

## Medical Prior Authorization List Effective: September 1, 2020

For prescription drug requirements, please refer to the plan's formularies.  
For AdventHealth Employee and Rosen Employee Plans, please refer to separate authorization list.

### General Information

- AdventHealth Advantage Plans 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 [myAHplan.com](http://myAHplan.com) 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 [myAHplan.com](http://myAHplan.com)
- Changes from the previous version are available on the AdventHealth Advantage Plans' Medical Prior Authorization List Notice of Change document located by visiting [myAHplan.com](http://myAHplan.com).

### 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](http://magellanprovider.com).
  - **Palladian Health authorizes Spinal Surgeries / Pain Injections / Spinal Cord Stimulation Services.** Visit [palladianhealth.com](http://palladianhealth.com) to request authorization. Palladian may also be reached at 1-888-658-8181.
  - **eviCore Healthcare authorizes genetic testing, high-tech imaging / echocardiograms / sleep disorder testing and treatment, radiation oncology, and medical oncology services.** Authorization may be requested by calling 877-825-7722 or by visiting their provider portal at [evicore.com](http://evicore.com).
- We encourage participating providers to request authorization through the online provider portal located at [myAHplan.com/myportal](http://myAHplan.com/myportal). 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 AdventHealth Advantage 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 1-877-535-8278.

## Out-Of-Network Services

- For HMO members, all out-of-network services, except for emergent/urgent needed care or renal dialysis for Medicare members, 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
Acupuncture	This is a Medicare-only benefit and is limited to 20 visits per year for diagnosis of chronic low back pain only.	20560, 20561, 97810, 97811, 97813, 97814
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	For services listed here, please submit a request directly to the Health Plan. For services not listed here, please contact Magellan for further assistance at 1-800-424-4347 or online at <a href="http://magellanprovider.com">magellanprovider.com</a> .  Please note, if this request is for neuropsychological testing, the initial testing request should be sent to the Health Plan for review. After a diagnosis is given from the initial testing, all requests should be sent to Magellan.	90847, 90853, 90867, 90868, 90869, 90870, 96112, 96113, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96143, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0366T, 0373T, H0031, H2012, H2014, H2019
Bone Growth Stimulators	Externally placed stimulators; for internally placed stimulators, please see Palladian Health section below.	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 <b>except</b> for DIEP flap reconstruction (S2067, S2068) do not require prior authorization.	11920, 11921, 11970, 11971, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600, S2066, S2067, S2068
Bronchial Thermoplasty		31660, 31661, C9751
Capsule Endoscopy		91110, 91111, 91112, 0355T

Cardiac Imaging/Testing	Please contact eviCore Healthcare for these requests at <a href="http://eviCore.com">eviCore.com</a>	75557, 75559, 75561, 75563, 75565, 78414, 78428, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93320, 93321, 93325, 93350, 93351, 93352, 93356, 0331T, 0332T, 0439T, 0501T, 0502T, 0503T, 0504T, C8921, C8922, C8923, C8924, C8925, C8926, C8928, C8929, C8930, C9762, C9763
Cardiac Monitoring	MCOT, Cardiac Loop implant, Zio Patch	0206T, 0295T, 0296T, 0297T, 0298T, 0475T, 0476T, 0477T, 0478T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T 33285, 33289, 93228, 93229
Cardiac Rehabilitation	Members are limited to 72 sessions over a period of up to 36 weeks. Authorization is only required if these limits have been exceeded.	93797, 93798
Cardiac / Cardiovascular Surgery	Aortic Valve Replacement, vascular grafting, implantables (i.e., OPTIMIZER)	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.	0054T, 0055T, 0058T, 0071T, 0072T, 0075T, 0076T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0126T, 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, 0290T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0356T, 0358T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0394T, 0395T, 0396T, 0397T, 0398T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T,

