

## Medical Prior Authorization List

For prescription drug requirements,  
Please refer to the plan's formularies.

Effective: Oct 10, 2022

### General Information

- Health First Health Plans (Health Plan) administers these requirements.
- Benefits are determined by the plan. Items listed may have limited coverage or may not be covered at all.
- All items and services on this list require prior authorization regardless of the service location, plan type or provider participation status.
- Referrals are not required for in-network specialist care. Refer to the current Provider Directory or visit our website at [myHFHP.org](http://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.
- This document is updated periodically but may change at any time. Please refer to the current version by visiting our website at [myHFHP.org](http://myHFHP.org).
- Changes from the previous version are available on the Health First Health Plans Medical Prior Authorization Notice of Change document located by visiting [myHFHP.org](http://myHFHP.org).

### How to Request Authorization

With the below exceptions, authorization requests should be submitted directly to Oscar Insurance Company. To confirm authorization requirements for a specific code or service or to submit an authorization request, use Oscar's Provider Portal at <https://provider.hioscar.com> or use the below phone numbers in this section. Providers can call 855-443-4735 for Individual & Family Plan (IFP) and 800-716-7737 for Medicare Advantage (MA) to request authorization and check the status of an existing authorization.

For services where Oscar delegates utilization review, you will be transferred to or instructed to contact the appropriate vendor.

For authorization requests handled by Oscar, providers may also request authorization by faxing the Authorization Request Form which can be found at [Providers | Authorizations](#).

- Behavioral Health & Substance Abuse are subject to the policies and procedures of Optum. To access Optum's clinical criteria and authorization request forms, please visit: <https://www.liveandworkwell.com?pin=HealthFirst> for IFP and

<https://www.liveandworkwell.com?pin=HealthFirstMA> for MA

- eviCore Healthcare authorizes genetic testing, nuclear medicine procedures, interventional pain procedures, high-tech imaging (including cardiac imaging/testing), and sleep related services/devices. Authorization may be requested by calling 877.825.7722 or by visiting their provider portal at <https://www.evicore.com/resources/healthplan/healthfirsthealthplans>. eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.
- If you are a non-participating provider or encounter issues submitting via the online provider portal, please fax your authorization request to 844-965-9053 for IFP and 833-554-9046 for MA. For additional assistance you may also call the Concierge team at 800-716-7737 for MA and 855-443-4735 for IFP

## Out-Of-Network Services

- For HMO members, all out-of-network services, except for emergent/urgent needed care or renal dialysis for Medicare members, require authorization.
- For POS/PPO members (plans with out-of-network coverage), authorization is required for out-of-network services only if the service is listed in the below chart, or if an in-network exception is being requested. If an in-network exception is being requested, please include details regarding the reason for the exception request (e.g. services not available in-network, continuity of care, etc.).

## Prior Authorization List

Please note, the Prior Authorization List may vary by Line of Business, so certain codes noted below may only require prior authorization for one LOB. To confirm authorization requirements for a specific code or service, use Oscar's Provider Portal at <https://provider.hioscar.com> or call 855-443-4735 for Individual & Family Plan (IFP) and 800-716-7737 for Medicare Advantage (MA) Plans.

Category	Additional Info	Codes
Airway Clearance Devices	The Vest, Intrapulmonary Percussive Ventilation (IPV)	E0482, E0483
Air Transportation (non emergent)	Non-urgent ambulance transportation by air between specified locations.	A0140, A0430, A0431, A0435, A0436, S9960, S9961
Apheresis		J1551, J2998

