

Authorization List Change Summary

For version effective July 1, 2010

Dear Provider:

The bi-annual review of Health First Health Plans' Prior Authorization List has resulted in the following updates. Substantive changes are highlighted in yellow on the List for your reference.

Formatting/Organizational Changes

- In addition to a modified look, the Auth List has been slightly reorganized to make it easy for you to find the information you need. The Quick Links at the top of the page reflect updated categories, and will direct you to the right section when you click on the category name.

Deletions

- **Mohs Micrographic Surgery** – Prior authorization is no longer required, although established clinical criteria must continue to be met. Physicians with appropriate expertise may perform Mohs Surgery for patients meeting criteria contained in the applicable Health First Health Plans' *Medical Policy*, with the understanding that retrospective medical record reviews will take place to ensure appropriate utilization. For a copy of the *Medical Policy for Mohs Micrographic Surgery*, please contact your Provider Relations Representative.
- **Portable Radiology**
- **Stem Cell Counts**
- **Diagnostic Analysis of Cochlear Implants**

Note:
The Authorization List begins
on page 2 of this PDF.

Additions

- **Oscillatory Devices for Airway Clearance Devices (The Vest)**
- **Vacuum Erection Devices**
- **Snore Guards (Oral Devices)**
- **Elastic Garments**
- **pH, Exhaled Breath Concentrate**

Code Updates

- **Codes have been updated to reflect new and deleted codes.**
- **Please note that codes are only for reference and are not all-inclusive.**

Please contact us if you have any questions. Customer Service is available from 8 a.m. to 8 p.m. any day of the week at (321) 434-5665, with nurses available around the clock. Your Provider Relations Representative is also available for any assistance you may need.

Thank you,

Health First Health Plans
Provider Relations Team

Newly published/assigned codes and new/emerging therapy services not listed may require prior authorization to determine medical necessity. Check with us before providing these services.

Quick links

- [Hospital/SNF Services](#)
- [Diagnostic Testing](#)
- [DME/Prosthetic Devices](#)
- [Insertion/Implantation Services](#)
- [Investigational Services](#)
- [Out-of-Network Services](#)
- [Select Items and Services](#)
- [Spinal Procedures](#)
- [Special Pediatric Services](#)
- [Injectable/Implantable/Infusable Drugs](#)
- [Orphan Drugs](#)

General Information

- All items and services on this list require prior authorization, regardless of the service location or the provider's participation status.
- HFHP does not require referrals or authorizations for *network* specialists. Refer to the current Provider Directory or visit our website for a list of network providers.
- Benefits are determined by each member's plan. Items on this list may have limited coverage, or may not be covered at all.
- Authorization is not a guarantee of payment. Coverage is subject to member eligibility, as well as applicable benefit and provider contract provisions.
- This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website.
- **Codes are for reference and are not all-inclusive.**

How to Request Authorization

- With the exception of High Tech Radiology Testing and certain DME items, authorization requests should be submitted directly to HFHP.
- To request authorization, submit the appropriate medical or pharmacy (drug) "Authorization Request" form or request authorization on-line. Include applicable codes, patient identification, and clinical information to support the request.
Incomplete requests will not be processed.

IMPORTANT CONTACT INFORMATION

- Fax **medical** authorization requests to Clinical Services at **321-434-4271**.
- Fax **drug** authorization requests to Pharmaceutical Services at **321-434-4752**.
- Submit **on-line** requests via *MyHFHP* (contracted provider portal). Visit www.health-first.org for information.
- For questions, call Customer Service at **321-434-5665 or (800) 716-7737**. Nurses are available around the clock.

* Item or service is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.