0414T, 0415T, 0416T, 0417T,  
0418T, 0419T, 0420T, 0421T,  
0422T, 0423T, 0424T, 0425T,  
0426T, 0427T, 0428T, 0429T,  
0430T, 0431T, 0432T, 0433T,  
0434T, 0435T, 0436T, 0437T,  
0439T, 0440T, 0441T, 0442T,  
0443T, 0444T, 0445T, 0446T,  
0447T, 0448T, 0449T, 0450T,  
0457T, 0452T, 0453T, 0454T,  
0455T, 0456T, 0457T, 0458T,  
0459T, 0460T, 0461T, 0462T,  
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, 0501T, 0502T, 0503T,  
0504T, 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,  
0582T, 0583T, 0584T, 0585T,  
0586T, 0587T, 0588T, 0589T,  
0590T, 0594T, 0596T, 0597T,  
0598T, 0599T, 0600T, 0601T,  
0602T, 0603T, 0604T, 0605T,  
0606T, 0607T, 0608T, 0613T,  
0614T, 0615T, 0616T, 0617T,  
0618T, 0619T, 0061U, 0091U,  
0092U, 0117U, 0119U, 33340,  
48160, 61630, 61635, 61640,  
61641, 61642, 66174, 66175,  
83704, A4555, A9155, C9747,  
E0446, E0766, G0341, G0428,  
G0460, L8605, P2028, P2029,  
Q0506, S2095, S2107, S2117,  
S2118, S2120, S2202, S2230,  
S2235, S2270, S2325, S2342,  
S2348, S2350, S2351, S2400,  
S2401, S2402, S2403, S2404,  
S2405, S2409, S2411, S3650,  
S3652, S3900, S8030, S8040,

		S8055, S8080, S8940, S8948, S9001, S9024, S9025, S9055, S9056, S9090
Chimeric Antigen Receptor T-Cell Therapy (CAR-T)	All services related to CAR-T therapy require prior authorization regardless if code is listed here or not.	0537T, 0538T, 0539T, 0540T
Chronic Care Management	Authorization required for initial treatment and every six months thereafter. Medicare-only benefit.	99091, 99484, 99487, 99489, 99490, 99491, G0506, G2058, G2064, G2065
Clinical Trials	All services related to a clinical trial require authorization through the Health Plan. This includes services that would typically go through other vendors, such as eviCore and Palladian.	
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
CT/CTA	Please contact eviCore Healthcare for these requests at <a href="http://eviCore.com">eviCore.com</a>	0042T, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76380, 76497, 77078, G0297, S8092
DaTscan		A9584
Dental Services	Any dental (tooth related) service requires prior authorization whether or not code is listed here (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 <a href="#">Medical Authorization Form</a> if supplies will be obtained from DME. If supplies will be obtained through a pharmacy, please submit via <a href="#">Pharmacy Authorization Form</a> .	A4250, A4252, A4253, A4255, A4256, A4257, A4258, A4259, E0607, E2100, E2101
Drug Testing	Authorization is only required for out-of-network labs or for more than 15 drug tests within the calendar year	0006U, 0007U, 0011U, 0025U, 0054U, 0082U, 0083U, 0093U, 0110U, 0116U, 0143U, 0144U,

	(January-December). If the request is due to more 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.	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 and Surgery	Otoplasty, cochlear implant, auditory implant, bone anchored hearing aid	69300, 69710, 69711, 69714, 69715, 69717, 69718, 69930
External Defibrillator	LifeVest	K0606
Eye-Related Surgery	Intacs, Blepharoplasty, Entropion repair, Ectropion repair	15820, 15821, 15822, 15823, 65785, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924
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	<p>Due to the frequency of new genetic tests coming to market, individual codes that require prior authorization will not be listed here. Please click <a href="#">here</a> to connect to eviCore's site. Once there, click on "Lab Management Code List" for the most up-to-date listing of codes that require prior authorization.</p> <p>If the code is labeled "Requires Prior Authorization," please submit your prior authorization request directly to eviCore. You may contact eviCore by phone at 877-825-7722 or via website at <a href="http://eviCore.com">eviCore.com</a>.</p> <p>Codes labeled "Review in Panel" will only require prior authorization through eviCore if any code within the panel is labeled "Requires Prior Authorization." If none of the codes within the panel is labeled "Requires Prior Authorization," please submit</p>	