Bariatric Surgery		43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43881, 43882, 43886, 43887, 43888
Behavioral Health	Review requirements (prior authorization, concurrent, and/or retrospective review) for Behavioral Health & Substance Abuse are subject to the policies and procedures of Optum. To access Optum's clinical criteria and authorization request forms, please visit: For IFP: <a href="https://www.liveandworkwell.com?pin=HealthFirst">https://www.liveandworkwell.com?pin=HealthFirst</a>  For MA: <a href="https://www.liveandworkwell.com?pin=HealthFirstMA">https://www.liveandworkwell.com?pin=HealthFirstMA</a>	90837, 90867, 90868, 90869, 90870, 90899, 96127, 96130, 96131, 96136, 96137, 96138, 96139, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 99344, 99345, 99350, 99499, 0362T, 0373T, H0031, H0032, H0037, H0040, H2012, H2014, H2019, T1024
Bone Growth Stimulators		E0747, E0748, E0749, E0760
Breast Related Surgeries		19305, 19306, 19361, 19364, 19367, 19368, 19369, C1789, L8600
Cardiac Testing, Procedures and Surgery		32160, 32659, 33020, 33025, 33030, 33031, 33050, 33120, 33130, 33140, 33141, 33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33265, 33266, 33285, 33286, 33300, 33305, 33320, 33321, 33322, 33330, 33335, 33340, 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33418, 33419, 33420, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33477, 33478, 33496, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33572, 33600, 33602, 33606, 33608, 33610,

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Category III Codes / New Technology	These codes may be considered experimental and/or investigational and may not be covered by the Health Plan.	S9090, S8948, S2202, Q0506, Q0504, Q0503, Q0502, Q0501, Q0500, Q0499, Q0498, Q0497, Q0496, Q0495, Q0494, Q0493, Q0492, Q0491, Q0490, Q0489, Q0488, Q0487, Q0486, Q0485, Q0484, Q0483, Q0482, Q0481, Q0480, Q0479, Q0477, L8605, E0766, E0446, 0654T, 0652T, 0647T, 0552T, 0466T, 0461T, 0459T, 0456T, 0455T, 0452T, 0451T, 0449T, 0235T, 0191T, 96922, 96921, 96920
Chimeric Antigen Receptor T Cell Therapy (CAR-T)	All services related to CAR-T therapy require prior authorization regardless if the code is listed here or not.	Q2055, Q2054, Q2053, Q2042, C9081, C9076, 0540T, 0539T, 0538T, 0537T, C9098, Q2056
Clinical Trials	All services related to a clinical trial require authorization through the Health Plan. This includes services that would typically go through other vendors such as eviCore.	
Compression Garments		29581, 29584
Continuous Glucose Monitors and Supplies		A9274, A9276, A9277, A9278, E0784, E0786, K0553, K0554, K0554, S5570, S5571
Cranial Remolding Device		S1040

Dental Services	Any dental (tooth related) service requires prior authorization regardless if the code is listed or not on this list (also see the Maxillofacial section below).	
Diabetic Test Supplies	<p>If supplies will be obtained through a pharmacy, please see formulary at <a href="http://myHFHP.org">myHFHP.org</a> . No authorization is required for Roche products (Accu-Check). For all other brands, please submit an exceptions request electronically via <a href="http://www.covermymeds.com">www.covermymeds.com</a>, by fax (1-844-814-2259), or by phone (1-855-672-2755)</p> <p>If supplies will be obtained through DME, please submit authorization via Oscar's Provider Portal at <a href="https://provider.hioscar.com">https://provider.hioscar.com</a>, call 844-522-5278 or by faxing the Authorization Request Form located at <a href="#">Providers   Authorizations</a> to 844-965-9053 for IFP and 833-554-9046 for MA.</p> <p>**Please note that for plans with \$0 cost share, all preferred diabetic test meters and supplies must be obtained from Health First Family Pharmacy to be covered.**</p>	A9275,, E2100, S5560, S5561
Drug Testing		0111U
Durable Medical Equipment (DME)		99190, 99191, 99192, A4459, E0170, E0217, E0218, E0236, E0500, E0565, E0574, E0575, E0604, E0610, E0615, E0618, E0619, E0849, E0855, E0856, E0910, E0920, E0930, E0941, E0946, E0947, E0948, E1399, E1635, E1700, E2000, K0108, K0730
Extension/Flexion Devices	Dynasplint	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1825, E1830, E1831

