

VAN LANG IPA, LLC

AUTO APPROVAL AUTHORIZATION AWW / HEDIS

Updated 01/01/2020

Member Name: _____

Member Date of Birth: _____

Health Plan: Amerigroup/Anthem

PCP Name: _____

PLEASE NOTE: THIS EXCLUDES ALL MEMORIAL HERMANN HEALTHCARE SYSTEM PROVIDERS. PLEASE GENERATE PRIOR AUTHORIZATION.	(X)
Authorization Expiration: 90 Days	
Evaluation and Management - Outpatient Visits	
· 99201-99205; 99211-99215 New and Established Consultations, Outpatient and Other Visits	()
Diagnostic Radiology / X-Rays (Except: 70170, 70992, 70336, 70350, 70355, 70371, 70373, 70390)	
· 70030-70390 Radiography: Head, Neck, Orofacial Structures	()
· 70450 Radiography: Computed tomography, head or brain; without contrast material	()
· 71010-71130 Radiography: Thorax/Chest, Rib etc	()
· 72192 Computed tomography, pelvis; without contrast material	()
· 73000-73085 Radiography: Shoulder and Upper Arm	()
· 73090-73140 Radiography: Forearm and Hand	()
· 73500-73550 Radiography: Pelvic Region and Thigh	()
· 73560-73660 Radiography: Lower Leg, Ankle, and Foot	()
· 74150 Computed tomography, abdomen; without contrast material	()
· 93571-93572 Coronary Artery Doppler Studies	()
· 93990-93998 Noninvasive Vascular Studies: Hemodialysis Access	()
DXA Scan	
· 77080-77081 Dual-Energy X-ray Absorptiometry (DEXA)	()
Mammography	
· 77053-77057 Radiography: Breast	()
· 76641 and 76642 Breast Ultrasound	()
Ultrasound (Except 76831)	
· 76813-76817 Ultrasound: Other Fetal Evaluations	()
· 76536-76800 76536-76800 Ultrasound: Neck, Thorax, Abdomen, Spine, Liver, Renal, Breast, Pelvic, Soft Tissue & Thyroid	()
· 76830-76873 76830-76873 Ultrasound: Male and Female Genitalia	()
Audiology	
· 92550 Hearing screening via audiometer (for Medicare AWW)	()
Biopsy & Dermatology	
· 19100-19101 Breast Biopsy Without Imaging Guidance	()
· 20200-20206 Muscle Biopsy	()
· 21550-21550 Soft Tissue Biopsy of Chest or Neck	()
· 21920-21925 Biopsy Soft Tissue of Back and Flank	()
· 23065-23066 Shoulder Biopsy	()
· 25065-25066 Biopsy Forearm/Wrist	()
· 27040-27041 Biopsy of Hip/Pelvis	()
· 27323-27324 Biopsy Femur or Knee	()
· 27613-27614 Biopsy Lower Leg and Ankle	()
· 27323-27324 Biopsy Femur or Knee	()
· 30000-30115 I&D, Biopsy, Excision Procedures of the Nose	()
· 37197-37202 Transcatheter Procedures: Infusions, Biopsy, Foreign Body Removal	()
· 49180-49180 Biopsy of Mass: Abdomen/Retroperitoneum	()
Cardiovascular Disease /EKG	
· 78465, A9502, J2735 Nuclear Treadmill Stress Test	()
· 93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	()
· 93005 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	()
· 93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	()
· 93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report monitoring, and/or pharmacological stress; with supervision, interpretation and report	()
· 93015-93018 Stress Test	()
· 93303-93355 Echocardiography	()
· 93660-93662 Other Tests for Cardiac Function	()
· 93380 Carotid Ultrasound	()
· 93458 (left) or 93453 (left and right) Angiogram	()
· 93922-93971 Noninvasive Vascular Studies: Extremities	()
DME (HCPCs)	
· E105 Cane, 3 prong or quad	()

