

Appendix A
Select Diagnoses and Procedures Pre–certification List
Revised January 2008*

DIAGNOSES/SYMPTOMS REQUIRING PRE–CERTIFICATION
FOR ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES MEDICAL ASSISTANCE RECIPIENTS

<u>Diagnosis</u>	<u>ICD–9 CM Diagnostic Code</u>	<u>LOCATION</u>		<u>REVIEW METHOD</u>	
		<u>Inpatient</u>	<u>Outpatient</u>	<u>Telephonic /Fax</u>	<u>Clinical Records</u>
Gastroenteritis	001.1, 002.0, 002.9, 003.0, 004.9, 005.0, 005.1, 005.9, 006.0 through 006.2, 006.9, 007.1, 007.2, 007.8, 007.9 008.00 through 008.04, 008.09, 008.1, 008.2, 008.3, 008.5, 008.8, 008.41 through 008.47, 008.49, 008.61 through 008.69, 008.8, 009.0, through 009.3, 014.80-014.86 , 112.85, 487.8, 536.8, 556.0 through 556.9, 557.0, 557.1, 557.9, 558.1, 558.2, 558.3 , 558.9, 564.9, 569.9	✓		✓	
Cellulitis	682.0 through 682.9	✓		✓	
Respiratory Illness Bronchitis	466.0 through 466.19 (Children under the age of five (<i>1825 days</i>) are excluded from pre–certification. Continued Stay Review is required after day 3, as are all hospital stays.)	✓		✓	
Pneumonia	480.9 through 486 (Children under the age of five (<i>1825 days</i>) are excluded from pre–certification. Continued Stay Review is required after day 3, as are all hospital stays.)	✓		✓	
Physical Rehabilitation	V57.0, V57.1, V57.21, V57.22, V57.3, V57.4, V57.81, V57.89, V57.9	✓		✓	

All categories on this page require the facility’s Utilization Review Department to notify Qualis Health of urgent/emergent admits within 24 hours or the next business day. The attending physician is responsible for pre-certifying any non-urgent/emergent admissions for the above diagnoses/symptoms.

PROCEDURES REQUIRING PRE-CERTIFICATION
FOR ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES MEDICAL ASSISTANCE RECIPIENTS

<u>Procedure</u>	<u>ICD-9 CM Procedure Code</u>	<u>CPT® Code</u>	<u>LOCATION</u>		<u>REVIEW METHOD</u>	
			<u>Inpatient</u>	<u>Outpatient</u>	<u>Telephonic /Fax</u>	<u>Clinical Records</u>
Alcohol Detoxification	94.62	90899	✓		✓	
Drug Detoxification	94.65	90899	✓		✓	
Combined Alcohol & Drug Detoxification	94.68	90899	✓		✓	
Cochlear device implantation	20.95 , 20.96, 20.97, 20.98, 20.99	69930	✓	✓	✓	
Cholecystectomy	51.21 through 51.24	47562, 47563, 47564, 47600, 47605, 47610, 47612, 47620	✓	✓	✓	
Hysterectomy Abdominal	68.39, 68.49, 68.69	58150, 58152, 58180, 58200, 58951, 58953, 58954, 58956, 59135, 59525	✓	✓	✓	
Vaginal	68.51, 68.59, 68.71, 68.79	58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294	✓	✓	✓	
Laparoscopic	68.31, 68.41, 68.51, 68.61, 68.71	58550, 58552, 58553, 58554, S2078, 58541, 58542, 58543, 58544, 58548, 58570, 58571, 58572, 58573, 58578	✓	✓	✓	
Radical	68.8	58210, 58240, 58548	✓	✓	✓	
Laminectomy/Discectomy	03.02, 03.09, 80.50, 80.51	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, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295	✓	✓	✓	
Division of intra-spinal nerve root-Rhizotomy	03.1	63185, 63190, 0090T, 0091T, 0092T, 0093T, 0095T, 0096T, 0098T	✓	✓	✓	
Internal fixation of bone without fracture reduction	78.59	22841	✓		✓	

PROCEDURES REQUIRING PRE-CERTIFICATION
FOR ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES MEDICAL ASSISTANCE RECIPIENTS

<u>Procedure</u>	<u>ICD-9 CM Procedure Code</u>	<u>CPT® Code</u>	<u>LOCATION</u>		<u>REVIEW METHOD</u>	
			<u>Inpatient</u>	<u>Outpatient</u>	<u>Telephonic /Fax</u>	<u>Clinical Records</u>
Spinal Fusion (arthrodesis)	81.00 through 81.08, 81.30 through 81.39, 84.51, 84.52, 81.62, 81.63, 81.64	22585, 22614, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280	✓		✓	
Cervical including revision	81.01, 81.02, 81.03, 81.31, 81.32, 81.33	22548, 22554, 22590, 22595, 22600	✓	✓	✓	
Dorsal/Thoracic including revision	81.04, 81.05, 81.34, 81.35	22532, 22556, 22610	✓	✓	✓	
Lumbar/Lumbosacral including revision	81.06, 81.07, 81.08, 81.36, 81.37, 81.38	22533, 22534 , 22558, 22612, 22630	✓	✓	✓	
Insertion of Spinal disc prosthesis	84.60	22851, 22852, 22855, 22857, 22862, 22865, 0090T, 0092T, 0163T	✓	✓	✓	
Revision or Replacement	84.69					
Cervical						
Insertion of partial spinal disc prosthesis	84.61					
Insertion of total spinal disc prosthesis	84.62					
Revision or Replacement	84.66					
Dorsal/Thoracic						
Insertion of partial spinal disc prosthesis	84.63					
Revision or Replacement	84.67					
Lumbar/Lumbosacral						
Insertion of partial spinal disc prosthesis	84.64					
Insertion of total spinal disc prosthesis	84.65					
Revision or Replacement	84.68					
Total Knee Replacement	81.54	27440, 27441, 27442, 27443, 27445, 27446, 27447	✓		✓	
Revision of Knee Replacement	81.55, 81.59, 00.80, 00.81, 00.82, 00.83, 00.84	27486, 27487	✓		✓	
Meniscectomy, Knee (<i>Inpatient only</i>)	80.6	27332, 27333, 29880, 29881	✓		✓	
Total Hip Replacement	81.51	27130	✓		✓	
Revision-Total or Partial	81.53, 81.59, 00.70, 00.71, 00.72, 00.73, 00.74, 00.75, 00.76, 00.77, 00.85, 00.86, 00.87	27132, 27134, 27137, 27138	✓		✓	
Partial Hip Replacement	81.52	27125	✓		✓	
Total Ankle Replacement including revision	81.56, 81.59	27700, 27702, 27703	✓		✓	
Video/telemetric EEG Monitoring	89.19	95950, 95951, 95953, 95956	✓		✓	

