Medical Prior Authorization List Notice of Change

This is a listing of the changes that have occurred to the Medical Prior Authorization List effective July 1, 2020. 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.

**Service and Procedures Now Requiring Prior Authorization**

<table>
<thead>
<tr>
<th>Category</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac / Cardiovascular Surgery</td>
<td>C9759, C9760</td>
</tr>
<tr>
<td>Facial Surgery</td>
<td>21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21270</td>
</tr>
<tr>
<td>Genetic / Genomic Testing</td>
<td>84999, 0172U, 0173U, 0175U, 0179U</td>
</tr>
<tr>
<td>Maxillofacial Procedures and Services</td>
<td>70350</td>
</tr>
<tr>
<td>Neurostimulators and Supplies</td>
<td>E0745</td>
</tr>
<tr>
<td>Wound Care</td>
<td>Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248</td>
</tr>
</tbody>
</table>

**Services and Procedures No Longer Requiring Prior Authorization**

<table>
<thead>
<tr>
<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgical Services</td>
<td>S2083</td>
</tr>
<tr>
<td>Cardiac / Cardiovascular Surgery</td>
<td>33286</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
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