Ear / Hearing Related Devices, Surgery, Testing	Otoplasty, Cochlear implant, auditory implant, bone anchored hearing aid	69300, 69320, 69930, 95992, E2120, S2230, S2235, V5030, V5040, V5050, V5060, V5070, V5080, V5095, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5267, V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290, V5298
External Defibrillator	LifeVest	93745, K0606, K0607, K0608, K0609, E0617
Eye Related Surgery	Intacs, Blepharoplasty, Entropion repair, Ectropion repair	15820, 15821, 15822, 15823, 65760, 65765, 65767, 65771, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, J0178, J2503, J2778, J3396, J3398, J7311, J7312, J7313, J7316, S0515, S0800, S0810, V2785, V2790
Eye and Ear Implants and Accessories		C1783, L8609, L8610, L8612, L8613, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, L8629, L8690, L8691, L8692, L8693, S0596, J2779
Gastrectomy	Non-bariatric (surgical treatment for GERD)	43620, 43621, 43622, 43631, 43632, 43633, 43634, 91299
Gender Reassignment	Codes may not be exclusive to Gender Reassignment.	37241, 37242, 37243, 37244, 42140, 53400, 53405, 53410, 53415, 53420, 53425, 53430, 54120, 54125, 54130, 54135, 54520, 54522, 54660, 54690, 55175, 55180, 55970, 55980, 56620, 56625, 56630, 56631, 56632, 56633, 56634, 56637, 56640, 56800, 56805, 57106, 57107, 57109, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 57426

<p>Genetic Testing</p>	<p>Due to the frequency of new genetic tests coming to market, individual codes that require prior authorization will not be listed here. Please visit eviCore’s site at <a href="https://www.evicore.com/resources/healthplan/healthfirstthehealthplans">https://www.evicore.com/resources/healthplan/healthfirstthehealthplans</a></p> <p>Once there, click on “Lab Management Code List” for the most up to date listing of codes that require prior authorization. You may be required to enter the health plan name in the search area. Please search under “Health First Florida Plans”.</p> <p>If the code is labeled “Requires Prior Authorization”, please submit your prior authorization request directly to eviCore. You may contact eviCore by phone at 877.825.7722 or via website at <a href="https://www.evicore.com/resources/healthplan/healthfirsthealthplans">https://www.evicore.com/resources/healthplan/healthfirsthealthplans</a></p> <p>If the code is labeled “Review in Panel” these codes will only require prior authorization through eviCore if any code within the panel is labeled “Requires Prior Authorization”. If none of the codes within the panel are labeled “Requires Prior Authorization”, please submit your request directly to the Health Plan for review.</p> <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.</p>	
<p>Gynecologic Treatment / Procedures</p>		<p>57280, 57305, 57307, 57308, 57311, 57531, 57540, 57545, 58140, 58146, 58150, 58152, 58180, 58200, 58210,</p>



		58267, 58275, 58280, 58285, 58400, 58410, 58520, 58540, 58548, 58575, 58605, 58611, 58700, 58720, 58740, 58750, 58752, 58760, 58822, 58825, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58957, 58958, 58960, 59120, 59121, 59130, 59135, 59136, 59140, 59350, 59830, 59850, 59851, 59852, 59855, 59856, 59857
Head & Neck Treatment / Procedures	These codes only require PA for Medicare LOBs.	20661, 20664, 21045, 21179, 21180, 21343, 21344, 21510, 21620, 21627, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31725, 31760, 31766, 31770, 31775, 31780, 31781, 31786, 31800, 31805, 32501, 32665, 35001, 35002, 35182, 35189, 35508, 35642, 35701, 35800, 35901, 38380, 38381, 38382, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 42845, 42953, 42961, 42971, 43045, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43279, 43283, 43286, 43287, 43288, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 43340, 43341, 43351, 43352, 43360, 43361, 43400, 43405, 43410, 43415, 43425, 43460, 59325, 60254, 60270, 60505, 60521, 60522, 60600, 60605, 61105, 61107, 61108, 61120, 61140, 61150, 61151, 61154, 61156, 61210, 61250, 61253, 61304, 61305, 61312, 61313, 61314, 61315, 61316, 61320, 61321, 61322, 61323, 61333, 61340, 61343, 61345, 61450, 61458, 61460, 61500, 61501, 61510, 61512, 61514, 61516, 61517, 61518, 61519, 61520, 61521, 61522, 61524, 61526, 61530, 61531, 61533, 61534, 61535, 61536, 61537, 61538, 61539, 61540, 61541, 61543, 61544, 61545, 61546, 61548, 61550, 61552, 61556, 61557, 61558, 61559, 61563, 61564, 61566, 61567, 61570, 61571, 61575, 61576, 61580, 61581, 61582, 61583, 61584, 61585, 61586, 61590, 61591, 61592, 61595, 61596, 61597, 61598, 61600,

