- Glycogen Storage Disease, Type I - G6PC Gene (A-0684) (81250)
- Hemochromatosis - HFE Gene (A-0599) (81256)
- Huntington Disease - HTT Gene (A-0605)
- Hypertrophic Cardiomyopathy - Sarcomere Genes (A-0633) S3865/S3866 (81439 2017)
- Imuran Drug Metabolism Sensitivity – TPMT Gene (A-0628)

- Inflammatory Bowel Disease - TPMT Gene (A-0628)
- Irinotecan Dosing - UGT1A1 Gene (A-0624) (81350)
- Kras Mutation Analysis (81275)
- Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes (A-0533) (81292 to 81300, 81435)
- Malignant Hyperthermia Susceptibility - RYR1 Gene (A-0690)
- MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis (81287)
- Mucopolidosis IV - MCOLN1 Gene (A-0686) (81290)
- Multiple Endocrine Neoplasia (MEN) Syndromes - MEN1 and RET Genes (A-0582) (S3840)
- Myeloproliferative Neoplasms - JAK2 and MPL Genes (A-0669) (81270) (note different than JAK 2 Exon)
- Myotonic Dystrophy - DMPK and CNBP Genes (A-0609) (S3853)
- NRAS (Neuroblastoma RAS Viral Oncogene) for the Prediction of Treatment Response in Colorectal Cancer
  - For patients with metastatic CRC who are being considered for treatment with anti-EGFR monoclonal antibodies, and who have had negative KRAS testing. (81311)
- Oncology Tissue of Origin (81504)
- Oncotype Dx (Note different than OncoType DX Colon Cancer Assay) S3854
- Pancreatitis, Hereditary - PRSS1 Gene (A-0646)
- Prenatal Testing (Non-invasive) (NIPT) (PA Required)
  - Harmony
  - MaterniT21 Plus
  - Panorama
  - Verifi Prenatal
- Prothrombin Thrombophilia - F2 Gene (A-0613) (81240)
- Rasburicase Pharmacogenetics - G6PD Gene (A-0653)
- Rett Syndrome - FOXP1 and MECP2 Genes (A-0687) (81302, 81303, 81304)
- Spinal Muscular Atrophy - SMN1 and SMN2 Genes (A-0659)
- Tay-Sachs Disease and Variants - HEXA Gene (A-0614) (81255)

## **DURABLE MEDICAL EQUIPMENT (DME)** **PREAUTHORIZATION REQUIREMENTS**

- Airway Clearance Vest (A7025-A7026)
- Braces, Prosthetics and Artificial Limbs equal to or over \$1500 (L0112-L0999, L1000-L1499, L1600-L2999, L3650-L3999, L5000-L5999, L6000-L6590, L6600-L6975, L7007-L7009, L7040-L7499, L7510, L7520, L7600, L8400-L8485) and all custom-made S/P ACL Knee Braces regardless of cost.
- Coaguchecks/INR Monitors (E1399)
- Compressor Pump for Super Heated Aerosol (E0565)
- Continuous Glucose Monitoring Devices & Alarms (mySentry™) (A9277, A9278, E1399) (K0553-K0554)
- Custom Wheelchair for purchase (E0986, E1002-E1008, E1050-E1200, E1220-E1298, E2626-E2633, K0001-K0899)  
\*Standard wheelchairs are rent to purchase.
- FES Devices (E0770)
- Hospital Bed (E0250-E0251, E0255-E0256, E0260-E0261, E0265-E0266, E0270, E0290-E0304)
- Large Volume Nebulizer (E0575, A7007, A7008)
- Oxygen to include the oxygen carrier and concentrator (E0424-E0440, E1390-E1392, E1405-E1406, K0738)
- Patient Transfer Systems including Hoyer Lifts (E1035, E1036, E0630, E0635, E0636, E0639, E0640)
- Pneumatic compression, segmental home model with calibrated gradient pressure (E0652)
- Pressure Relief Mattress/Air Floatation Mattress (E0193-E0194, E0277, E0328-E0373)
- Sleep Apnea Devices (oral) Over \$1500.00 (E0485-E0486)
- Speech Generating Device (E2500-2599)
- Stimulators: Neuromuscular, Vagal, and Osteogenic (E0740, E0744-E0745, E0747-E0749, E0760, E0762, E0764, L8680-L8689, 64568) (64550)
- Respiratory Devices (E0457, E0459, E0462, E0482-E0484)
- Ventricular Assist Devices (Q0477-Q0509)
- ZOLL Lifevest (K0606)