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*Newly published/assigned codes and new/emerging therapy services not on this list may be subject to prior authorization. Check with Health First Health Plans before providing new/emerging services.*

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## Quick links

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## General information

- Health First Health Plans does not require referrals to *network* specialists. Members have direct access to all network specialists, but specialists have the option of requiring a referral from the PCP. Please refer to the most recent Provider Directory or web site for a list of the current network providers.
- For authorization of services on this list, complete the appropriate “Authorization Request” form. Please fill this out completely, including CPT code, ICD9 code, and patient identification. Also supply enough relevant clinical information (e.g. latest office notes, late visit notes, H&Ps, consultations) to justify the requested item or service. **Incomplete authorization forms will not be processed**
- Fax all medical request forms and clinical information to the Medical Management Department at 321-434-4271, or call at 321-434-5665 for questions.
- Follow the Health First Facility (CCH, HRMC, PBCH) authorization process for elective inpatient and observation stays
- Fax all **Pharmacy** request forms and clinical information to Pharmaceutical Services at 321-434-4752, or call 321-434-5665.
- **Some services or items on this list may not be covered benefits for some of our members.** This depends on their or their employer’s insurance contract with us. Commonly excluded services are marked with an asterisk (\*). All authorizations are subject to any applicable benefit limitations and provider contract limitations.
- Although Point of Service members can choose to see out of network providers without an authorization to see the provider, all services listed on this authorization list require an authorization for all lines of business, including our Point-of-Service members.
- This authorization list can be modified at any time. *CPT codes are for reference and may not be all-inclusive.*

\* Asterisks indicate services that are not usually covered.

**Yellow highlights** indicate changes from the last version of this list.

Item/Service	Explanation/Codes
<b>Admissions, Testing, OON Services</b>	
<b>Inpatient admissions and 23-hour observation stays at hospitals not owned by Health First.</b>	All inpatient admissions and 23-hour observation stays at non-Health First facilities require authorization.
<b>Elective inpatient admissions and 23-hour observation stays at Health First Facilities</b>	Elective inpatient and observation stays at Health First Facilities require authorization through the facilities. The authorization process has been integrated into the current Health First Facility admission process. Providers should contact the facility directly to schedule the procedure and initiate the authorization process. <b>This change will take effect for admissions on or after June 1, 2008.</b>
*NOTE: All services specifically listed on this Authorization List require prior authorization directly through HFHP, regardless of service location.	
<b>Out-of-Network (OON) services</b> (This includes Shands Health Care Network, Orlando Regional Healthcare System, Moffitt and Florida Hospital)	<b>All OON services require prior authorization.</b> This includes (but is not limited to) inpatient admission, and outpatient services such as laboratory tests, imaging studies, and physician/allied health care provider services. Please refer to the most recent Provider Directory for a list of the current <i>network</i> providers. All other providers should be considered <i>out-of-network</i> .
<b>Inpatient admission to a Skilled Nursing Facility</b>	
<b>Selected high tech radiology testing</b>	See HFHP Diagnostic Imaging Program (thru American Imaging Management) Authorization List for specific codes.
<b>Routine obstetric ultrasound</b>	Two ultrasounds for routine pregnancy allowed without authorization.
<b>Lipoprotein sub classification quantification tests</b>	83704
<b>Selected Procedures and Services</b>	All care associated with these procedures requires authorization.
<b>M2A capsule endoscopy</b>	91110, 91111
<b>EECP</b>	92971, G0166
<b>Procedures for snoring *</b>	
• Uvullectomy	42140, 0088T, S2080
• UPPP	42145
<b>Cosmetic procedures*</b>	
• Excision of skin and subcutaneous tissue (includes lipectomy and panniculectomy)	15819, 15824-15829, 15830-15839, 15847, 00802
• Blepharoplasty	00103, 15820-15823, 67900-67909, 67916, 67917, 67923, 67924
• Mammoplasty	00402, 11920, 11921, 11970, 11971, 19300, 19316-19357, 19370-19396, S2066-S2068
• Otoplasty	69300
• Rhinoplasty	30400-30462