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· E0570 Nebulizer	
· L0625 Flexible lower back brace (orthosis)	
<u>Gastroenterology</u>	
· 0249T - 0255T Protoscopic Procedures	()
· 43201 EGD with injection	()
· 43231 Endoscopic ultrasound- upper W/o bx	()
· 43235 EGD	()
· 43239 EGD with bx	()
· 43242 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound	()
· 43243 EGD with banding of varices	()
· 43249 EGD with dilatation	()
· 43251 EGD with hot snare	()
· 43255 EGD with control of bleeding	()
· 45341 Endoscopic ultrasound lower 45341 for cancer staging	()
· 45378 Colonoscopy without bx	()
· 45380 Colonoscopy to control bleeding	
· 45381 Colonoscopy with saline injection or tattoo to mark or lift a lesion.	()
· 45383 Colonoscopy with ablation	()
· 45385 Colonoscopy with biopsy and/ or to remove small polyp	()
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· 45385 Colonoscopy with snare polypectomy of larger polyp	()
· 46600-46615 Anoscopic Procedures	()
<u>General</u>	
· 10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	()
· 10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	()
· 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	()
· 11041 Debridement; skin, full thickness	()
· 20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	()
<u>Injections (Orthopedics, Pain Management & Rheumatology)</u>	
· 20526 Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	()
· 20551 Biceps tendonitis, medial/lateral epicondylitis	()
· 20552 Trigger point injections (cervical/lumbar/ paraspinal injections)	()
· 20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	
· 20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	()
· 20610 Hip, knee, shoulder	()
· 20650 Trigger finger, plantar fasciitis, de quervain's tenosynovitis injections	()
<u>Ophthalmology</u>	
· 0191T ISTENT AQUEOUS DRAINAGE DEVICE	()
· 0376T ISTENT ADDITIONAL AQUES DEVICE	()
· 66030 with J3301 Kenalog during Cataract Surgery	()
· 65426 Pterygium Removal of Eye Lesion	()
· 65820 Relieve Inner Eye Pressure	()
· 65855 Selective Laser Trabeculoplasty	()
· 66761 Yag PI Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	()
· 66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	()
· 66982 Complex Cataract Surgery	()
· 66984 Cataract removal. Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	()
· 67028 Intravitreal injection of a pharmacologic agent (separate procedure)	()
· 67110 Retinopathy	()
· 67210 FML - Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	()
· 67228 Panretinal photocoagulation	()
· 76514 Pachymetry - Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	()
· 76519 Ophthalmic ultrasound	()
· 92083 Visual field testing	()
· 92100 Serial Tonometry	()
· 92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	()
· 92136 IOL Master First Eye, 1 Eye	()
· 9213626 IOL Master Second Eye, 1 Eye	()
· 92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	()

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Optometry					
· 92015 Refraction Screening				()	
Orthopedics					
· 21310-21499 Care of Fractures/Dislocations of the Cranial and Facial Bones				()	
· 22325-22328 Open Treatment Vertebral Fractures: Posterior Approach				()	
· 25500- 25695 Casting for fractures				()	
· 27750-27848 Treatment of Fracture/Dislocation Lower Leg/Ankle				()	
Spirometer					
· 94010-94799 (CPTS: 94010, 94060, 94200, 94014, 94015, 94016, 94070, 94620, 94621, 94011, 94012; HPCS: A9150-A9300, 3E0424-E0487)				()	
· 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation				()	
· 94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration				()	
· 94200 Maximum breathing capacity, maximal voluntary ventilation				()	
· 94014 Patient-initiated spirometry recording per 30-day period of time; includes reinforced education, transmission of spirometry tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional				()	
· 94015 Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)				()	
· 94016 Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional				()	
· 94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)				()	
· 94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)				()	
· 94621 Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)				()	
Urgent Care/Minor Surgery, Lacerations					
· 10030-10180 Treatment of Fluid-filled Lesions: Skin and Subcutaneous Tissues				()	
· 12001-12021 Suturing of Superficial Wounds				()	
· 12031-12057 Suturing of Intermediate Wounds				()	
· 97597-97610 Treatment of Wounds				()	
Vaccines (*Any vaccine covered by Medicare)					
· 90389 Tetanus Shot				()	
· 90653, 90654, 90656, 90660-90662, 90672-90673, 90686, 90688 Influenza Vaccine				()	
· 90670 Prevnar 13 Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use				()	
· 90732 Pneumococcal Vaccine				()	
Well Woman/Man					
· 81025 Pregnancy Test				()	
· 88150, 88155 and 57410 Pap Smear/Pelvic Exam				()	
HEDIS Measure	Requirement	CPT Code/ICD-10	Description	(X)	Service Date