		<p>61601, 61605, 61606, 61607, 61608, 61611, 61613, 61615, 61616, 61624, 61630, 61635, 61645, 61650, 61651, 61735, 61760, 62005, 62010, 62100, 62115, 62117, 62120, 62121, 62140, 62141, 62145, 62146, 62147, 62148, 62161, 62162, 62164, 62165, 62180, 62190, 62192, 62200, 62201, 62220, 62223, 62256, 62258, 69535, 69950</p>
<p>High-Tech Imaging (CT, CTA, MRI, MRA, PET, 3D rendering; including select cardiac imaging/testing)</p>	<p>For all high-tech imaging requests, please contact eviCore by phone at 877.825.7722 or via website at <a href="https://www.evicore.com/resources/healthplan/healthfirsthealthplans">https://www.evicore.com/resources/healthplan/healthfirsthealthplans</a></p> <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.</p>	<p>70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75572, 75573, 75574, 75635, 76376, 76377, 76380, 76390, 76391, 76497, 76498, 76978, 77021, 77046, 77047, 77048, 77049, 77078, 77084, 78811, 78813, 78814, 78816, 93350, 93351, 93352, 0042T, 0220U, 0331T, 0332T, 0501T, 0502T, 0503T, 0504T, 0609T, 0610T, 0611T, 0612T, 0623T, 0624T, 0625T, 0626T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, 0649T, 0697T, 0698T, 0710T, 0711T, 0712T, 0713T, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C9762, C9763, G0219, G0235, S8037, S8042, S8085, S8092, A9596, A9601</p>

Home Health Services		G0152, G0158, G0160, G2169, S9122, S9129, T1021
Home Birth	All home birth requests require prior authorization.	
Hospice	Outpatient (in-home) hospice care does not require prior authorization. Inpatient hospice care requires authorization for all lines of business.	
Hospital Beds and Accessories		E0193, E0194, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0271, E0272, E0277, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0462, E0911, E0912, E0940
Hyperbaric Oxygen Therapy		A4575, G0277, 99183
In-Home Safety Assessment and Support Services	Benefit is only available to Health First Health Plans MA plans (Classic, Value, Rewards, and Secure). Not a covered benefit for the AdventHealth MA plans.  In-home Safety Assessments limited to 1 hour every calendar year post-hospitalization. In-home support services limited to 4 hours every calendar year post-hospitalization.	T1021, T1030, T1031
Incontinence Procedures		64561, 64566, 64581, 64585, 64590, 64595

<p>Inpatient Hospital Stays</p>	<p>Any elective service to be performed under inpatient status requires prior authorization. This applies to both in network and out-of-network facilities.</p> <p>Any service that is categorized as inpatient only on the CMS Inpatient Only List, but is being performed as <i>outpatient</i>, requires prior authorization.</p> <p>Please reference CMS.gov for the most up to date Inpatient Only List. Inpatient only services have an OPPS status indicator (SI) of "C" listed in addendum of each year's OPPS/ASC final rule.</p> <p>Emergent inpatient admissions (both in and out-of-network) require notification only.</p>	
<p>Labor and Delivery Admissions</p>	<p>Authorization is only needed if the newborn is admitted for medical care after birth or for labor/delivery at an out of network facility.</p>	
<p>Long Term Acute Care Facilities (LTAC) and Inpatient Rehabilitation</p>	<p>All LTAC and Inpatient Rehabilitation requests require authorization.</p>	
<p>Lymphedema Pump and Supplies</p>		<p>E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676</p>