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Item/Service	Explanation/Codes
<b>Treatment of Varicose Veins*</b>	
• Sclerotherapy	36470-36471
• Venous ligation	37700-37722, 37780, 37785, 37765, 37766
• Endovenous ablation (laser or radiofrequency)	36475-36479
<b>Moh's Micrographic Surgery</b>	17311, 17312, 17313, 17314, 17315
<b>Care Level Management</b>	Requires prior authorization.
<b>Surgical procedures for morbid obesity*</b>	43644, 43645, 43770-43774, 43842-43848, 43860,43886-43888, 0155T-0158T, 0162T, S2083
<b>Total or partial hip arthroplasty</b>	27125-27138
<b>Total or partial knee arthroplasty</b>	27440-27446, 27447, 27486-27488, S2300
<b>Cardioverter Defibrillators</b>	E0617,K0606-K0609
<b>Cochlear Implant</b>	69714-69718,69930,92601-92604, L8614, S2230, S2235
<b>Developmental Testing</b>	96110, 96111, 96125
<b>Dental/Maxillofacial</b>	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
<b>Genetic Testing</b>	S3800-S3855
<b>Heart Valve Monitors</b>	G0248-G0250
<b>Pain Management Implantable Pumps</b>	62360-62362
<b>Pulmonary Rehab</b>	G0237-G0239, G0302-G0305, S9473
<b>Radiology</b>	S8030-S8055, Q0092, R0070-R0076
<b>Speech Tech Aids</b>	E1902, E2500-E2512, E2599, V5336
<b>Wound Care</b>	97605-97606, G0281, G0329, J7340-J7346, J7350
<b>Hyperbaric Oxygen treatments</b>	99183
<b>Spinal Procedures</b>	
Total disc arthroplasty (artificial disc) including discectomy	22857
Revision including replacement of total disc arthroplasty (artificial disc)	22862
Removal of total disc arthroplasty (artificial disc)	22865
Selected Spinal Procedures	Spinal fusion .....22548-22632 Spinal instrumentation .....22840-22851
<b>Implantation of Neurostimulator</b>	
<b>Intracranial</b>	61850-61875, 61885- 61888
<b>Spinal</b>	63650-63655, 63685
<b>Peripheral</b>	64553 – 64582, 64590
<b>Gastric</b>	95980-95982

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<b>Special Pediatric Services</b>	
<b>Physical, Occupational and Speech Therapy for children under 9 years of age</b>	No authorization is required for the initial evaluation ordered by a participating physician. Authorization <i>is</i> required for ongoing treatment.
<b>ORHS pediatric specialists</b>	All care associated with these pediatric specialties require prior authorization.
<b>Nemours pediatric specialists</b>	All Nemours providers require prior authorization except Hematologists and Oncologists.
<b>Select durable medical equipment</b>	
<ul style="list-style-type: none"> <li>All wheelchairs and accessories (power and manual)</li> <li>Scooters</li> <li>Bone growth stimulators</li> <li>Specialty hospital beds</li> <li>Home oxygen therapy</li> <li>CPAP/BIPAP devices, ventilators and other home respiratory equipment</li> <li>Insulin pumps</li> <li>Orthotics*</li> <li>Prosthetic devices</li> <li>Enteral nutrition</li> <li>Seat lift mechanisms</li> <li>Lymphedema pumps</li> <li>Wound vacuum devices</li> </ul>	<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>
<b>Investigational Services</b>	This includes, but is not limited to, the following procedures:
<b>Surgical Codes</b>	22526-22527, 33975-33980, 43647-43648, 43881-43882 48160, 61630-61642
<b>Radiology and Pathology Codes</b>	76977,86367,
<b>Vaccines and Toxoids</b>	90698, 90661, 90662, 90663, 90696
<b>Category III Codes</b>	90016T-0027T, 0029T-0053T, 0060T-0086T, 0089T-0117T, 0123T-0151T, 0163T-0182T,
<b>HCPCS Codes</b>	A4575, G0339-G0341, J7330, P2028, P2029, Q4080 – Q4082, S2095,S2107, S2112, S2117, S2140, S2142, S2150, S2152, S2202, S2325, S2342, S2344, S2348, S2350, S2351, S22360, S2361, S2400-S2411,S3650, S3652, S3852,S3854,S3890, S3900, S8080, S8085, S8092,S8190, S8940, S8948, S9001, S9024, S9025, S9055, S9056, S9090, S9109
<b>Injectable/Implantable/Infusable Drugs</b>	See formulary for other prescriptions requiring authorization
Insertion, removal & reinsertion of non-biodegradable implant	11980-11983
<b>APOKYN (apomorphine)</b>	<b>J0364</b>
<b>ARANESP (darbepoetin alfa)</b>	J0881, J0882