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Initial Preventative Physical Exam (IPPE)		G0402	Initial Preventative Physical Exam (IPPE)	()	____/____/____
Annual Wellness Visit (AWV) Initial		G0438	Annual Wellness Visit (AWV) Initial	()	
Annual Wellness Visit (AWV) Subsequent		G0439	Annual Wellness Visit (AWV) Subsequent	()	
Annual Routine Physical		99381-99397	Annual Routine Physical	()	
Adult BMI	(Up to 74 y/o)	Z68.1	BMI 19 or less	()	BMI: _____
Adult BMI	(Up to 74 y/o)	Z68.20	BMI 20-20.9	()	
Adult BMI	(Up to 74 y/o)	Z68.21	BMI 21.0-21.9	()	
Adult BMI	(Up to 74 y/o)	Z68.22	BMI 22.0-22.9	()	
Adult BMI	(Up to 74 y/o)	Z68.23	BMI 23.0-23.9	()	
Adult BMI	(Up to 74 y/o)	Z68.24	BMI 24.0-24.9	()	
Adult BMI	(Up to 74 y/o)	Z68.25	BMI 25.0 -25.9	()	
Adult BMI	(Up to 74 y/o)	Z68.26	BMI 26.0-26.9	()	
Adult BMI	(Up to 74 y/o)	Z68.27	BMI 27.0-27.9	()	
Adult BMI	(Up to 74 y/o)	Z68.28	BMI 28.0-28.9	()	
Adult BMI	(Up to 74 y/o)	Z68.29	BMI 29.0-29.9	()	
Adult BMI	(Up to 74 y/o)	Z68.30	BMI 30.0-30.9	()	
Adult BMI	(Up to 74 y/o)	Z68.31	BMI 31.0-31.9	()	
Adult BMI	(Up to 74 y/o)	Z68.32	BMI 32.0-32.9	()	
Adult BMI	(Up to 74 y/o)	Z68.33	BMI 33.0-39.9	()	
Adult BMI	(Up to 74 y/o)	Z68.34	BMI 34.0-34.9	()	
Adult BMI	(Up to 74 y/o)	Z68.35	BMI 35.0- 35.9	()	
Adult BMI	(Up to 74 y/o)	Z68.36	BMI 36.0- 36.9	()	
HEDIS Measure	Requirement	CPT Code/ICD-10	Description	(X)	Service Date

