

Medical Prior Authorization List (Small and Large Group Commercial Plans Only)

For prescription drug requirements,
Please refer to the plan's formularies.

Effective: January 1, 2022

General Information

- Health First Health Plans (Health Plan) administers these requirements.
- Benefits are determined by the plan. Items listed may have limited coverage or not be covered at all.
- All items and services on this list require prior authorization regardless of the service location, plan type or provider participation status.
- Referrals are not required for in-network specialist care. Refer to the current Provider Directory or visit our website at myHFHP.org for a list of network providers.
- Authorization is not a guarantee of payment. Coverage is subject to member eligibility, as well as applicable benefit and provider contract provisions on the date of service. Contract limitations may apply and supersede any authorization provided.
- This document is updated periodically but may change at any time. Please refer to the current version by visiting our website at myHFHP.org.
- Changes from the previous version are available on the Health First Health Plans' Medical Prior Authorization Notice of Change document located by visiting myHFHP.org.

How to Request Authorization

- With the following exceptions, authorization requests should be submitted directly to the Health Plan
 - **Magellan Behavioral Health, Inc. (Magellan) authorizes Behavioral Health and Substance Abuse Services.** Authorization may be requested by phone toll-free at 1.800.424.4347 or online at magellanprovider.com.
 - **Starting 1.1.22, all services that were previously delegated to eviCore Healthcare will be managed directly by Health First Health Plans for Small and Large Group members.** This includes genetic testing, nuclear medicine procedures, high-tech imaging (including cardiac imaging/testing), and sleep related services/devices. In general, Medical and Radiation Oncology services will not require prior authorization. Please refer to the below list, along with Medical Drug Authorization List for specific codes that will require authorization.
- We encourage participating providers to request authorization through the online provider portal located [here](#). For certain services requested via the online portal, you will have an option to complete a questionnaire. The answers to this questionnaire may lead to an automatic approval. However, even if an automatic approval is not provided immediately, the information provided via the questionnaire will help Health First Health Plans reduce the review turnaround time.
- If you are a non-participating provider or encounter issues submitting via the online provider portal, please fax your authorization request to 1.855.328.0059 (toll-free) or 321.434.4271 (local). For additional assistance you may also call Customer Service toll-free at 1.844.522.5282

Out-Of-Network Services

- For HMO members, all out-of-network services require authorization.
- For POS/PPO members (plans with out-of-network coverage), authorization is required for out-of-network services only if the service is listed in the below chart, or if an in-network exception is being requested. If an in-network exception is being requested, please include details regarding the reason for the exception request (e.g. services not available in-network, continuity of care, etc.).

Category	Additional Info	Codes
Airway Clearance Devices	The Vest, Intrapulmonary Percussive Ventilation (IPV)	E0481, E0482, E0483
Air Transportation (non-emergent)	Non-urgent ambulance transportation by air between specified locations.	A0430, A0431, A0435, A0436, S9960, S9961
Autologous Chondrocyte Implantation		27412, J7330, S2112
Bariatric Surgery		43644, 43645, 43647, 43648, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43881, 43882, 43886, 43887, 43888
Behavioral Health	<p>For services listed here please submit request directly to the Health Plan. For services not listed here please contact Magellan for further assistance. 1.800.424.4347 or online at magellanprovider.com.</p> <p>Please note, all neuropsychological testing requests should be sent to the Health Plan for review. If the testing reveals a behavioral or mental health diagnosis, all claims should be submitted to Magellan.</p>	90867, 90868, 90869, 96132, 96133, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T
Bone Growth Stimulators		E0747, E0748, E0749, E0760
Breast Related Surgeries	If the member has a personal diagnosis of breast cancer for which this surgery is being performed, all codes listed except for DIEP flap reconstruction (S2067, S2068) and mastectomy for gynecomastia (19300) do not require prior authorization.	11920, 11921, 11970, 11971, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600, S2066, S2067, S2068
Bronchial Thermoplasty		31660, 31661, C9751
Capsule Endoscopy		91110, 91111, 91112, 91113
Cardiac Rehabilitation	Coverage is limited to 36 visits per lifetime. Prior authorization is required for more than 36 visits per lifetime.	93797, 93798

