

ATTENTION:
Medicare Prior Authorization Update Effective 3/1/2016
Hyperbaric Oxygen Therapy (HBO)
Joint Replacement Surgeries

Sunshine Health requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Sunshine Health.

Sunshine Health is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria.

It is the ordering provider's responsibility to determine which specific codes require prior authorization. Prior Authorization will be required for Hyperbaric Oxygen Therapy (HBO) and Joint Replacement Surgeries effective March 1, 2016. Please refer to the information below for guidance regarding how to obtain prior authorizations from Sunshine Health.

FREQUENTLY ASKED QUESTIONS:

How do I determine if a specific treatment requires prior authorization?

- You may determine which specific codes require prior authorization by visiting our website at sunshinehealth.com and clicking on the Prior Auth Needed tab. The Prior Auth Needed tab will take you to our PreScreen Tool. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.
- Since Hyperbaric Oxygen Therapy and Joint Replacement Surgery is a new requirement, we have enclosed a spreadsheet which also lists the updated codes that will require prior authorization.

How do I request a prior authorization for these services?

- You may submit the prior authorization request utilizing our Secure Web Portal at www.SunshineHealth.com. If your request is approved, you will receive verification through the Secure Web Portal. If you are not currently registered on our Secure Web Portal, you may register through a quick and simple process.
- You may submit the prior authorization request by faxing an authorization to 1-877-617-0394. The fax authorization form can be found on our website at www.SunshineHealth.com.
- You may call our Medical Management department at 1-877-935-8022 and Press #4.

What information will I be required to submit in connection with the prior authorization request?

- CPT code
- Diagnosis Code
- Rendering facility's name, Tax ID number, and NPI number.

If you have any questions regarding this information, you may contact Medical Management at 1-877-935-8022 and Press #4 or visit our website at www.sunshinehealth.com.

When the services below are Covered Services, the services require Prior Authorization. Prior Authorization will be required for these services effective March 1, 2016.

Joint Replacement

CPT® codes	Code Description
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS

25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT

27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE
27704	REMOVAL OF ANKLE IMPLANT
	Hyperbaric Oxygen Therapy
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL
99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION