

Effective October 1, 2017

General Information

- These requirements are administered by Health First Health Plans, (“Health Plans”).
- **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 *network* specialist care. Refer to the current Provider Directory or visit our website 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 myFHCA.org.
- See the *Authorization List Code Reference* for potentially-applicable procedure codes. The list is available on our website. Codes are for reference only, are not all-inclusive, and are subject to change.
- If waiting for a decision in the standard timeframe could seriously harm the member’s life, health, or ability to regain maximum function, an expedited process is available.
- **Yellow highlights** indicate changes from last version.

How to Request Authorization

- With the following exceptions, authorization requests should be submitted directly to the Health Plans.
 - **High Tech Imaging is authorized by AIM Specialty Health (AIM).** Visit aimspecialtyhealth.com to request authorization and to access guidelines
 - **Behavioral Health and Substance Abuse Services**
 - Contact Orlando Behavioral Administrators (OBA) toll-free at 1.855.847.9419.
 - **Outpatient drugs**
 - Contact Rx Plus toll-free at 1.866.943.4535.
- To request authorization from the Health Plan, submit the appropriate “Authorization Request” form or request authorization online. Include applicable codes, patient identification, and clinical information to support the request.

IMPORTANT CONTACTS FOR AUTHORIZATIONS SUBMITTED TO THE HEALTH PLAN

- Submit online requests via your secure account at myFHCA.org/myportal
- Fax medical authorization requests to: **1.855.328.0059**.
- For questions, call Customer Service toll-free at **1.844.522.5278** Monday through Friday from 8 a.m. to 5 p.m.

Hospital/Skilled Nursing Facility

Hospital Admissions

- **Contracted hospitals:**
 - All procedures included on this List require prior authorization.
 - Other inpatient admissions require notification only. Patient status must be appropriate.
 - Outpatient admissions do not require authorization or notification unless the procedure itself requires review.
- **Non-Contracted Hospitals:**
 - Elective inpatient and outpatient admissions require authorization.
 - Emergency admissions require notification only.
- **Admissions for Labor and Delivery do not require prior authorization.** *Authorization is only needed if baby admitted for medical care.*

Skilled Nursing Facility (SNF) Services

- **Inpatient SNF Services**
- **Outpatient Services During a Non-Covered Stay**
 - Covered services such as physician, diagnostic, and rehab services provided during a custodial stay.

Diagnostic Testing

Laboratory Services

- **Genetic Testing**, except standard Down Syndrome and Cystic Fibrosis screening
- **Cologuard™** for colorectal cancer screening

Radiology Services

- **Outpatient High Tech Imaging** (MRI/MRA, CT, PET) – Authorized by AIM. See “How to Request Authorization” for information.
- **Computed tomographic (CT) colonography** (virtual colonoscopy)
- **DaTscan SPECT Imaging to diagnose Parkinson’s**
- **Cardiac Loop Recorder Implantation**
- **Orthopantograms** (Panoramic X-Rays)

Other Diagnostic Services

- **Mobile Cardiac Outpatient Telemetry (MCOT)**
- **Psychological Testing** – Authorized by Magellan. See “How to Request Authorization” for information.
- **Infertility Diagnostic Services**
- **M2A Capsule Endoscopies**

Investigational Items and Services

- Any item or service potentially considered investigational or experimental must be authorized in advance, including Category B Investigational Devices covered by Medicare. Investigational services may be described by temporary Category III CPT Codes, but may be assigned a CPT or other HCPCS code. Contact us with questions.

