

## Select Pre-Authorization List of Diagnoses and Procedures

FOR IDAHO MEDICAID CLIENTS

January 1, 2012

### 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  
 Jan 1, 2012.**

Procedure	ICD-9-CM® Code October 2011	CPT® Code January 2012
<b>Ear and Nose Surgery</b>		
<b>Cochlear Device Implantation, with and without Mastoidectomy Note: Restricted to age 0 –21</b>	20.96, 20.97, 20.98	69930
<b>Rhinoplasty</b>	21.84, 21.86, 21.87, 21.89	30400, 30410, 30420, 30430, 30435, 30450, 30460,30462, 30465
<b>Septoplasty</b>	21.5	30520
<b>Arthrodesis (Spinal Fusion)</b>	78.59 81.00 through 81.08	22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, <b>22633, 22634</b> , 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
<b>Note: Artificial disc not a covered benefit.</b>	81.30 through 81.39 81.62, 81.63, 81.64	
<b>Unlisted neck, thorax procedure</b>	78.41	21899
<b>Unlisted spine procedure</b>	78.71	22899
<b>Laminectomy/Diskectomy</b>	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
<b>Laminoplasty</b>	03.09 03.29 03.1 03.6 80.50 80.51	
<b>Spinal Neurostimulator electrode array( Implant, replacement or removal)</b>	03.93, 03.94	63650, 63655
<b>Spinal Neurostimulator pulse generator receiver (Insertion or replacement)</b>	86.94, 86.95, 86.96, 86.97, 86.98	63685

Procedure	ICD-9-CM® Code October 2010	CPT® Code January 2012
<b>Gastric Surgery</b>		
<b>Gastric Neurostimulator* (Insertion or replacement)</b>	86.94, 86.95, 86.96, 86.97, 86.98	64590
	44.99	
<b>Unlisted Laparoscopy, Stomach</b>		43659
<b>Bariatric Surgery</b>	43.82	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848
	44.31, 44.39, 44.95	
<b>Note: Procedure must be performed in a Medicare approved Bariatric Surgery Center (BSC) or Bariatric Surgery Center of Excellence (BSCE)</b>		
<b>Revision of gastroduodenal anastomosis with reconstruction; without vagotomy</b>	44.5	43850
<b>Panniculectomy, Excessive Skin Removal for Leg and Arm</b>	86.83	15833, 15836, 15830, 15847, 15877
<b>Hysterectomy</b>		
<b>Abdominal</b>	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
<b>Vaginal</b>	68.51 68.59	58275, 58280, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548 58570, 58571, 58572, 58573
<b>Laparoscopic Radical Other and Unspecified Reduction Mammoplasty Unilateral, Bilateral</b>	68.71, 68.79 68.9 85.31, 85.32	58285 19318
<b>Total Hip Replacement</b>	81.51	27130
<b>Revision</b>	81.53 00.70–00.76, 00.77, 00.85, 00.86, 00.87	27132, 27134, 27137, 27138
<b>Partial Hip Replacement</b>	81.52	27125
<b>Total &amp; Partial Knee Replacement</b>	81.54 81.55	27445, 27446, 27447 27486, 27487
<b>Revision</b>	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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**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

**Cellular Transplants-The following procedures must be performed in a Medicare approved facility**

**Bone Marrow Transplant**

**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 procedures must be performed in a Medicare approved facility which is also approved by CMS for the requested type of transplant.**

**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, 55.69 50365, 50380

**Pancreatectomy, total/subtotal, with autologous transplant of pancreas/pancreatic islet cells** 52.6 48160

**Liver Transplant** 50.51, 50.59 47135, 47136, 47143, 47144, 47145, 47146, 47147

**Note: Liver from live donor not a covered benefit**

**Lung transplant** 33.50, 33.51, 33.52 32850, 32851, 32852, 32853, 32854, 32855, 32856

*Note: Restricted to age 0 – 21*

**Combined heart-lung transplant** 33.6 33935

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**Cardiac related Devices:**

<b>Implantation of Patient-Activated Cardiac Event Recorder</b>	89.50	33282
<b>Replacement/repair of heart ventricle assist device,</b>	37.63	33981, 33982, 33983
<b>Endovascular Repair of Infrarenal Abd Aortic Aneurysm, using 2 Dock limbs</b>	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)

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

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.

