

Select Pre-Authorization List of Diagnoses and Procedures

FOR IDAHO MEDICAID CLIENTS
August 15, 2011

PRE-AUTHORIZATION LIST REQUIRING QUALIS HEALTH REVIEW

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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 July 1, 2011.

Procedure	ICD-9-CM® Code October 2010	CPT® Code January 2011
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, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Unlisted neck, thorax procedure	78.41	21899
Unlisted spine procedure	78.71	22899
Laminectomy/Diskectomy	03.02	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
Laminoplasty	03.09 03.29 03.1 03.6 80.50 80.51	
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 October 2010	CPT® Code January 2011
Gastric Surgery		
Gastric Neurostimulator* (Insertion or replacement)	86.94, 86.95, 86.96, 86.97, 86.98	64590
Unlisted Laparoscopy, Stomach	44.99	43659
Bariatric Surgery	44.31, 44.39, 44.95	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848
Note: Procedure must be performed in a Medicare approved Bariatric Surgery Center (BSC) or Bariatric Surgery Center of Excellence (BSCE)		
Revision of gastroduodenal anastomosis with reconstruction; without vagotomy	44.5	43850
Panniculectomy, Excessive Skin Removal for Leg and Arm	86.83	15833, 15836, 15830, 15847, 15877
Hysterectomy		
Abdominal	57.84, 65.61 68.31, 68.39, 68.41, 68.49, 68.61, 68.69	51925, 58180, 58956, 58953, 58954, 59135, 59525 58150, 58152, 58200, 58951, 59135, 59525 58210 58550, 58260, 58262, 58263, 58267, 58270, 58552, 58553, 58554
Vaginal	68.51 68.59	58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548 58570, 58571, 58572, 58573
Laparoscopic Radical Other and Unspecified Reduction Mammoplasty Unilateral, Bilateral	68.71, 68.79 68.9 85.31, 85.32	58285 19318
Total Hip Replacement	81.51	27130
Revision	81.53 00.70–00.76, 00.77, 00.85, 00.86, 00.87	27132, 27134, 27137, 27138
Partial Hip Replacement	81.52	27125
Total & Partial Knee Replacement	81.54 81.55	27445, 27446, 27447 27486, 27487
Revision	00.80–00.84	

* The same ICD9 codes, 86.94 through 86.97, 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

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Cardiac related Devices:

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 and 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 Detoxification	94.66	90899
Combined Alcohol and Drug Rehabilitation	94.67	90899
Combined Alcohol and Drug Detoxification	94.68	90899
Combined Alcohol and Drug Rehabilitation and Detoxification	94.69	90899

Psychiatric Admissions- Inpatient Only

291.0 through 314.9 (Diagnosis Codes)

Physical Rehabilitation -Inpatient Only

V57.0 – V57.9 (Diagnosis Codes)

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.