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

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General Information

- All services listed here require prior authorization from Health First Health Plans (HFHP), regardless of service location.
- Although Point of Service (POS) members can see out-of-network providers for covered services, all services listed here require prior authorization.
- HFHP does not require referrals to *network* specialists, but specialists may require a referral from a primary physician. Refer to the current Provider Directory or visit our website for a list of network providers.
- Benefits are determined by each member's plan, and some items or services on this list may not be covered. Commonly excluded services are marked with an asterisk (*). All authorizations are subject to any applicable benefit limitations and provider contract limitations.
- Services without an assigned code should be verified for coverage limitations.
- CPT codes are for reference and may not be all-inclusive.
- 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.

To Request Authorization

- With the exception of High Tech Radiology Testing, authorization requests should be submitted directly to HFHP.
- To request authorization, complete the appropriate medical or pharmacy (drug) "Authorization Request" form and fax it to us at the number(s) below. Include applicable codes, patient identification, and relevant clinical information to support the request. **Incomplete authorization forms will not be processed**
- Follow the Health First Facility (CCH, HRMC, PBCH) authorization process for elective inpatient and observation stays.

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**.
- For questions, call Customer Service at **321-434-5665** or **(800) 716-7737**.
- website - **www.healthfirsthealthplans.org**

Item/Service	Explanation/Codes
Admissions, Testing, OON Services	
All Inpatient Admissions and Outpatient Observation Stays at Hospitals Not Owned by Health First.	Inpatient admissions and outpatient observation stays at non-Health First facilities require authorization through HFHP.
Elective Inpatient Admissions and Outpatient Observation Stays at Health First Hospitals.	For services at Health First hospitals, the authorization process is integrated into the hospital admission procedure. Providers should contact the hospital directly to schedule the procedure and request authorization.
Inpatient Admissions to Skilled Nursing Facilities	
Lipoprotein Sub Classification Quantification Tests	83704
Out-of-Network (OON) Services for HMO Members (This includes Shands Health Care Network, Orlando Regional Healthcare System, Moffitt and Florida Hospital)	With the exception of emergencies or urgently-needed care outside the service area, all OON services require prior authorization for HMO members. Refer to the current Provider Directory for a list of <i>network</i> providers. All other providers are considered <i>out-of-network</i> .
Robotic-Assisted Surgery	S 2900; Note - Robotic assistance is not a medically-necessary component of any surgical procedure and the additional costs are not covered. The primary procedure may be covered if medically necessary and accessible according to network provisions of the member's plan.
Routine Obstetric Ultrasounds	Two ultrasounds for routine pregnancy allowed without authorization.
Three-Dimensional (3D) Ultrasounds and Four-Dimensional (4) Ultrasounds	76376, 76377
Selected High Tech Radiology Testing	See HFHP Diagnostic Imaging Program (through American Imaging Management) Authorization List for specific codes.
Selected Procedures and Services	
Autism Related Services (limited benefit to limited groups)	Initial treatment plan must be approved in advance. All services related to autism must be a component of the approved treatment plan to be considered for coverage.
Cardioverter Defibrillators	E0617,K0606-K0609
Cochlear Implants	69714-69718,69930,92601-92604, L8614, S2230, S2235
Cosmetic 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

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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
Genetic Testing	All genetic testing requires prior authorization.
Heart Valve Monitors	G0248-G0250
Hyperbaric Oxygen Treatments	99183
M2A Capsule Endoscopies	91110, 91111
Moh's Micrographic Surgeries	17311, 17312, 17313, 17314, 17315
Pain Management Implantable Pumps	62360-62362
Procedures for Snoring *	
• Uvullectomy	42140, S2080, 41530
• UPPP (Uvulopalatopharyngoplasty)	42145
Procedures For Urinary Incontinence*	
Pulmonary Rehabilitation Services	G0237-G0239, G0302-G0305, S9473
Radiology Services	S8030-S8055, Q0092, R0070-R0076
Renessa®	0193T
Speech Tech Aids	E1902, E2500-E2512, E2599, V5336
Substance Abuse-Related Services (limited benefit to limited groups).	
Surgical Procedures for Morbid Obesity*	43644, 43645, 43770-43774, 43842-43848, 43860,43886-43888, 0155T-0158T, 0162T, S2083
Total or Partial Hip Arthroplasty	27125-27138, S2118
Total or Partial Knee Arthroplasty	27440-27446, 27447, 27486-27488, S2300
Treatment of Varicose Veins*	
• Sclerotherapy	36470-36471
• Venous ligation	37700-37722, 37780, 37785, 37765, 37766
• Endovenous ablation (laser or radiofrequency)	36475-36479
Wound/Skin Care	
• Skin (Dermal) Substitutes, AlloSkin, per square centimeter	97605-97606, C9360 – C9364, G0281, G0329, J7350
• PUVA, Laser Treatment for Inflammatory Skin Disease	Q4101-Q4116, 96910-96922
Spinal Procedures	
Removal of Total Disc Arthroplasties	22864,22865
Revision Including Replacement of Total Disc Arthroplasties	22861, 22862
Selected Spinal Procedures	Spinal fusion: 22548-22632 Spinal instrumentation: 22840-22850 Removal of Posterior Segmental instrumentation: 22852
Thermal Intradiscal Procedures (TIPS) (limited benefit to limited groups)	62287, 22526, 22527, 0062T, 0063T, 22899, 64999
Total Disc Arthroplasties	22856, 22857
Implantation of Neurostimulator	