Medical Equipment/Prosthetics/Orthotics

- **Bone Growth Stimulators (External)**
- **Cochlear Implants/ Auditory Brainstem Implants/ Bone Anchored Hearing Aids**
- **Compression Garments – Gradient compression items reported with A6531, A6532, A6545**
- **Continuous Glucose Monitoring – Long-Term**; Authorization not required for 72-hour monitoring.
- **Continuous Passive Motion Devices**
- **Cranial Molding Orthotics**
- **Customized DME** (reported with HCPCS code K0900)
- **Elastic Garments, Belts, Sleeves or Coverings**; Authorization not required for lymphedema sleeves.
- **Parenteral Nutrition**
- **External (Automatic) Defibrillator (i.e. Life Vest)**; Authorization required after the first 90 days.
- **Home PT/INR Monitor**
- **Hospital Beds (All)**
- **Lymphedema Pumps (Pneumatic Compression Devices)** Auth only required for E0652 (segmental home model with calibrated gradient pressure) every 90 days.
- **Neurostimulators**
- **Orthotics** - See Code Reference for details. Some items may be provided in certain locations or by certain specialties without authorization. Noncovered orthotics (e.g. foot orthotics) do not require authorization.
- **Oscillatory Devices for Airway Clearance**, i.e. The Vest, Intrapulmonary Percussive Ventilation (IPV)
- **External Prosthetic Devices** [not including post cancer breast prostheses]
- **Positive Airway Pressure Devices (e.g. CPAP, BIPAP, APAP)** – Required initially and every 90 days for first year. Authorization not required for supplies.
- **Quantities in Excess of Medicare Guidelines**
- **Seat/Patient Lift Mechanisms**
- **Scooters**
- **Snore Guards (Oral Appliances)**
- **Noninvasive ventilator (e.g. Trilogy Vent)**
- **Wheelchairs and Accessories**

Outpatient Therapies

Physical, Occupational and Speech Therapy

- **Children Under 9 Years of Age**
 - Prior authorization required for all therapy services except the initial evaluation.
- **Individuals 9 Years of Age or Older**
 - Prior authorization is required for more than 20 physical, occupational, or speech therapy visits per calendar year. (Each discipline considered separately.)

Cardiac and Pulmonary Rehabilitation

- **Prior authorization is required for more than 36 cardiac or pulmonary rehabilitation visits per lifetime.**

Spinal Procedures

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| <ul style="list-style-type: none"> ▪ Total Disc Arthroplasties, including removal or revision ▪ Kyphoplasties/Vertebroplasties ▪ Laminectomies ▪ Spinal Fusion | <ul style="list-style-type: none"> ▪ Spinal Instrumentation ▪ Removal of Posterior Segmental Instrumentation ▪ Thermal Intradiscal Procedures (TIPS) |
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Other Surgical Services

- **Bariatric Surgery, and any surgical procedure (i.e. hernia repair) performed with an obesity surgery**
- **Bronchial Thermoablation**
- **Intacs for Keratoconus**
- **Implantation Services** associated with devices that require prior authorization
- **Reconstructive Procedures**
 - All reconstructive procedures require prior authorization with the following exception:
 - Breast reconstruction for a cancer diagnosis does not require authorization except for the DIEP flap procedure, which must be reviewed in advance.
- **Reduction Mammoplasty**
- ~~**Sleep Apnea/Snoring Surgery [removed]**~~

Select Items and Services

- **Ambulance Services: Non-Emergency Transportation**
- **Autism Services**
 - Behavioral Health Services - Contact Orlando Behavioral Administrators (OBA) at 855-847-9419.
 - Medical Services (including outpatient therapies) - Authorized by Health First.
- **Autologous Chondrocyte Implant**
- **Dental/Maxillofacial Services**
- **EECP** (Enhanced External Counterpulsation)
- **Infertility Diagnostic Services**
- **Incontinence Procedures** including sacral nerve stimulation, tibial nerve stimulation, Renessa®.
- **Organ Transplant Services (including evaluations)**
- **Pain Pump Implantation (except for cancer diagnosis)**
- **Proton Beam Therapy**
- **Radiopharmaceutical, therapeutic, not otherwise classified**
- **Skin/Wound Care** (No authorization required for negative pressure wound therapy.)
 - Skin (dermal) substitutes, i.e. AlloSkin
 - **Negative pressure wound therapy (Wound Vac) after the first 90 days.**
 - PUVA, laser treatment
 - Electrical stimulation for non-healing wounds
- **Urolift**
- **Varicose Vein Treatment**

Out-of-Network Services

- Prior authorization is required for all items on this list, regardless of the provider's participation status. Members are responsible to ensure authorization is obtained.
- Benefits are often based on the provider's Tier. (See Plan documents for details.) For coverage to be considered at a lower Tier due to service availability, approval must be requested in advance through the prior authorization process.