Cardiac / Cardiovascular Surgery	Aortic Valve Replacement, vascular grafting, implantables (i.e. OPTIMIZER)	0643T, 0645T, 0646T, 33440, 33866, C1824, C9759, C9760, L8670
Category III Codes / New Technology	These codes may be considered experimental and/or investigational and may not be covered by the Health Plan.	0042T, 0054T, 0055T, 0071T, 0072T, 0075T, 0076T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0174T, 0175T, 0184T, 0198T, 0200T, 0201T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0249T, 0253T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0278T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0358T, 0377T, 0378T, 0379T, 0380T, 0394T, 0395T, 0397T, 0398T, 0402T, 0403T, 0404T, 0408T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0457T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0479T, 0480T, 0481T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0559T, 0560T, 0561T, 0562T, 0563T, 0564T, 0565T, 0566T, 0567T, 0568T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0578T, 0579T, 0580T, 0581T,

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Chimeric Antigen Receptor T-Cell Therapy (CAR-T)	All services related to CAR-T therapy require prior authorization regardless of if code is listed here or not.	0537T, 0538T, 0539T, 0540T
Clinical Trials	All services related to a clinical trial require authorization through the Health Plan.	
Compression Garments		A6531, A6532, A6545
Continuous Glucose Monitors and Supplies		95249, A9276, A9277, A9278, K0553, K0554, S1030, S1031, S1034, S1035, S1036, S1037
Continuous Passive Motion Devices (CPM)		E0935, E0936
Cranial Remolding Device		S1040
DaTscan		A9584
Dental Services	Any dental (tooth related) service requires prior authorization regardless of if code is listed or not on this list (also see Maxillofacial section below).	

Diabetic Test Supplies	No authorization is required for Abbott Products (Freestyle, Freestyle Lite, Freedom Lite, Precision Xtra). All other brands, please submit a Medical Authorization Form if supplies will be obtained from DME. If supplies will be obtained through a pharmacy, please submit via Pharmacy Authorization Form . **Please note that for plans with \$0 cost share, all preferred diabetic test meters and supplies must be obtained from Health First Family Pharmacy to be covered.**	A4250, A4252, A4253, A4255, A4256, A4257, A4258, A4259, E0607, E2100, E2101
Drug Testing	Authorization is only required for out-of-network labs or for greater than 15 drug tests within the calendar year (January-December). If the request is due to greater than 15 tests within the year, please indicate on your request the reason for the additional tests and how many tests the member has had to date.	0006U, 0007U, 0011U, 0025U, 0054U, 0082U, 0083U, 0093U, 0110U, 0116U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 80305, 80306, 80307, 83789, 83992, G0480, G0481, G0482, G0483, G0659
Dynamic Extension/Flexion Devices	Dynasplint	E1800, E1802, E1805, E1810, E1812, E1815, E1825, E1830, E1840
Ear / Hearing Related Devices, Surgery, Testing	Otoplasty, Cochlear implant, auditory implant, bone anchored hearing aid	69300, 69710, 69711, 69714, 69715, 69717, 69718, 69930, 92517, 92518, 92519
External Defibrillator	LifeVest	K0606
Eye Related Surgery	Intacs, Blepharoplasty, Entropion repair, Ectropion repair	15820, 15821, 15822, 15823, 65785, 66989, 66991, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 68841, 0621T, 0622T
Eye and Ear Implants and Accessories		C1839, L8609, L8610, L8613, L8614, L8615, L8619, L8624, L8627, L8628, L8629, L8691, L8692, L8693,
Facial Surgery	Rhytidectomy, genioplasty, mandibular augmentation, cheek augmentation	15824, 15825, 15826, 15828, 15829, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21270
Gastrectomy	Non-bariatric (surgical treatment for GERD)	43633, 43659
Gender Reassignment	Codes may not be exclusive to Gender Reassignment.	54125, 54520, 54660, 54690, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57291, 57292, 57295, 57296, 57426
Genetic Testing	All genetic testing requires prior authorization. Effective 1.1.22, these requests should be submitted directly to Health First Health Plans.	
GERD Treatment / Procedures	LINX, Stretta	43257, 43284, 43285

