

Prior Authorizations

Certain services require prior authorization before Health First Health Plans/Advent Health Advantage Plans will cover their costs. Generally, in-network health care providers submit prior authorization requests on behalf of their patients, although members may contact their Care Team at (HFHP: 855.443.4735 or AHAP: 844.522.5279) to initiate authorization requests in some out-of-network cases. The prior-authorization process is part of the Utilization Review (UR) activities. Utilization Review is the assessment performed to determine if a medical, behavioral, or pharmacy service meets medical necessity criteria for coverage.

Please note, prior authorizations through the Utilization Review process are not intended to provide medical advice or medical care. Medical advice and care should be discussed with treating providers.

Prior Authorization Submission: Medical

To confirm authorization requirements for a specific code or service, or to submit an authorization request, in-network Health Care Providers can use the Provider Portal at provider.hioscar.com or call the provider team (AHAP: 844.522.5278 or HFHP: 844.522.5282). Providers can use this same phone number to request authorization and check the status of an existing authorization. For services that are delegated for utilization review, you will be transferred to or instructed to contact the appropriate vendor. Providers may also request authorization by faxing the Authorization Request Form located in the Provider Manual.

The requesting provider is required to submit the following information when requesting an authorization:

- Member information (name, Member ID, date of birth).
- Facility (if applicable).
- Referring and treating provider name, National Provider Identifier (NPI), and Taxpayer Identification Number (TIN).
- Treatment information including diagnostic and/or procedure codes, requested amount and length of treatment(s).

Clinical information relevant to the authorization request will be requested and may include clinical notes including consultation notes, labs, radiology, and other health pertinent information.

All determinations or requests for more information in order to make an initial UR determination are made in a timely fashion appropriate for the member's specific condition, not to exceed the timeframes required by NCQA, state, and/or federal regulations. Decisions are

communicated both verbally and/or in writing to providers and members, as required by regulations.

Prior-Authorization Submission: Pharmacy

Health First Health Plans/AdventHealth Advantage plans use CVS/caremark to provide and coordinate the outpatient prescription drug benefit. Formularies are dynamic documents and can be accessed at hioscar.com/search.

- A drug authorization can be initiated at <https://www.covermyeds.com/epa/caremark> or faxed to: **1.844.814.2259** for Specialty Drug requests, or **1.844.814.2258** for Non-Specialty Drug requests.

Definitions

Utilization Review: A system for Prospective, Concurrent, or Retrospective review of the Medical Necessity and appropriateness of health care services and a system for Prospective, Concurrent, or Retrospective review to determine the Experimental or Investigational nature of health care services. The term does not include a review in response to an elective request for clarification of coverage.

Prospective Review: A request for Precertification conducted prior to a health care service, admission or treatment in accordance with requirement that the health care service, admission or course of treatment, in whole or in part, be approved prior to its provision.

Concurrent Review: A Utilization Review for ongoing health care or for an extension of treatment beyond previously approved health care conducted during a patient's hospital stay or course of treatment.

Retrospective Review: For the purposes of this UM Program, any review, for coverage purposes, of Medical Necessity conducted after services have been provided to a member. A form of Utilization Review for health care services that have been provided to a member. Retrospective Review does not include review of services for which Prospective or Concurrent Utilization Review was previously conducted or should have been previously conducted.

Health Care Provider: A person, corporation, facility, or institution that is:

- Licensed by a state to provide or is otherwise lawfully providing health care services; and
- Eligible for independent reimbursement for those health care services.

Includes a doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice.

Prior-Authorization Requirements

All requirements are effective as of 1/1/2022.

Authorization List	
Category	Subcategories
Inpatient Admissions	<ul style="list-style-type: none"> ▪ Acute/Elective Hospital ▪ Hospice ▪ Long-term Acute Care ▪ Rehabilitation, Acute/Subacute ▪ Skilled Nursing Facility
Behavioral Health & Substance Use Disorder	<ul style="list-style-type: none"> ▪ All Inpatient Admissions (Non-emergent) <ul style="list-style-type: none"> ▪ Acute hospital ▪ Acute / Subacute rehabilitation ▪ Residential treatment ▪ Skilled nursing facility ▪ Adaptive behavior assessment & therapy ▪ Applied behavioral analysis (ABA) ▪ Detoxification programs ▪ Electroconvulsive treatment (ECT) ▪ Extended office visits ▪ Intensive outpatient treatment ▪ Outpatient psychiatric testing ▪ Partial hospitalization treatment ▪ Transcranial magnetic stimulation (TMS)
Pharmaceuticals	<p>Physician-Administered Drugs (e.g., Botulinum toxin, intravenous Immunoglobulin, amifostine, leucovorin calcium, peginesatide)</p> <p>Physician-Administered Drug authorization requests under the Medical benefit are reviewed. To learn</p>