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AVASTIN (bevacizumab)	J9305
AVONEX (interferon Beta 1-A 33 mcg)	J1825
AVONEX (interferon Beta 1-A 11 mcg )	Q3025
<b>BLOOD CLOTTING FACTORS:</b>	
• HUMATE-P Von Willebrand factor complex	J1787
• Factor VIIa antihemophilic factor, recombinant	J7189
• Factor VIII antihemophilic factor, human	J7190
• Factor VIII antihemophilic factor, porcine	J7191
• Factor VIII antihemophilic factor, recombinant	J7192
• Factor IX antihemophilic factor, non-recombinant	J7193
• Factor IX complex	J7194
• Factor IX antihemophilic factor, recombinant	J7195
<b>ACTHAR GEL (corticotropin injection)</b>	<b>J0800</b>
Antithrombin III, human	J7197
Anti Inhibitor	J7198
BONIVA (ibandronate)	J1740
BOTOX (botulinum toxin Type A)	J0585
CAVERJECT (alprostadil)	J0270
DECA-DURABOLIN (nandrolone decanoate)	J2320, J2321, J2322
DEPO-CYT (cytarabine liposomal)	J9098
DIDRONEL (etidronate disodium)	J1436
DOLOPHINE (methadone injection)	J1230
ENDRATE (edetate disodium)	J3520
<b>FLOLAN (epoprostenol injection)</b>	<b>J1325</b>
FORTEO (teriparatide)	J3110
<b>IMPLANON (etonogestrel implant)</b>	<b>J7307</b>
INNOHEP (tinzaparin sodium)	J1655
LEUKINE (sargramostim)	J2820
LEVULAN (aminolevulinic acid topical)	J7308
<b>LUCENTIS (ranibizumab)</b>	<b>J2778</b>
LUPRON (leuprolide acetate)	J1950, J9217, J9218
MYOBLOC (botulinum toxin type B)	J0587
<b>MYOZYME (alglucosidase alfa)</b>	<b>J0220</b>
NEUMEGA (oprelvekin)	J2355
<b>ORENCIA (abatacept injection 10 mg)</b>	<b>J0129</b>

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POLYLACTIC ACID RESTORATIVE IMPLANT (Face)	S0196
PROLASTIN, ZEMAIRA (alpha 1-proteinase inhibitor, human)	J0256
RAPTIVA (efalizumab)	S0162
REBIF (Injection, interferon beta-1A, 11mcg)	Q3026
<b>RECLAST (zoledronic acid injection)</b>	<b>J3488</b>
RESTISERT (fluocinolone acetonide intravitreal insert)	J7311
RITUXAN (rituximab for RA or in combination w/ Zevalin)	J9310
<b>SOLIRIS (eculizumab)</b>	<b>J1300</b>
STADOL	
• (injection butorphanol tartrate)	J0595
• (nasal spray, butorphanol tartrate)	S0012
SUPPRELIN (injection histrelin acetate)	J1675
<b>SUPPRELIN (histrelin implant 50 mg kit)</b>	<b>J9226</b>
SYNAGIS (Palivizumab-rsv-igm)	C9003
TESTOPEL (Testosterone pellet)	S0189
TESTOSTERONE INJECTIONS	J1070, J1080, J3120, J3130, J3140, J3150
<b>TYSABRI (natalizumab)</b>	<b>J2323</b>
VANTAS (Histrelin implant)	J9225
<b>VECTIBIX (panitumumab)</b>	<b>J9303</b>
VIADUR (Leuprolide acetate implant, 65mg)	J9219
VITRASERT (Ganciclovir, 4.5mg, long-acting implant)	J7310
VIVAGLOBIN (immune globulin, subcutaneous)	J1562
ZEVALIN	
• (Yttrium Y-90 ibritumomab tiuxetan)	A9543
• (Indium In-111 ibritumomab tiuxetan)	A9542
ZOLADEX (Goserelin acetate implant, per 3.6 mg)	J9202
<b>Orphan drugs: Medications either approved or designated as orphan drugs will require prior authorization.</b>	<b>Please contact the Pharmacy Department at 321-434-5688 for questions.</b>

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