<p>High-Tech Imaging (CT, CTA, MRI, MRA, PET, 3D rendering; including select cardiac imaging/testing)</p>	<p>Effective 1.1.22, these requests should be submitted directly to Health First Health Plans.</p>	<p>0042T, 0331T, 0332T, 0439T, 0501T, 0502T, 0503T, 0504T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, 0649T, 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76376, 76377, 76380, 76390, 76391, 76497, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77078, 77084, 78428, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 93352, 93356, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8921, C8922, C8923, C8924, C8925, C8926, C8928, C8929, C8930, C8931, C8932, C8933, C8934,</p>
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		C8935, C8936, C9762, C9763, G0219, G0235, G0252, S8037, S8042, S8085, S8092
Home PT / INR Testing		93792, G0248, G0249, G0250
Home Birth	All home birth requests require prior authorization.	
Hospice	Outpatient (in-home) hospice care does not require prior authorization. Inpatient hospice care requires authorization for all lines of business.	
Hospital Beds		E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0271, E0272, E0277, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329
Incontinence Procedures		53451, 53452, 53453, 53454, 53860, 64566, 64561, 64581, 64585, 64590, 64595
Injectable Bulking Agents	No authorization is required for Urologists, Gynecologists, or Uro-Gynecologists for codes L8603, L8604 or L8606.	L8603, L8604, L8606
Inpatient Hospital Stays	<p>Any elective service to be performed under inpatient status requires prior authorization. This applies to both in-network and out-of-network facilities.</p> <p>Any service that is categorized as inpatient only on the CMS Inpatient Only List, but is being performed as <i>outpatient</i>, requires prior authorization.</p> <p>Please reference CMS.gov for the most up to date Inpatient Only List. Inpatient only services have an OPPS status indicator (SI) of "C" listed in addendum of each year's OPPS/ASC final rule.</p> <p>Emergent inpatient admissions (both in and out-of-network) require notification only.</p>	
Labor and Delivery Admissions	Authorization is only needed if the newborn is admitted for medical care after birth or for labor/delivery at an out of network facility.	
Laboratory Testing		80220, 0015M, 0221U, 0222U, 0255U, 0259U, 0261U, 0263U
Long Term Acute Care Facilities (LTAC) and Inpatient Rehabilitation	All LTAC and Inpatient Rehabilitation requests require authorization.	
Lymphedema Pump and Supplies	Authorization is required for initial use and every 90 days thereafter.	E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670,

		E0671, E0672, E0673, E0675, E0676
Maxillofacial Procedures and Services	<p>Please refer to member contract for specific covered and excluded services. If request is dental (tooth) related, authorization is required regardless of if the code is listed here or not (all dental "D" codes require prior authorization). In addition, certain oral/maxillofacial providers require authorization for all services. Please contact Customer Service for verification if needed at 1.844.522.5282.</p> <p>Code 20605 only requires authorization for maxillofacial joints (i.e. TMJ). This code used in relation to any other joint, does not require prior authorization.</p>	20605, 21010, 21025, 21026, 21030, 21031, 21032, 21040, 21046, 21047, 21048, 21049, 21050, 21060, 21070, 21073, 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21089, 21100, 21110, 21116, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21295, 21296, 21299, 21421, 21422, 21423, 21431, 21432, 21433, 21435, 21436, 21440, 21445, 21450, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470, 21480, 21485, 21490, 21497, 29800, 29804, 70350, 70355, K1027, L8048, L8049
Miscellaneous Codes, Not Otherwise Classified		43497, A9699, C1833, C2596, E1399, K0900, K1004, K1009, S2300
Mohs Surgery	Authorization only required for Mohs of the trunk and/or extremities.	17313, 17314
Nasal Surgeries and Procedures	Rhinoplasty, Septoplasty, Balloon Sinuplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 30520, 31295, 31296, 31297, 31298, 69705, 69706
Neurostimulators and Supplies		61850, 61860, 61863, 61864, 61867, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553, 64555, 64568, 64569, 64575, 64580, 95980, 95981, 95982, E0730, E0731, E0745, E0746, K1002, K1016, K1017, K1018, K1019, K1023, L8679, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689
Nuclear Medicine	Effective 1.1.22, these requests should be submitted directly to Health First Health Plans.	78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262,

		78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78414, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78999
Nutritional Therapy and Supplies	Enteral, Parenteral	B4034, B4035, B4036, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999, E0791, S9364, S9365, S9366, S9367, S9368, S9432
Orthotics / Orthosis / Braces / Prosthetics and Accessories		K1007, K1022, L0170, L1907, L1932, L1940, L1945, L1950, L1960, L1970, L2006, L2050, L2060, L2080, L2090, L2106, L2108, L2126, L2128, L2188, L2192, L2250, L2280, L2300, L2330, L2340, L2350, L2500, L2510, L2520, L2525, L2526, L2540, L2570, L2580, L2620, L2624, L2627, L2628, L2640, L2999, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3904, L3905, L3999, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4130, L4631, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618,

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L6580, L6582, L6584, L6586,
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L6684, L6686, L6687, L6688,
L6689, L6690, L6691, L6692,
L6693, L6694, L6695, L6696,
L6697, L6698, L6703, L6704,
L6706, L6707, L6708, L6709,
L6711, L6712, L6713, L6714,
L6715, L6721, L6722, L6805,
L6810, L6880, L6881, L6882,