Item/Service	Explanation/Codes
Inpatient and Outpatient Observation Services	
Hospital Services	
Urgent/Emergency Admissions	
<ul style="list-style-type: none"> • <u>Health First Hospitals</u> - The authorization process is integrated into the hospital admission process. • <u>Other Hospitals</u> – Prior authorization from HFHP is required. 	
Elective Admissions	
<ul style="list-style-type: none"> • <u>Health First Hospitals</u> - The authorization process is integrated into the hospital admission process. • <u>Other Hospitals</u> – Prior authorization from HFHP is required. 	
<u>Health First Hospitals:</u>	
Cape Canaveral Hospital, Holmes Regional Medical Center, Palm Bay Hospital	
Skilled Nursing Facility (SNF) Services	
<ul style="list-style-type: none"> • Inpatient SNF stays • Outpatient (Medicare Part B) services during a non-covered SNF stay 	
Diagnostic Testing	
Laboratory Services	
<u>Continuous Glucose Monitoring</u> and Supplies	A9276, A9277, A9278, 95250, 95251
Genetic Testing	All genetic testing requires prior authorization.
Home PT/INR Monitor	G0248-G0250
<u>Lipoprotein Sub Classification Quantification</u>	83704
pH; exhaled breath concentrate	83987
Radiology Services	
High Tech Imaging (Magnetic Resonance, CT, Nuclear Cardiology tests)	See American Imaging Management (AIM) Authorization List at www.healthfirsthealthplans.org .
Routine Obstetric Ultrasounds (>2)	Up to two are covered without prior authorization.
3D and 4D Ultrasounds	76376, 76377
Computed tomographic (CT) colonography (virtual colonoscopy)	74263
Select Radiology Services	76977, S8030-S8055
Durable Medical Equipment and Prosthetic Devices	
With a physician order and appropriate clinical documentation, the authorization process may be facilitated by a contracted DME supplier.	
Oscillatory Devices for Airway Clearance <i>i.e. The Vest, Intrapulmonary Percussive Ventilation (IPV)</i>	E0481 - E0484
Specialty Hospital Beds	
<u>Cardioverter Defibrillators</u> (external wearable)	E0617, K0606-K0609
Bone Growth Stimulators	
Non-Preferred Diabetic Testing Supplies <i>Blood Glucose Monitors and Testing Supplies</i>	Covered without authorization:
All monitors not listed require prior authorization.	<ul style="list-style-type: none"> • Abbott's Freestyle Lite • Freestyle Freedom Lite • Precision Xtra
Elastic Garments, Belts, Sleeves or Coverings	A4466
Enteral/Parenteral Nutrition	
Seat Lift Mechanisms	E0621 – E0635
Orthotics*	
Home Oxygen Therapy	
Prosthetic Devices (also see Insertion/Implantation Services)	

* Item or services is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.

Item/Service	Explanation/Codes
Implantable/Infusion Pumps and Supplies <ul style="list-style-type: none"> • Insulin pumps • Pain Pumps (Epidural drug infusion) • Enteral/Parenteral infusion pumps 	A4220 – A4232, B9000 – B9006, C1891, C2626, E0781 - E0791, K0455 <i>Note: Insertion/implantation also requires authorization</i>
Lymphedema Pumps (pneumatic appliances)	E0650 – E0676
Neurostimulators <i>(also see Insertion/Implantation Services)</i>	L8680 – L8689
Quantity limits in excess of Medicare guidelines	
Home Respiratory Equipment, including CPAP/BIPAP devices and ventilators	
Scooters	
Speech Tech Aids	E1902, E2500-E2512, E2599, V5336
Vacuum Erection Devices	L7900
Wheelchairs and Accessories (power and manual)	
Wound Vacuum Devices (negative pressure devices)	A6550
Insertion/Implantation Services	<i>See DME/Prosthetic Section for devices.</i>
Neurostimulator Implantation/Revision/Replacement	
Gastric	95980-95982
Intracranial	61850-61875, 61885- 61888
Peripheral	64553 – 64582, 64590
Spinal	63650-63655, 63663, 63664, 63685
Pump Implantation	Implantation of all infusion pumps
Prosthetic Device Implantation	Implantation of all prosthetics devices
Investigational Items and Services	<i>Includes, but is not limited to, the procedures below.</i>
Category III Codes	0016T, 0017T, 0019T, 0030T, 0042T, 0048T, 0050T-0053T, 0071T-0073T, 0075T, 0076T, 0079T-0081T, 0085T, 0092T-0114T, 0123T-0151T, 0163T-0198T, 0206T, 0219T-0222T
HCPCS Codes	G0339-G0341, J7330, P2028, P2029, Q0506, Q4074, Q4081, Q4082, S2095, S2107, S2112, S2117, S2140, S2142, S2150, S2152, S2202, S2325, S2342, S2344, S2348, S2350, S2351, S2360, S2361, S2400-S2411, S3650, S3652, S3900, S8080, S8085, S8092, S8940, S8948, S9001, S9024, S9025, S9055, S9056, S9090, S9109, S2270, S2120
Surgical Codes	22526-22527, 33975-33980, 43647-43648, 43881-43882 48160, 61630-61642
Out-of-Network (OON) Services	<i>Includes, but is not limited to, Shands, ORHS, Moffitt and Florida Hospital.</i>
HMO Members	With the exception of emergencies or urgently-needed care outside the service area, all OON services require prior authorization for HMO members.
POS (Point of Service) Members	<ul style="list-style-type: none"> • All items and services on this list require authorization. • POS benefits apply unless service not available in-plan.
Pediatric Services	<i>All related services require prior authorization, including tests, treatment and referrals.</i>
Autism Related Services**	Initial treatment plan must be approved in advance. All services must be approved as part of the treatment plan.
Nemours Pediatric Specialists	All Nemours providers require prior authorization except Hematologists and Oncologists.
ORHS Pediatric Specialists	