	<p>weather a they require review, check the Clinical Guideline: Preferred Physician-Administered Specialty Drugs (CG052) or call 855.672.2755.</p> <p>To learn whether a Prescription medication on the Pharmacy benefit requires auth, call 855.672.2755.</p>
<p>Site of Care</p>	<ul style="list-style-type: none"> ▪ Imaging ▪ Outpatient procedures ▪ Physician-Administered Drugs
<p>Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies</p>	<p>High cost DME (Please call AHAP: 844.522.5278 or HFHP: 844.522.5282) if a particular item requires PA)</p> <ul style="list-style-type: none"> ▪ Bone growth stimulators ▪ Braces and Orthoses ▪ Continuous glucose monitors / insulin pumps ▪ Hearing aids ▪ Hearing implants (cochlear, BAHA) ▪ Hospital beds, including mattresses and overlays ▪ Hospital grade breast pumps ▪ Negative pressure wound therapy pumps ▪ Noninvasive positive pressure ventilation (CPAP, BiPAP) ▪ Powered wheelchairs and ambulatory devices ▪ Ocular and corneal Implants ▪ Oxygen therapy ▪ Parenteral and enteral pumps and supplies ▪ Prostheses ▪ Speech devices ▪ Wearable defibrillators
<p>Rehabilitative & Habilitative Services</p>	<p>Home Health Services</p> <ul style="list-style-type: none"> ▪ Home health aide ▪ Occupational therapy ▪ Physical therapy ▪ Private duty nursing ▪ Skilled nursing ▪ Social work ▪ Speech therapy <p>Outpatient</p> <ul style="list-style-type: none"> ▪ Occupational therapy ▪ Physical therapy
<p>Treatments & Procedures</p>	<ul style="list-style-type: none"> ▪ Anesthesia

	<ul style="list-style-type: none"> ▪ Deep Sedation w/ endo/colonoscopy ▪ General w/ endo/colonoscopy ▪ Monitored w/ endo/colonoscopy ▪ Apheresis ▪ Cardiovascular <ul style="list-style-type: none"> ▪ Ablation for arrhythmia ▪ Percutaneous Coronary Intervention Angioplasty & stenting ▪ Cardiac catheterization ▪ Electrophysiology studies ▪ Implantable cardiac devices ▪ Varicose vein treatment ▪ Chiropractic Services ▪ Digestive <ul style="list-style-type: none"> ▪ Bariatric surgery ▪ Gastric neurostimulators ▪ Eye <ul style="list-style-type: none"> ▪ Blepharoplasty ▪ Brow ptosis repair ▪ Refractive surgery ▪ Gene Therapy ▪ Gender Affirmation / Sex Reassignment Surgery ▪ Gynecologic <ul style="list-style-type: none"> ▪ Transabdominal Cerclage ▪ Vulvectomy ▪ Head & Neck <ul style="list-style-type: none"> ▪ Nasal/Sinus endoscopic procedures ▪ Otoplasty ▪ Orthognathic jaw surgery ▪ Rhinoplasty ▪ Temporomandibular joint (TMJ) surgery ▪ Uvuloplasty ▪ Home Births ▪ Hyperbaric Oxygen Therapy ▪ Infertility Services <ul style="list-style-type: none"> ▪ Assisted reproductive technologies (IVF, GIFT, ZIFT) ▪ Cryopreservation ▪ Interventional Pain Procedures <ul style="list-style-type: none"> ▪ Epidurals ▪ Facet joint injections ▪ Implantable drug delivery ▪ Regional blocks ▪ Spinal cord / Neuromuscular stimulators ▪ Trigger point injections ▪ Medical Oncology
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<p>Tests & Evaluations</p>	<ul style="list-style-type: none"> ▪ Advanced Imaging <ul style="list-style-type: none"> ▪ Angiography ▪ Cardiac imaging (e.g., echo) ▪ CT scans ▪ MRI ▪ PET scans ▪ Stress tests ▪ Vascular ultrasounds (duplex study) ▪ Attended Sleep Studies <ul style="list-style-type: none"> ▪ Polysomnography ▪ Split night studies ▪ Genetic Testing

	<ul style="list-style-type: none"> ▪ Cancer diagnosis ▪ Carrier status ▪ Disease prediction ▪ Non-cancer diagnosis ▪ Non-medical genetic testing ▪ Pharmacogenomic testing ▪ Preimplantation genetic screening ▪ Prenatal genetic screening
Transportation	<ul style="list-style-type: none"> ▪ Non-Emergency Transportation <ul style="list-style-type: none"> ▪ Ambulettes ▪ Air ambulances ▪ Ground ambulances ▪ Water ambulances
Unlisted Services	Inclusive of behavioral, medical, and pharmaceutical services