



Prior Authorization List and Quick Reference Guide

Certain services provided to MDwise Marketplace members require prior authorization. Requests for authorization should be submitted to the delivery system of the member. Authorization requests must be submitted on the MDwise Marketplace prior authorization form, which can be found online at MDwise.org/forms. Please make certain to send the prior authorization form to the appropriate member delivery system. The delivery system's prior authorization fax number is located on the top of the prior authorization form. For additional delivery system contact information please see the MDwise Marketplace Quick Contact Guide at MDwise.org/quickcontact.

Network providers will receive confirmation of authorization decisions via an authorization letter, which will be sent either by fax or mail. The authorization letter will include an authorization identification number, authorization decision, number of days/visits and the duration approved. Prior authorizations that result in a denial will be communication via a denial letter, which will be sent via fax or mail and includes the rationale for the denial, the criteria applied, the right to peer review and the process to initiate an internal appeal.

Detailed response timelines for prior authorization can be found in the MDwise Marketplace Provider Manual at MDwise.org/providers.

MDwise Marketplace Services that Require PA

This reference document is to provide general information for services that require prior authorization for MDwise Marketplace and should not be considered all inclusive. Please see the MDwise Marketplace Reimbursement Manual at MDwise.org/providers for more information.

Important: MDwise Marketplace requires prior authorization for any non-emergency service provided by a non-contracted provider or facility. Non-contracted providers must contact the member's delivery system so that provider enrollment information can be obtained to complete enrollment for reimbursement for services authorized.

Medical and Surgical Services

<p>All Medical, surgical, inpatient admissions and observation stays, including acute hospital; non-routine OB inpatient admissions, inpatient and day rehab, and transitional and skilled nursing facility.</p> <p>Note: Maternity admissions for normal vaginal delivery or C-Section do not require prior authorization</p>	<p>The following radiation therapies:</p> <ul style="list-style-type: none"> • Intraoperative radiation therapy (IORT) • Intensity modulated radiation therapy (IMRT) • Proton beam radiotherapy (PBRT) • Neutron beam therapy • Brachytherapy • Stereotactic radiosurgery 	<p>The following pain management therapies:</p> <ul style="list-style-type: none"> • Trigger Point Injection • Facet Joint and/or Facet Joint Nerve Injection • Epidural Steroid Injection • Anesthesia for Facet Joint and Epidural Injection • Transcutaneous Electrical Nerve Stimulator (TENS) • Neurostimulator
<p>Any procedure that could be considered cosmetic, including but not limited to, septoplasty; blepharoplasty; port wine stain removal; otoplasty; panniculectomy, and breast reduction</p>	<p>Non-emergent and facility to facility ambulance transfers and fixed wing air ambulance</p> <p>Note: Rotary wing air ambulance requires retrospective review</p>	<p>Specific Outpatient procedures/surgeries including Laryngoplasty, Uvulopalatoplasty or any type of palatopharyngoplasty, Tonsillectomy & Adenoidecomty (T&A), Myringotomy, Excision of Benign lesions, and Hysterectomy</p>

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Covered reconstructive surgeries	Home health care	Nutritional Counseling after first/initial visit
Hospice services (both inpatient and outpatient)	Speech/occupational/physical therapy (after initial evaluation)	Chiropractic spinal manipulation for members less than five years old
Cardiac and pulmonary rehabilitation	Clinical trials	Services to treat TMJ
Emergency dental procedures and services including general anesthesia	CORF (Comprehensive Outpatient Rehabilitation Facility)	Bone density study for members under 65 years of age
Vision surgeries PRK, PARK, LASIK, LASEK and Epikeratoplasty	More than two OB ultrasounds per pregnancy	Emergency dental procedures and services including general anesthesia
Covered podiatry services	Hyperbaric oxygen therapy	Genetic testing
CT, MRI, MRA, PET scans, MR Spectroscopy, Single Photon Emission Computed Tomography (SPECT), Positron brain imaging	All solid organ, bone marrow/ stem cell transplants, including the evaluation and work-up and travel accommodations	Diabetic education of more than 10 hours within the first calendar year of diagnosis, or two hours for subsequent years
Heart valve tissue transplant	Sclerotherapy	

Durable Medical Equipment

Durable Medical Equipment (DME) including insulin pumps, CPAP and supplies of \$500 or more per claim, whether rented or purchased	All transcutaneous electrical nerve stimulator units including the electrodes and batteries regardless of cost	Pharmacy services, including: <ul style="list-style-type: none"> • Biotech injectables • Enteral products • As otherwise specified on the MDwise PDL
Enteral and parenteral nutrition	Orthotics	Custom or deluxe diabetic shoes
home oxygen including supplies, home oxygen tent, and oxygen concentrators	Home or outpatient infusion therapy including Tocolytics	Repair or replacement of DME of \$500 or more
Any neurostimulator or sacral nerve stimulator equipment	Electric breast pumps (rental or purchase) of \$500 or more	Prosthetics of \$500 or more per claim

Behavioral Health

Electroconvulsive therapy	Medication management visits beyond the initial 19	Psychological/Neuropsychological testing, except for certain developmental tests
Group psychotherapy and multi-family group therapy	Non-emergent psychiatric admission stays	Partial hospitalization and intensive outpatient services
Autism services	Therapy visits with E/M (90838)	



Authorization Appeals

Members and providers have the right to request an internal appeal of an adverse authorization determination. Internal appeals must be filed with MDwise within 180 calendar days of the adverse determination. Standard or non-expedited appeals can be requested in writing and mailed to MDwise Marketplace Medical Management at MDwise Marketplace, P.O. Box 441099, Indianapolis, IN 46244-1099.

Non-expedited appeals will be resolved within 30 calendar days for pre-service authorization decisions and within 45 calendar days for post-service decisions (where the member has already received services).

An expedited internal appeal can be requested by calling MDwise Marketplace Medical Management at 1-855-417-5615. Expedited appeals will be resolved within 48 hours or less.

If the original decision is upheld, the provider and member have the right to request an external review by an Independent Review Organization (IRO) within 120 calendar days of the decision. A non-expedited external review will be resolved no later than 15 business days after receiving the request. Expedited external reviews will be resolved within 72 hours.

More information on appeals can be found in the MDwise Marketplace Provider Manual at MDwise.org/providers. Members can be directed to MDwise Marketplace Customer Service at 1-855-417-5615 for additional directions and assistance regarding their appeal rights.