Medical Drugs (drugs covered as medical benefits)

- ACTEMRA
- ACTHAR GEL
- ACTIMMUNE
- AFINITOR
- AKYNZEO
- ALPHANATE
- APOKYN
- ARANESP
- ARCALYST
- ARZERRA
- AVEED
- AVONEX
- AVYCAZ
- BENDEKA
- BENLYSTA
- BERINERT
- BLINCYTO
- BLOOD FACTORS
- BOTOX
- Buprenorphine implant
- CEREZYME
- CHEALAMIDE
- CIMZIA
- CINRYZE
- CRESEMBA
- CYRAMZA
- **DACOGEN**
- DALVANCE
- DARZALEX
- DECA-DURABOLIN
- DEPOCYT
- DIDRONEL
- DISOTATE
- DOLOPHINE HCL
- DORIBAX
- DOXIL
- ELELYSO
- EMPLOCITY
- ENDRATE
- ENTYVIO
- ERBITUX
- ETHYOL
- **EXONDYS 51**
- EYLEA - *(not required for macular degeneration or retinal edema with trial of Avastin in prior 12 months.)*
- FERAHEME
- FLOLAN
- FOLOTYN
- FUSILEV
- GAZYVA
- GLASSIA
- GRANIX
- HALAVEN
- HYCAMTIN
- ILARIS
- ILUVIEN
- IMLYGIC
- INCRELEX
- INJECTAFER
- INNOHEP
- Intravenous Immune Globulins
- ISTODAX
- IXEMPRA
- JETREA
- JEVTANA
- KALBITOR
- KANUBA
- KEYTRUDA
- KRYSTEXXA
- KYPROLIS
- **LARTRUVO**
- LEMTRADA
- LEUKINE
- LIPODOX
- LUCENTIS - *(not required for macular degeneration or retinal edema with trial of Avastin in prior 12 months.)*
- LUMIZYME
- MERITATE
- MOZOBIL
- MYOBLOC
- MYLOTARG
- MYOZYME
- NEUMEGA
- NOVANTRONE
- NOVAREL
- NUCALA
- NPLATE
- NULOJIX
- ONIVYDE
- OPDIVO
- ORBACTIV
- OSTREOSCAN
- OZURDEX
- PERJETA
- PORTRAZZA
- PROLASTIN
- PROVENGE
- RADIESSE
- REBIF
- REGITINE
- RELISTOR
- RETISERT
- RiaSTAP
- RITUXAN
- RUCONEST
- SCULPTRA
- SIGNIFOR
- SIMPONI
- SIVEXTRO
- SOLIRIS
- SOMATULINE
- SOMAVERT
- STELARA
- SUPPRELIN
- SYLVANT
- SYNAGIS
- SYNTRIBO
- TECENTRIQ
- TESTOPEL
- TORISEL
- TREANDA
- TYSABRI
- TYVASO
- VANTAS
- VECTIBIX
- VELCADE
- VIBATIV
- VIDAZA
- VIMIZIM
- VIMPAT
- Viscosupplements
- VITRASERT
- VIVAGLOBIN
- VITRASERT
- VPRIV
- XEOMIN
- XOLAIR
- YERVOY
- YONDELIS
- ZANOSAR
- ZEMIRA
- ZERBAXA
- ZEVALIN
- ZOLADEX
- ZORTRESS

Orphan Drugs

Drugs with an “orphan” designation require prior authorization.

Florida Hospital Care Advantage is administered by Health First Health Plans.