Select Pre-Authorization List of Diagnoses and Procedures

FOR IDAHO MEDICAID PARTICIPANTS January 1, 2013

PRE-AUTHORIZATION LIST REQUIRING QUALIS HEALTH REVIEW Phone 1 800-783-9207 Fax 1 800-826-3836

All surgical procedures on this list require pre-authorization for inpatient and outpatient services. Bolded procedure name and codes indicate these have been added to the Qualis Health pre-authorization list as of January 1, 2013.

Procedure	ICD-9-CM® Code	CPT® Code
	October 2012	January 2013
Ear and Nose Surgery		
Cochlear Device Implantation, with and without Mastoidectomy Note: Restricted to age 0 –21	20.96, 20.97, 20.98	69930
Rhinoplasty	21.84, 21.86, 21.87, 21.89	30400, 30410, 30420, 30430, 30435, 30450, 30460,30462, 30465
Septoplasty	21.5	30520
Arthrodesis (Spinal Fusion) Note: Artificial disc not a covered benefit.	78.59 81.00 through 81.08 81.30 through 81.39 81.62, 81.63, 81.64	22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586 , 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Unlisted neck, thorax procedure Unlisted spine procedure Laminectomy/Diskectomy Laminoplasty	78.41 78.71 03.02 03.09 03.29 03.1 03.6 80.50 80.51	21899 22899 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63170, 63172, 63173, 63180, 63182, 63185,63190, 63191, 63194, 63195 63196,63197, 63198, 63199, 63200
Spinal Neurostimulator electrode array(Implant, replacement or removal)	03.93, 03.94	63650, 63655
Spinal Neurostimulator pulse generator receiver (Insertion or replacement)	86.94, 86.95, 86.96, 86.97, 86.98	63685

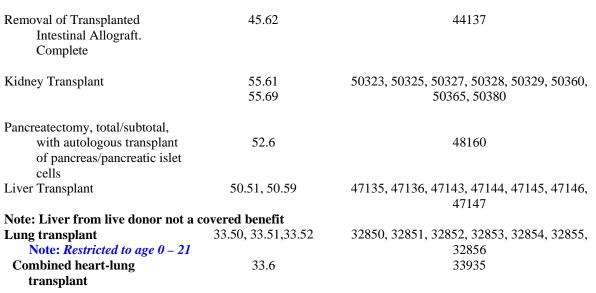


Procedure	ICD-9-CM® Code	CPT® Code
Troccure	October 2012	January 2013
Gastric Surgery	0 0000001 2012	ominary 2010
Superior Surgery	86.94, 86.95, 86.96,	
Gastric Neurostimulator*	86.97, 86.98	64590
(Insertion or replacement)	00.57, 00.50	0.620
(insertion of replacement)	44.99	
Unlisted Laparoscopy, Stomach	,,	43659
Bariatric Surgery	43.82	43644, 43645, 43770, 43771, 43772,
Durintine Surgery	13.02	43773, 43774, 43775, 43842, 43843,
		43845, 43846, 43847, 43848
	44.31, 44.39, 44.95	166.6, 166.6, 166.17, 166.16
Notes Duccedure must be neufor		avad Daviatuia Sungany Canton (DSC) an
Bariatric Surgery Center of Exc		oved Bariatric Surgery Center (BSC) or
Revision of gastroduodenal		43850
anastomosis with		
reconstruction; without	44.5	
vagotomy		
Panniculectomy, Excessive Skin	86.83	15833, 15836, 15830, 15847, 15877
Removal for Leg and Arm		
Hysterectomy		
Abdominal	57.84, 65.61	51925, 58180, 58956, 58953, 58954, 59135,
	68.31, 68.39,	59525
	68.41, 68.49, 68.61,	58150, 58152, 58200, 58951, 59135, 59525
	68.69	58210
		58550, 58260, 58262, 58263, 58267, 58270,
Vaginal	68.51	58552, 58553, 58554
		58275, 58280, 58290, 58291, 58292, 58293,
	68.59	58294, 58541, 58542, 58543, 58544, 58548
		58570, 58571, 58572, 58573
Laparoscopic	68.71, 68.79	58285
Radical	68.9	
Other and Unspecified		
Reduction Mammoplasty	05.21 05.22	10210
Unilateral, Bilateral	85.31, 85.32	19318
Total Hip Replacement	81.51	27130
Revision	81.53	27132, 27134, 27137, 27138
	00.70-00.76, 00.77,	
	00.85, 00.86, 00.87	
Partial Hip Replacement	81.52	27125
		-
Total & Partial Knee	81.54	27445, 27446, 27447
Replacement	81.55	27486, 27487
Revision	00.80-00.84	, =
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^{*} The same ICD9 codes, 86.94 through 86.98, are utilized for both Gastric and Cranial Neurostimulator replacement or insertion procedures, however please note that Qualis Health only conducts pre-authorization for Gastric Neurostimulator procedures and the Medical Care Unit at Idaho Medicaid conducts pre-authorization for Cranial Neurostimulator procedures. Similarly, CPT code, 64590, is utilized for both Gastric Neurostimulators and Peripheral Neurostimulator procedures, while Qualis Health conducts pre-authorization only for Gastric Neurostimulators, the Medical Care Unit at Idaho Medicaid conducts pre-authorization for Peripheral Neurostimulators