* Item or services is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.

Item/Service	Explanation/Codes
Physical, Occupational and Speech Therapy for Children Under 9 Years of Age	No authorization required for initial evaluation. Authorization required for ongoing treatment.
Select Items and Services	<i>All related care requires prior authorization.</i>
Arthroplasty - Total or Partial Hip	27125-27138, S2118
Arthroplasty - Total or Partial Knee	27440-27446, 27447, 27486-27488, S2300
Cochlear Implants	69714-69718, 69930, L8614, L8627-L8629, S2230, S2235
Dental/Maxillofacial Services*	70350-70355, 21073, 21120-21139, 21193-21199, 21206-21235, 21244-21255, 21270, 21295, 21296, 21497, D0220-D0250, D0272, D0321, D0330, D0340, D0470, D4260-D4264, D4268, D4270-D4273, D4355, D4381, D5911, D5912
EECP (Enhanced External Counterpulsation)	92971, G0166
M2A Capsule Endoscopies	91110, 91111
Erectile Dysfunction Procedures including treatment of Peyronie's Disease	37788, 54110-54112, 54200-54205, 54235, 54400-54417
Hyperbaric Oxygen (HBO) Therapy	99183, A4575
Obesity Surgery*	43644, 43645, 43770-43775, 43842-43848, 43860, 43886-43888, 0155T-0158T, 0162T, S2083
Pulmonary Rehabilitation Services	G0237-G0239, G0302-G0305, S9473
Reconstructive Procedures*	
<ul style="list-style-type: none"> Excision of skin and subcutaneous tissue (includes lipectomy and panniculectomy) 	15819, 15824-15829, 15830-15839, 15847, 00802
<ul style="list-style-type: none"> Blepharoplasty 	00103, 15820-15823, 67900-67909, 67916, 67917, 67923, 67924
<ul style="list-style-type: none"> Mammoplasty 	00402, 11920, 11921, 11970, 11971, 19300, 19316-19357, 19370-19396, S2066-S2068
<ul style="list-style-type: none"> Otoplasty 	69300
<ul style="list-style-type: none"> Rhinoplasty 	30400-30462
Recessa®	0193T
Robotic-Assisted Surgery*	S2900
Sleep Apnea/Snoring Treatment*	
<ul style="list-style-type: none"> Uvullectomy 	42140, S2080, 41530
<ul style="list-style-type: none"> UPPP (Uvulopalatopharyngoplasty) 	42145
<ul style="list-style-type: none"> Snore Guards (oral appliances) 	E0485, E0486
Urinary Incontinence Procedures*	
Substance Abuse-Related Services**	
Varicose Vein Treatment*	
<ul style="list-style-type: none"> Sclerotherapy 	36470-36471
<ul style="list-style-type: none"> Venous ligation 	37700-37722, 37780, 37785, 37765, 37766
<ul style="list-style-type: none"> Endovenous ablation (laser or radiofrequency) 	36475-36479
Wound/Skin Care	
<ul style="list-style-type: none"> Negative pressure wound therapy 	97605-97606
<ul style="list-style-type: none"> Skin (Dermal) Substitutes, AlloSkin, per sq. cm 	C9360 – C9364
<ul style="list-style-type: none"> PUVA, Laser Treatment for Inflamm. Skin Disease 	96910-96922
<ul style="list-style-type: none"> Select procedures 	G0281, G0329, Q4101-Q4116
Spinal Procedures	
Removal of Total Disc Arthroplasties	22864, 22865
Revision, Incl. Replacement of Total Disc Arthroplasties	22861, 22862
Spinal fusion	22548-22632