PROCEDURES REQUIRING PRE-CERTIFICATION
FOR ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES MEDICAL ASSISTANCE RECIPIENTS

IMPORTANT COVERAGE INFORMATION ABOUT TRANSPLANTS

- Alaska Medicaid Regulations provide for limited coverage of transplants.
- All transplants must be medically necessary.
- Kidney/cornea/skin/bone transplants do not require preauthorization from Qualis Health
- All other covered transplants listed below require preauthorization from Qualis Health.
- Multiple organ transplants including any of the procedures below require preauthorization.
- Heart transplants are covered only for patients under age 21.

TRANSPLANTS NOT LISTED BELOW ARE NOT COVERED BY ALASKA MEDICAID.

<u>Procedure</u>	<u>ICD-9 CM Procedure Code</u>	<u>CPT® Code</u>	<u>LOCATION</u>		<u>REVIEW METHOD</u>	
			<u>Inpatient</u>	<u>Outpatient</u>	<u>Telephonic /Fax</u>	<u>Clinical Records</u>
Bone Marrow Transplant (includes stem cell transplant) Autologous	41.00, 41.01, 41.04, 41.07, 41.09	38241	} Commonly performed for many leukemias, however some cases require special review, depending on clinical circumstances.	✓		✓
Allogenic	41.02, 41.03, 41.05, 41.06, 41.08	38240 38242				
Liver Transplant (Cadaver)	50.51, 50.59	47135, 47136	✓		✓	
Medically Necessary Transplants Requiring Special Case Review						
Liver Transplant (Living Donor)	50.59	47135, 47136	✓			✓
Heart Transplant, including Artificial Heart (under age 21)	37.51, 37.52, 37.53, 37.54	33945	✓			✓
Lung Transplant	33.50, 33.51, 33.52	32851, 32852, 32853, 32854	✓			✓
Heart/Lung Transplant (under age 21)	33.6	33935	✓			✓

**PROCEDURES REQUIRING PRE-CERTIFICATION
FOR ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES MEDICAL ASSISTANCE RECIPIENTS**

<u>Procedure</u>	<u>ICD-9 CM Procedure Code</u>	<u>CPT® Code</u>	<u>LOCATION</u>		<u>REVIEW METHOD</u>	
			<u>Inpatient</u>	<u>Outpatient</u>	<u>Telephonic /Fax</u>	<u>Clinical Records</u>
Surgical Procedures Requiring Special Review						
Gastric Bypass for Obesity	44.31	47740, 47741, 43644, 43645, 43845, 43846, 43847, 43848, 43850, 43886, 43887, 43888				
Laparoscopic Gastroplasty/Gastric Bypass	44.68	43645, 43843				
Gastric Adjustable Band	44.95	43845, 43770, 43771, 43772, 43773, 43774, 43842	✓	✓		✓
Duodenal Switch	43.89, 45.91	43845				
Gastric Neurostimulator		43647, 43648, 43881, 43882, 64590, 64595				
Panniculectomy/Abdominoplasty	86.83	15830, 15847				
Mastopexy	85.6, 85.7	19316				
Mastectomy	85.4, 85.41	19300, 19301, 19302, 19303, 19304, 19305, 19306, 19307				
Mammoplasty (reduction)	85.31 (unilateral) 85.32 (bilateral)	19318				
Mammoplasty	85.5, 85.50	19324				
Unilateral injection to breast for augmentation	85.51					
Bilateral injection to breast for augmentation	85.52					
Unilateral prosthetic implant	85.53					
Bilateral prosthetic implant	85.54	19325, 19340, 19342				
Removal of prosthetic implant	85.94	19328, 19330				
Revision of implant of breast	85.93					
Breast reconstruction with insertion of breast tissue expander	85.95	19357	✓	✓		✓
Removal of breast tissue expander	85.96	19357				
Other	85.99, 85.85, 85.87	19350, 19355, 19361, 19364, 19366, 19367, 19368, 19369, 19396				
Revision of reconstructed breast		19342, 19380				
Unlisted procedure, breast		19499				
Unilateral Subcutaneous mastectomy with implant	85.33					
Unilateral Subcutaneous mastectomy NOS	85.34					
Bilateral Subcutaneous mastectomy with implant	85.35					
Other bilateral subcutaneous mastectomy	85.36					
Breast DIEP Flap Reconstruction		S2068				