		L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L6990, L7007, L7008, L7009, L7040, L4045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8485, L8499, L8500, L8505, L8630, L8631, L8641, L8642, L8658, L8659, L8690, L8701, L8702, V2625, V2626, V2627, V2628
Outpatient Procedures	<p>Please search for specific category and/or code within this authorization list for specific instructions.</p> <p>Any service that is categorized as inpatient only on the CMS Inpatient Only List, but is being performed as <i>outpatient</i>, requires prior authorization regardless of if the service/code is listed on this authorization list or not.</p> <p>Please reference CMS.gov for the most up to date Inpatient Only List. Inpatient only services have an OPPTS status indicator (SI) of "C" listed in addendum of each year's OPPTS/ASC final rule.</p>	
Pain Pumps		62350, 62351, 62360, 62361, 62362
Penile Implants		54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417
Physical, Occupational, and Speech Therapy	For members under the age of 9, authorization is required after the initial evaluation. For members over the age of 9, authorization is required after 20 visits.	90912, 90913, 92507, 92508, 92524, 92526, 92609, 92630, 92633, 96105, 96125, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97760, 97761, 97763, 97799, G0283, S8990
Prolotherapy		M0076
Pulmonary Rehabilitation	Coverage is limited to 36 visits per lifetime. Prior authorization is required for more than 36 visits per lifetime.	94625, 94626

Radiation Therapy	LITT Therapy	61736, 61737
Seat / Lift Mechanisms		E0625, E0627, E0629, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642
Skilled Nursing Facilities	Authorization is required for any inpatient, skilled nursing admission. If the member is currently inpatient at a skilled nursing facility for which the Health Plan is not covering the admission (e.g., custodial care, long term care), authorization is required for any additional services such as outpatient services at the facility, physician visits, diagnostic services and rehabilitation services.	
Skin Care	Laser treatments, photochemotherapy, UV therapy	96900, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694
Skin Removal / Grafting	Cervicoplasty, panniculectomy, abdominoplasty, grafting by liposuction	15771, 15772, 15773, 15774, 15819, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847
Sleep Testing and Treatment	Effective 1.1.22, these requests should be submitted directly to Health First Health Plans.	41530, 42975, 64582, 64583, 64584, 95782, 95783, 95803, 95805, 95807, 95808, 95810, 95811, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, A9270, E0470, E0471, E0485, E0486, E0561, E0562, E0601, K1001, S2080
Speech Generating Devices and Procedures		69716, 69719, 69726, 69727, E2500, E2502, E2504, E2506, E2508, E2510
Spinal Procedures		0202T, 0213T, 0214T, 0215T, 0216T, 0219T, 0220T, 0221T, 0228T, 0230T, 0274T, 0275T, 0627T, 0628T, 0629T, 0630T, 0656T, 0657T, 20974, 20975, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22325, 22326, 22327, 22510, 22511, 22513, 22514, 22526, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22586, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22850, 22852, 22855, 22856, 22857, 22861, 22862, 22864, 22865, 22867, 22869, 22899, 27096, 27279, 27280, 62263, 62264, 62280, 62281,

		62282, 62287, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 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, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64445, 64451, 64479, 64483, 64490, 64493, 64625, 64628, 64633, 64635, 64999, C1062, C9757, G0260
Transplants	All transplant related services (pre-transplant [evaluation], transplant listing, transplant surgery, post-transplant services) require authorization through the Health Plan.	
Varicose Vein Treatments		36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37765, 37766, 37780, 37785
Ventilators		E0466, E0467
Wheelchairs and Accessories		E0969, E0983, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1011, E1017, E1018, E1030, E1035, E1036, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1195, E1220, E1226, E1227, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1298, E2201, E2202, E2203, E2204, E2227, E2230, E2231, E2291, E2292,

		E2293, E2294, E2295, E2300, E2301, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2363, E2366, E2367, E2371, E2372, E2376, E2383, E2386, E2397, E2398, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0056, K0108, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Wound Care	Wound vacuum, skin substitutes, electromagnetic and electric stimulation wound therapy. For wound vacuums, authorization is only required after three months of initial use when using an in-network supplier. If using an out-of-network supplier, authorization is required from start of treatment.	20932, 20933, 20934, A2001, A2002, A2003, A2004, A2005, A2006, A2007, A2008, A2009, A2010, E2402, G0282, G0295, G0329, G0465, K0743, K0744, K0745, K0746, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163,

		Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255
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