* Item or services is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.

Item/Service	Explanation/Codes
Spinal instrumentation	22840-22850
Removal of Posterior Segmental instrumentation	22852
Thermal Intradiscal Procedures (TIPS)**	62287, 22526, 22527, 0062T, 0063T, 22899, 64999
Total Disc Arthroplasties	22856, 22857
Injectable/Implantable/Infusable Drugs	<i>See formulary for other prescriptions requiring authorization.</i>
Insertion, Removal & Reinsertion of Non-Biodegradable Implant	11981-11983
ACTEMRA (tocilizumab)	Code not yet available.
ACTHAR GEL (corticotrophin injection)	J0800
ACTIMMUNE (interferon gamma 1-b)	J9216
AFINITOR (everolimus)	C9399
ALPHANATE / Von Willebrand factor complex human	J7186
APOKYN (apomorphine)	J0364
ARANESP (darbepoetin alfa)	J0881, J0882
ARTISS (human plasma fibrin sealant)	C9250
ARZERRA (Ofatumumab)	C9260
AVASTIN (bevacizumab)	J9035
AVONEX (interferon Beta 1-A 33 mcg)	J1825
AVONEX (interferon Beta 1-A 11 mcg)	Q3025
BERINERT (C1 esterase inhibitor (human))	Code not yet available.
BLOOD FACTORS:	
• HUMATE-P Von Willebrand factor complex	J1787
• Factor VIIa antihemophilic factor, recombinant	J7189
• Factor VIII antihemophilic factor, human	J7190
• Factor VIII antihemophilic factor, recombinant	J7192
• Factor VIII antihemophilic factor, recombinant (Xyntha)	J7185
• Factor IX antihemophilic factor, non-recombinant	J7193
• Factor IX complex	J7194
• Factor IX antihemophilic factor, recombinant	J7195
• Antithrombin III, human	J7197
• Anti Inhibitor	J7198
BONIVA (ibandronate)	J1740
BOTOX (botulinum toxin Type A)	J0585
CAMPATH (alemtuzumab)	J9010
CAVERJECT (alprostadil)	J0270
CIMZIA (certolizumab)	J3590, C9249
CINRYZE (C-1 inhibitor)	C9251
DECA-DURABOLIN (nandrolone decanoate)	J2320, J2321, J2322
DEPO-CYT (cytarabine liposomal)	J9098
DIDRONEL (etidronate disodium)	J1436
DOLOPHINE (methadone injection)	J1230
DORIBAX (doripenem)	J1267
EMEND for Injection (fosaprepitant)	J1453
ENDRATE (edetate disodium)	J3520
ETHYOL (amifostine)	J0207
FERAHEME (ferumoxytol)	Q0138, Q0139
FLOLAN (epoprostenol sodium)	J1325
FOLOTYN (pralatrexate)	C9259

* Item or services is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.