Procedure	ICD-9-CM® Code October 2012	CPT® Code January 2013
Vein Ablation and Ligation		
Injection of sclerosing solution, Endovenous Ablation	39.92, 38.89	36470, 36471, 36475, 36476, 36478, 36479
Ligation, Division and Stripping	38.59	37500, 37700, 37718, 37722, 37735,37760, 37780, 37785
Bone Marrow Transplant	•	erformed in a Medicare approved facility
Autologous	41.00, 41.01, 41.04, 41.07, 41.09	38241
Allogenic	41.02, 41.03, 41.05, 41.06, 41.08	38240, 38242
Organ Transplants-The following is also approved by CMS for the r		formed in a Medicare approved facility which ant.
Backbench Standard prep of cadaver Donor Heart Allograft prior to transplant	Not available	33944
Heart Transplant	37.51, 37.52, 37.53, 37.54	33945
Intestinal Transplant	46.97	44133, 44135, 44136, 44715, 44720,44721
Removal of Transplanted Intestinal Allograft. Complete	45.62	44137
Kidney Transplant	55.61	50323, 50325, 50327, 50328, 50329, 50360,





Procedure	ICD-9-CM® Code October 2012	CPT® Code January 2013
Cardiac related Devices:	October 2012	January 2013
Implantation of Patient- Activated Cardiac Event Recorder	89.50	33282
Replacement/repair of heart ventricle assist device,	37.63	33981, 33982, 33983
Endovascular Repair of Infrarenal Abd Aortic Aneurysm, using 2 Dock limbs	39.71	34803
Alcohol and Drug Rehabilitation ar	nd Detoxification	
Inpatient Only		
Alcohol Rehabilitation	94.61	90899
Alcohol Detoxification	94.62	90899
Alcohol Rehabilitation and Detoxification	94.63	90899
Drug Rehabilitation	94.64	90899
Drug Detoxification	94.65	90899
Drug Rehabilitation and	94.66	90899
Detoxification		
Combined Alcohol and Drug Rehabilitation	94.67	90899
Combined Alcohol and Drug	94.68	90899
Detoxification		
Combined Alcohol and Drug	94.69	90899
Rehabilitation and		
Detoxification		
Psychiatric Admissions- Inpatient	291	.0 through 314.9 (Diagnosis Codes)

Note Effective 10/1/11: New Codes 294.20, 294.21, 310.81 and 310.89 are included

Physical Rehabilitation -Inpatient

V57.0 – V57.9 (Diagnosis Codes)

Only

Only

Care involving use of rehabilitation procedures

This includes admission to all rehabilitation facilities, regardless of diagnosis.

All admissions to Long Term Acute Care Facilities (LTAC)

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Approved List of V-Codes That May Be Used for Principal Diagnoses

The V-Codes in the current ICD-9 CM book, Tabular List for V-Codes, listed as acceptable codes for use as a principal diagnosis will be used for pre-authorization and concurrent review purposes.

Only these V-Codes will be accepted by the Qualis Health clinical reviewers when performing pre-authorization or concurrent review for Idaho Medicaid participants.