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Item/Service	Explanation/Codes
Gastric	95980-95982
Intracranial	61850-61875, 61885- 61888
Peripheral	64553 – 64582, 64590
Spinal	63650-63655, 63685
Special Pediatric Services	
Nemours Pediatric Specialists	All Nemours providers require prior authorization except Hematologists and Oncologists.
ORHS Pediatric Specialists	All care associated with these pediatric specialties require prior authorization.
Physical, Occupational and Speech Therapy for Children Under 9 Years of Age	No authorization is required for the initial evaluation ordered by a participating physician. Authorization <i>is</i> required for ongoing treatment.
Select Durable Medical Equipment	
<ul style="list-style-type: none"> • All Wheelchairs and Accessories (power and manual) • Bone Growth Stimulators • Certain Blood Glucose Monitors and Testing Supplies (see Explanation) • Continuous Glucose Monitoring • CPAP/BIPAP Devices, Ventilators and other Home Respiratory Equipment • Enteral Nutrition • Home Oxygen Therapy • Insulin Pumps • Lymphedema Pumps • Orthotics* • Prosthetic Devices • Scooters • Seat Lift Mechanisms • Specialty Hospital Beds • Wound Vacuum Devices 	<p>DME is often subject to coverage limitations for commercial members.</p> <p>Health First Health Plans uses Medicare guidelines to determine medical necessity of the item and quantity. In addition to the specified items, all items or quantities outside of Medicare guidelines require authorization</p> <p>With an order and appropriate documentation from a participating physician, the DME vendor may complete the required authorization request.</p> <p>Blood Glucose Monitors and Testing Supplies Abbott's Freestyle Lite, Freestyle Freedom Lite and Precision Xtra are covered without authorization. Abbott's Precision Xtra Beta Ketone strips are not generally covered and require prior authorization to be considered based on medical necessity. Monitors from any vendor other than Abbott also require prior authorization.</p> <p>Continuous Glucose Monitoring includes:</p> <ul style="list-style-type: none"> • A9276: Sensor • A9277: Transmitter • A9278: Receiver • Physician use codes: 95250 and 95251

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Investigational Services	This includes, but is not limited to, the following procedures:
Category III Codes	0016T-0027T, 0029T-0053T, 0060T-0086T, 0089T-0117T, 0123T-0151T, 0163T-0198T
HCPCS Codes	A4575, G0339-G0341, J7330, P2028, P2029, Q4080 – Q4082, S2095,S2107, S2112, S2117, S2140, S2142, S2150, S2152, S2202, S2325, S2342, S2344, S2348, S2350, S2351, S2360, S2361, S2400-S2411,S3650, S3652, S3852,S3854,S3890, S3900, S8080, S8085, S8092,S8190, S8940, S8948, S9001, S9024, S9025, S9055, S9056, S9090, S9109, S2270, S2120
Radiology and Pathology Codes	76977, 86367
Surgical Codes	22526-22527, 33975-33980, 43647-43648, 43881-43882 48160, 61630-61642
Vaccines and Toxoids	90661, 90662, 90663
Injectable/Implantable/Infusable Drugs	See formulary for other prescriptions requiring authorization
Insertion, Removal & Reinsertion of Non-Biodegradable Implant	11981-11983
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)	
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)	Q2023
• Factor IX antihemophilic factor, non-recombinant	J7193
• Factor IX complex	J7194

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• 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
FLOLAN (epoprostenol sodium)	J1325
FOLOTYN (pralatrexate)	Code not yet available.
FORTEO (teriparatide)	J3110
FUSILEV (levoleucovorin)	J0641
IMPLANON (etonogestrel implant)	J7307
INCRELEX (mecasermin)	J2170
INDIUM in-111 pentetreotide, 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)	C9252
MYOBLOC (botulinum toxin type B)	J0587
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

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REBIF (Injection, interferon beta-1A, 11mcg)	Q3026
RECLAST (zoledronic acid)	J3488
RELISTOR (methlynaltrexone)	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)	Code not yet available.
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
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
XOLAIR (omalizumab)	J2357
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 will require prior authorization.	Please contact the Pharmacy Department at 321-434-5688 for questions.

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