Item/Service	Explanation/Codes
FORTEO (teriparatide)	J3110
FUSILEV (levoleucovorin)	J0641
IMPLANON (etonogestrel implant)	J7307
INCRELEX (mecasermin)	J2170
INDIUM in-111 pentetretotide, diagnostic, per study dose, up to 6 millicuries.	A9572
INNOHEP (tinzaparin sodium)	J1655
ISTODAX (romidepsin)	Code not yet available.
IXEMPRA (ixabepilone)	J9207
LEUKINE (sargramostim)	J2820
LEVULAN (aminolevulinic acid topical)	J7308
LUCENTIS (ranibizumab)	J2778
MOZOBIL (injection plerixafor)	J2562
MYOBLOC (botulinum toxin type B)	J0587
MYLOTARG (gemtuzumab ozogamicin)	J9300
MYOZYME (alglucosidase alfa)	J0220
NEUMEGA (oprelvekin)	J2355
NOVANTRONE (mitoxantrone)	J9293
NOVAREL (gonadotropin)	J0725
NPLATE (romiplostim)	J3590 / C9245
ORENCIA (abatacept injection 10 mg)	J0129
OZURDEX (dexamethasone intravitreal implant)	Code not yet available.
PLENAXIS (abarelix)	Code not yet available.
POLYLACTIC ACID RESTORATIVE IMPLANT (Face)	S0196
PROLASTIN, ZEMAIRA (alpha 1-proteinase inhibitor, human)	J0256
RAPTIVA (efalizumab)	S0162
REBIF (Injection, interferon beta-1A, 11mcg)	Q3026
RECLAST (zoledronic acid)	J3488
RELISTOR (methlynaltraxone)	J3490
RETISERT (fluocinolone acetonide intravitreal insert)	J7311
RITUXAN (rituximab for RA or in combination w/ Zevalin)	J9310
SEROSTIM (somatropin)	J2941
SOLIRIS (eculizumab)	J1300
SOMATULINE (lanreotide)	J1930
SOMAVERT (pegvisomant)	J3590
STADOL	
• (injection butorphanol tartrate)	J0595
• (nasal spray, butorphanol tartrate)	S0012
STELARA (ustekinumab)	C9261
SUPPRELIN (histrelin implant 50 mg kit)	J9226
SYNAGIS (palivizumab-rsv-igm)	90378
TESTOPEL (testosterone pellet)	S0189
TORISEL (temsorolimus)	J9330
TREANDA (bendamustine)	J9033
TYSABRI (natalizumab)	J2323
VANTAS (histrelin implant)	J9225
VECTIBIX (panitumumab)	J9303
VIADUR (leuprolide acetate implant)	J9219
VIBATIV (telavancin)	C9258

* Item or services is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.

Item/Service	Explanation/Codes
VISCOSUPPLEMENTS	
• SUPARTZ (hyaluronan)	J7321
• HYALGAN (hyaluronan)	J7321
• SYNVISIC (hyaluronan)	J7322
• ORTHOVISC (hyaluronan)	J7324
VITRASERT (ganciclovir, 4.5mg, long acting implant)	J7310
VIVAGLOBIN (immune globulin, subcutaneous)	J1562
XIAFLEX (collagenase clostridium histolyticum)	Code not yet available.
XOLAIR (omalizumab)	J2357
ZANOSAR (streptozocin)	J9320
ZEVALIN	
• (Yttrium Y-90 ibritumomab tiuxetan)	A9543
• (Indium In-111 ibritumomab tiuxetan)	A9542
ZOLADEX (goserelin acetate implant, per 3.6 mg)	J9202
Orphan drugs:	
Medications either approved or designated as orphan drugs require prior authorization.	
Contact the Pharmacy Department at 321-434-5688 with questions.	Examples of orphan drugs include, but are not limited to: Arcalyst, Berinert, Cinryze, Gliadel, Kuvan, Repligen, Velcade, Vidaza, Zavesca, Zolina.

* Item or services is not usually covered.

** Coverage limited to select plans.

Yellow highlights indicate changes from the last version of this list.