	your request directly to the Health Plan for review.	
GERD Treatment / Procedures	LINX, Stretta	43257, 43284, 43285
High Tech Imaging	Please contact eviCore Healthcare for these requests at <a href="http://eviCore.com">eviCore.com</a>	76376, 76377
Home PT / INR Testing		93792, G0248, G0249, G0250
Home Birth	All home birth requests require prior authorization.	
Hospice	Outpatient (in-home) hospice care only requires authorization for small group, large group and individual plans. 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
In-Home Safety Assessment and Support Services	Benefit is only available to Health First Health Plans' Medicare Members through Health First Private Duty. Covered post-hospitalization (observation or inpatient stay) once per calendar year.	T1021, T1028, T1030, T1031
Incontinence Procedures		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, L8607
Inpatient Hospital Stays	<i>For in-network facilities:</i> All procedures in this chart require prior authorization if inpatient admission is planned. Emergent inpatient admissions require notification only. <i>For out-of-network facilities:</i> Elective inpatient admissions require authorization. Emergent admissions require notification only.	
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.	
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	Please refer to member contract for specific covered and excluded services. If request is dental (tooth) related, authorization is required regardless 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 1-877-535-8278.	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, L8048, L8049
Miscellaneous Codes, Not Otherwise Classified		A9699, C2596, E1399, K0900, K1004, S2300
Mohs Surgery	Authorization only required for Mohs of the trunk and/or extremities.	17313, 17314
MRI/MRA	Please contact eviCore Healthcare for these requests at <a href="http://eviCore.com">eviCore.com</a>	70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 74712, 74713, 76390, 76391, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77058, 77059, 77084, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8037, S8042
Nasal Surgeries	Rhinoplasty, Septoplasty, Balloon Sinuplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 31295, 31296, 31297, 31298



Neurostimulators and Supplies	For codes 63650, 63655, 63661, 63662, 63663, 63664, 63685 and 63688, see Palladian Health section if the service is related to a spinal diagnosis (i.e., back pain). If for a non-spinal diagnosis, please submit request to the Health Plan. All other codes, submit request to the Health Plan.	61850, 61860, 61863, 61864, 61867, 61870, 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, L8679, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689
Nuclear Medicine/ Imaging	Please contact eviCore Healthcare for these requests at <a href="http://eviCore.com">eviCore.com</a>	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, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78608, 78609, 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
Orthotics / Orthosis / Braces / Prosthetics and Accessories		L0170, L2006, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2184, L2186, L2188, L2192, L2250, L2260, L2265, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2415, L2425, L2430, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628,

L2630, L2640, L2650, L2660,  
L2670, L2680, L2755, L2768,  
L2999, L3000, L3001, L3002,  
L3003, L3010, L3020, L3030,  
L3031, L3040, L3050, L3060,  
L3070, L3080, L3090, L3140,  
L3150, L3160, L3170, L3702,  
L3720, L3730, L3740, L3763,  
L3764, L3765, L3766, L3904,  
L3999, L4000, L4010, L4020,  
L4030, L4040, L4045, L4050,  
L4055, L4060, L4070, L4130,  
L4205, L4210, 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, L5620, L5622,  
L5624, L5626, L5628, L5629,  
L5630, L5631, L5632, L5634,  
L5636, L5637, L5638, L5639,  
L5640, L5642, L5643, L5644,  
L5645, L5646, L5647, L5648,  
L5649, L5650, L5651, L5652,  
L5653, L5654, L5655, L5656,  
L5658, L5661, L5665, L5668,  
L5670, L5671, L5672, L5673,  
L5676, L5677, L5679, L5680,  
L5681, L5682, L5683, L5685,  
L5692, L5694, L5695, L5696,  
L5698, L5699, L5700, L5701,  
L5702, L5703, L5704, L5705,  
L5706, L5707, L5710, L5711,  
L5712, L5714, L5716, L5718,  
L5722, L5724, L5726, L5728,  
L5780, L5781, L5782, L5785,  
L5790, L5795, L5810, L5811,  
L5812, L5814, L5816, L5818,  
L5822, L5824, L5826, L5828,  
L5830, L5840, L5845, L5848,  
L5850, L5855, L5856, L5857,  
L5858, L5859, L5910, L5920,  
L5925, L5930, L5940, L5950,  
L5960, L5961, L5962, L5964,  
L5966, L5968, L5969, L5970,  
L5971, L5972, L5973, L5974,  
L5975, L5976, L5978, L5979,  
L5980, L5981, L5982, L5984,  
L5985, L5986, L5987, L5988,