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Adult BMI	(Up to 74 y/o)	Z68.37	BMI 37.0 - 37.9	()	____/____/____
Adult BMI	(Up to 74 y/o)	Z68.38	BMI 38.0- 38.9	()	
Adult BMI	(Up to 74 y/o)	Z68.39	BMI 39.0- 39.9	()	
Adult BMI	(Up to 74 y/o)	Z68.41	BMI 40.0 -44.9	()	
Adult BMI	(Up to 74 y/o)	Z68.42	BMI 45.0-49.9	()	
Adult BMI	(Up to 74 y/o)	Z68.43	BMI 50.0 - 59.9	()	
Adult BMI	(Up to 74 y/o)	Z68.44	BMI 60.0 -69.9	()	
Adult BMI	(Up to 74 y/o)	Z68.45	BMI 70.0 and greater	()	
Breast Cancer Screening	(Female 50-74 y/o) Every 2 years	77065	Mammography, Unilat (CAD)	()	____/____/____
		77066	Mammography, Bilat (CAD)	()	
		77067	Mammography, 2 View Bilat (CAD)	()	
Hx of Bilateral Mastectomy		Z90.13	BCS exclusion	()	
Blood Pressure Control	Every Year (Must be <140/90mmHg)				
		3074F	Systolic <130	()	____/____/____
		3075F	Systolic 130-139	()	
		3077F	Systolic >139	()	
		3078F	Diastolic <80	()	
		3079F	Diastolic 80-89	()	
3080F	Diastolic >89	()			
Colorectal Cancer Screening (Mbr 50-75 y/o)	Colonoscopy: Every 10 Years Sigmoidoscopy: Every 5 Years FOBT/FIT: Every Year	82270	Fecal Occult Blood Test (FOBT)	()	____/____/____
		82274	Fecal Immunochemical Test (FIT)	()	
		45330	Flexible sigmoidoscopy	()	
		45378	Colonoscopy	()	
Osteoporosis Management (Female 67-85 y/o with fracture)	Every Year (Within 6 months of Fracture)	Bone Mineral Density Study		()	____/____/____
		76977	Bone Density Measure Interpret - Peripheral	()	
		77078	Computed Tomography	()	
		77080	DXA; Axial Skeleton	()	
		77081	DXA; Appendicular Skeleton	()	
		77082	DXA; Dual energy X-Ray	()	
		77085	DXA; Vertebral Fracture Assess	()	
		78350	Bone Density Study - Single Photon	()	
		78351	Bone Density Study - Dual Photon	()	
Plan All-Cause Readmission	Whenever Pt is Discharged (Within 7 days)	99203	Initial	()	____/____/____
		99213	Followup	()	____/____/____
Annual Wellness Visit (All Members)	(Within 7 days)	G0438	Annual Wellness - Prevention Plan - Initial	()	____/____/____
		G0439	Annual Wellness - Prevention Plan - Subseq. Visit	()	____/____/____
DIABETIC PATIENT CARE					
HEDIS Measure	Requirement	CPT Code/ICD-10	Description	(X)	Service Date
Blood Sugar Control	(Up to 75 y/o) Every Year (Must be <9%)	3044F	Level <7%	()	____/____/____
		3045F	Level 7-9%	()	
HEDIS Measure	Requirement	CPT Code/ICD-10	Description	(X)	Service Date
Dilated Retina Exam (Done by Ophthalmology or Optometry)	(Up to 75 y/o) Every Year	2022F	Dilated Retinal Exam	()	____/____/____
		OR			
		3072F	Low Risk for Retinopathy (Valid for 2 years)	()	____/____/____
Nephropathy Screening	(Up to 75 y/o) Every Year	82044	Microalbumin Test	()	____/____/____
		AND			
		3060F	Result Positive	()	____/____/____

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		3061F	Result Negative	()	___/___/___
CARE OF OLDER ADULTS (COA)					
HEDIS Measure	Requirement	CPT Code/ICD-10	Description	(X)	Service Date
Advance Care Planning	(Mbr 65+ y/o) Every Year	1158F	Advance Care Planning	()	___/___/___
Functional Status Assessment	(Mbr 65+ y/o) Every Year	1170F	Functional Status Assessed	()	___/___/___

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Pain Assessment	(Mbr 65+ y/o) Every Year	1125F	Pain Present	()	____/____/____
Medication List & Review	(Mbr 65+ y/o) Every Year	1159F	Medication List Documented	()	____/____/____
AND					
		1160F	Medication List Reviewed	()	____/____/____
Physician Certification and Signature: _____ Date: _____					

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