<p>Maxillofacial Procedures and Services</p>	<p>Please refer to the member contract for specific covered and excluded services. If the request is dental (tooth) related, authorization is required regardless if the code is listed here or not (all dental "D" codes require prior authorization). In addition, certain oral/maxillofacial providers require authorization for all services. Please contact the Concierge team at 800-716-7737 for MA and 855-443-4735 for IFP</p>	<p>20910, 20912, 21010, 21050, 21060, 21070, 21077, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21100, 21110, 21116, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21261, 21263, 21270, 21347, 21348, 21366, 21422, 21423, 21431, 21432, 21433, 21435, 21436, 31225, 31230, 31290, 31291, 42145, 42299, 42426, 64866, 64868, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048</p>
<p>Miscellaneous Codes, Not Otherwise Classified</p>		<p>15999, 17999, 20999, 21499, 22899, 22999, 24999, 25999, 27599, 27899, 28899, 31299, 31599, 31899, 32999, 33999, 37799, 38589, 38999, 39499, 39599, 40899, 41599, 42999, 43499, 44238, 44799, 45399, 45999, 46999, 47379, 47399, 47999, 48999, 49329, 49999, 50549, 50949, 51597, 53899, 54699, 55899, 58579, 58679, 58999, 59899, 60699, 66999, 68899, 69799, 84999, 89398, 92499, 93985, 93986, 95999, 99078, 99199, C1889, C9069, C9070, C9073, J0222, J3490, K0900, M0239, Q0239</p>
<p>Musculoskeletal Surgery</p>		<p>20802, 20805, 20808, 20816, 20824, 20827, 20838, 21740, 21750, 21825, 23466, 23900, 23920, 24900, 24920, 24930, 24931, 24940, 25900, 25905, 25915, 25920, 25924, 25927, 27120, 27130, 27222, 27226, 27227, 27228, 27232, 27236, 27240, 27244, 27245, 27248, 27253, 27254, 27258, 27259, 27268, 27269, 27280, 27282, 27290, 27295, 27472, 27506, 27507, 27511, 27513, 27514, 27519, 27535, 27536, 27540, 27556, 27557, 27558, 27580, 27590, 27591, 27592, 27596, 27598, 27645, 27646, 27702, 27703, 27712, 27715, 27725, 27727, 27880, 27881, 27882, 27886, 27888,, 28110, 28750,,</p>

		28755, 28760,, 29800, 29804, 29915, 34712, 39501, 39503, 39540, 39541, 39545, 49605, 49606, 49610, 49611, 49659, 58240, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, G0412, G0414, G0415
Nasal Surgeries and Procedures	Rhinoplasty, Septoplasty, Balloon Sinuplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 31295, 31296, 31297, 31298
Neurostimulators and Supplies		61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 64553, 64555, 64561, 64566, 64568, 64569, 64570, 64575, 64580, 64581, 64585, 64590, 64595, C1767, C1778, C1787, C1816, C1820, C1822, C1823, E0740, E0744, E0745, E0755, E0762, E0764, E0765, E0770, L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, L8696, S8130, S8131
Non-Emergency Transportation		98966, 98967, 98968, 99082, A0080, A0090, A0100, A0110, A0120, A0130, A0160, A0426, A0428, S0215, S9975, S9992, S9994, T2001, T2002, T2003, T2004, T2005, T2049
Nuclear Medicine	<p>For all nuclear medicine requests, please contact eviCore by phone at 877.825.7722 or via website at <a href="https://www.evicore.com/resources/healthplan/healthfirst/healthplans">https://www.evicore.com/resources/healthplan/healthfirst/healthplans</a></p> <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.</p>	78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78414, 78428, 78429, 78430, 78431, 78432, 78433, 78445, 78451, 78452, 78453, 78454, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78812, 78815, 78830, 78831, 78832, G0252, S8080

Nutritional Therapy and Supplies	Enteral, Parenteral	B4034, B4035, B4036, B4087, B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999, S9340, S9341, S9342, S9343
Orthotics / Orthosis / Braces / Prosthetics and Accessories		29105, 29125, 29126, 29130, 29131, 29200, 29240, 29260, 29280, 29505, 29515, 29520, 29530, 29540, 29550, 29580, C1776, E1840, E1841, E8000, E8001, E8002, L0112, L0170, L0456, L0457, L0458, L0460, L0462, L0464, L0470, L0480, L0482, L0484, L0486, L0488, L0491, L0622, L0624, L0629, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L0861, L1000, L1005, L1200, L1230, L1300, L1310, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1832, L1833, L1834, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1851, L1852, L1860, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2350, L2510, L2520, L2525, L2526, L2627, L2628, L3000, L3250, L3330, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3981, L4000, L4010, L4020, L4030, L4631, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570,