		L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6672, L6675, L6676, L6677, L6680, L6682, 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, L6890, 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, L7510, L7520, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8310, L8230, L8470, L8480, L8485, L8499, L8500, L8501, L8505, L8507, L8509, L8510, L8630, L8631, L8641, L8642, L8658, L8659, L8690, L8701, L8702, V2625, V2626, V2627, V2628
Oxygen		E0447
Pain Pumps		62350, 62351, 62360, 62361, 62362
Palladian Health	Palladian Health reviews requests for spinal surgeries, spinal injections, spinal cord stimulators and implanted bone growth stimulators. Please contact Palladian Health for these requests at <a href="http://palladianhealth.com">palladianhealth.com</a> or 888-658-8181	0195T, 0202T, 0213T, 0214T, 0215T, 0216T, 0219T, 0220T, 0221T, 0228T, 0230T, 0274T, 0275T, 0375T, 20974, 20975, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207,

	<p>The following codes are not spinal procedures and should be processed in house: 27096, 64625 and 64445</p>	<p>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, 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, 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, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64451, 64479, 64483, 64490, 64492, 64493, 64536, 64633, 64635, 64999, C9757, G0260</p>
<p>Penile Implants</p>		<p>54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417</p>
<p>PET Scans</p>	<p>Please contact eviCore Healthcare for these requests at <a href="http://eviCore.com">eviCore.com</a></p>	<p>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, G0219, G0235, G0252, S8085</p>
<p>Physical, Occupational and Speech Therapy</p>	<p>For members under the age of 9, authorization is required after the initial evaluation. For members older</p>	<p>90912, 90913, 92507, 92508, 92524, 92526, 92609, 92630, 92633, 96105, 96125, 97010, 97012, 97014, 97016, 97018,</p>

	than 9, authorization is required after 20 visits.	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	Authorization only required if member exceeds 36 visits per lifetime.	G0424
Radiation Therapy	Brachytherapy, Stereotactic Radiation Therapy, Intensity Modulated Radiation Therapy (IMRT), Neutron Beam Radiation Therapy, Intraoperative Radiation Therapy (IORT), Proton Beam, Hyperthermia Treatment, Radiation Treatment Delivery, Radiologic Guidance, Therapeutic Radiopharmaceuticals. Please contact eviCore Healthcare for these requests at 877-825-7722 or <a href="http://eviCore.com">eviCore.com</a>	0394T, 0395T, 77014, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79101, 79403, A9513, A9543, A9590, A9606, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017
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	For CPAP, BiPAP and Oral Devices for sleep apnea, please contact eviCore Healthcare at <a href="http://eviCore.com">eviCore.com</a>	41530, 95782, 95783, 95800, 95801, 95803, 95805, 95806, 95807, 95808, 95810, 95811, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033,

	The following sleep-related codes should be submitted directly to the Health Plan for review: 41530, K1001 and S2080.	A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, A9270, E0470, E0471, E0485, E0486, E0561, E0562, E0601, G0398, G0399, G0400, K1001, S2080
Spinal Procedures	Majority of spinal procedures are reviewed by Palladian Health (see section above). Codes listed in this section are reviewed directly by the Health Plan. The following codes are not spinal and should be processed in house: 27096, 64625 and 64445	22899, 27279, 27280
Transplants	All transplant-related services (pre-transplant [evaluation], transplant listing, transplant surgery, post-transplant services) require authorization through the Health Plan.	
Urolift		52441, 52442, C9739, C9740
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
Virtual Colonoscopy		74263
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, E2402, G0282, G0295, G0329, Q4100, K0743, K0744, K0745, K0746, 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, 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

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal. Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Y0089\_MPINFO8517AH\_C(08/2020)