

Medical Prior Authorization List Notice of Change

This is a listing of the changes that have occurred to the Medical Prior Authorization List effective October 1, 2021. For a complete list of services and procedures that require prior authorization, please refer to the Medical Prior Authorization List (Auth List).

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.
- 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.

Services and Procedures Now Requiring Prior Authorization

Category	Codes
Genetic Testing	0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0275U, 0276U, 0277U, 0278U, 0282U
Laboratory Testing	0255U, 0259U, 0261U, 0263U
Maxillofacial Procedures and Services	K1027
Neurostimulators and Supplies	K1023
Nutritional Therapy and Supplies	S9432
Orthotics/Orthosis/Braces/Prosthetics and Accessories	K1022
Transplant Related Services	0018M
Wound Care	Q4251, Q4252, Q4253

Services and Procedures No Longer Requiring Prior Authorization

Category	Codes
Radiation Therapy	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
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