		L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883,
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		L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7360, L7362, L7364, L7366, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7600, L8032, L8035, L8415, L8435, L8465, L8485, L8500, L8631, L8641, L8659, V2623, V2627, V2629
Outpatient Procedures	<p>Please search for a specific category and/or code within this authorization list for specific instructions.</p> <p>Any service that is categorized as inpatient only on the CMS Inpatient Only List, but is being performed as <i>outpatient</i>, requires prior authorization regardless if the service/code is listed on this authorization list or not.</p> <p>Please reference CMS.gov for the most up to date Inpatient Only List. Inpatient only services have an OPPS status indicator (SI) of "C" listed in addendum of each year's OPPS/ASC final rule.</p>	
Oxygen Therapy		E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0445, E1390, E1391, E1392, K0738
Pain Pumps	<p>For all pain pump requests, please contact eviCore by phone at 877.825.7722 or via website at <a href="https://www.evicore.com/resources/healthplan/healthfirst/healthplans">https://www.evicore.com/resources/healthplan/healthfirst/healthplans</a></p> <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility,</p>	C1772, C1891, C2626, E0782, E0783, E0785, E0791, K0455

	emergency room, and 23-hour observation.	
Penile Implants		54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, C1813, C2622, L7900
Pharmaceuticals	Physician-Administered Drugs (e.g., Botulinum toxin, intravenous Immunoglobulin, amifostine, leucovorin calcium, peginesatide)	00176, 00192, 00211, 00214, 00215, 00474, 00524, 00540, 00542, 00546, 00560, 00561, 00562, 00567, 00580, 00604, 00632, 00792, 00794, 00796, 00802, 00844, 00846, 00848, 00864, 00865, 00866, 00868, 00882, 00904, 00908, 00932, 00934, 00936, 00944, 01140, 01150, 01212, 01214, 01232, 01234, 01272, 01274, 01404, 01442, 01444, 01486, 01502, 01634, 01636, 01638, 01652, 01654, 01656, 01756, 01990, 01939, 01940, 01941, 01942, 90284, 90378, 95805, C9075, C9076, C9077, C9079, C9257, J0129, J0172, J0180, J0185, J0202, J0221, J0224, J0256, J0257, J0364, J0490, J0517, J0565, J0584, J0585, J0586, J0587, J0588, J0596, J0597, J0598, J0599, J0606, J0638, J0888, J1290, J1300, J1301, J1303, J1305, J1322, J1325, J1426, J1428, J1458, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1566, J1568, J1569, J1572, J1575, J1599, J1602,, J1628, J1743, J1744, J1745, J1746, J1786, J1823,, J1931,, J1951, J2170, J2182, J2278, J2315, J2323, J2326, J2350,, J2357, J2406,,, J2502, J2504, J2505, J2507, J2786, J2793, J2796,, J2840,, J2941, J3060, J3245,, J3285, J3304,, J3316, J3357, J3358, J3380, J3385, J3397, J3399, J7170, J7175, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7192, J7193, J7194, J7195, J7198, J7199, J7200, J7201, J7202, J7203, J7205, J7207, J7208, J7209, J7210, J7211, J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7330, J7639, J7682, , J9215, J9226, Q4081, Q5103, Q5104, Q512, C9090, C9092, C9093, Q5124, J0219, J0491, J1306, A9602, A9800, C9094, C9097,

		C9399, J0739, J1302, J2356, J2507, J2777, J9332, Q5125
Physical and Occupational Therapy	For members under the age of 9, authorization is required after the initial evaluation. For members over the age of 9, authorization is required after 20 visits for MA and 5 visits for IFP.	90901, 90912, 90913, 94667, 94668, 95851, 95852, 95860, 95861, 95863, 95864, 95867, 95868, 95869, 95870, 95872, 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95937, 95938, 95992, 95999, 96110, 96112, 96113, 96125, 96127, 97010, 97012, 97018, 97022, 97024, 97026, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97530, 97533, 97535, 97542, 97750, 97755, 97760, 97761, 97763, 97799, 98960, 98961, 98962, 98966, 98967, 98968, 99078, 99366, 99368, 97014, 97016, G0237, G0238, G0239, G0281, G0282, G0283, G0329, S8948,, S9090
Seat / Lift Mechanisms		E0630, E0635, E0636, E0637, E0638, E0641, E0642
Skilled Nursing Facilities	Authorization is required for any inpatient, skilled nursing admission. If the member is currently inpatient at a skilled nursing facility for which the Health Plan is not covering the admission (e.g. custodial care, long term care), authorization is required for any additional services such as outpatient services at the facility, physician visits, diagnostic services and rehabilitation services.	
Skin Care	Laser treatments, photochemotherapy, UV therapy,	11950, 11951, 11952, 11954, 15777, 96900, 96902, 96904, 96910, 96912, 96913, E0202, E0203, E0691, E0692, E0693, E0694
Surgical Procedures	Cervicoplasty, panniculectomy, abdominoplasty, grafting by liposuction	11004, 11005, 11006, 15002, 15003, 15004, 15005, 15040, 15050, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15150, 15151, 15152, 15155, 15156, 15157, 15200, 15201, 15220,

		15221, 15240, 15241, 15260, 15261, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15756, 15757, 15758, 15760, 15769, 15770, 15771, 15772, 15773, 15774, 15819, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15878, 15879, 16036, 20969, 20970, 32110, 32124, 32140, 32141, 32442, 32445, 32505, 32506, 32507, 32655, 32661, 32662, 32672, 32800, 32810, 32820, 32940, 35820, 35905, 39200, 39220, 42894, 43100, 43101, 43496, 43520, 44110, 44111, 44213, 44800, 44820, 45562, 45563, 46705, 46710, 46712, 46715, 46716, 46730, 46735, 46740, 46742, 46744, 46746, 46748, 46751, 48120, 49255, 61618, 61619, 69155, 69554
Sleep Testing and Treatment	<p>For sleep testing/device requests, please contact eviCore by phone at 877.825.7722 or via website at <a href="https://www.evicore.com/resources/healthplan/healthfirsthealthplans">https://www.evicore.com/resources/healthplan/healthfirsthealthplans</a></p> <p>Code S2080 is reviewed directly by Oscar, not through eviCore.</p> <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.</p>	42160, 95782, 95783, 95807, 95808, 95810, 95811, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0470, E0471, E0486, E0550, E0555, E0560, E0561, E0562, E0601, S2080
Speech Generating Devices		E2500, E2502, E2504, E2506, E2508, E2510, E2511, V5364
Spinal Procedures		20930, 20931, 20936, 20937, 20938, 20974, 20975, 20979, 21685, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595,

		22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 27096, 62263, 62264, 62280, 62281, 62282, 62287, 62292, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63650, 63655, 63685, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, 64633, 64634, 64635, 64636, 64999, 0274T, 0275T, 0442T, 0627T, 0628T, 0629T, 0630T, 0656T, 0657T, G0260
Transplants	All transplant related services (pre transplant [evaluation], transplant listing, transplant surgery, post-transplant services) require authorization through the Health Plan.	33945, 50360, 50365, 47135, 32851, 32852, 32853, 32854, 33935, 48160, 44135
Varicose Vein Treatments		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785

Ventilators and Respiratory Services		33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33957, 33958, 33959, 33962, 33963, 33964, 33965, 33966, 33969, 33984, 33985, 33986, 33987, 33988, 33989, E0465, E0466, E0467, E0481
Wheelchairs and Accessories		E0147, E0148, E0149, E0958, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1030, E1161, E1220, E1225, E1229, E1230, E1231, E1234, E1235, E1239, E2204, E2228, E2293, E2300, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2341, E2342, E2343, E2351, E2358, E2359, E2362, E2368, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2397, E2614, E2616, E2620, E2621, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0005, K0008, K0010, K0011, K0012, K0013, K0014, K0800, K0801, K0802,, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Wound Care	Wound vacuum, skin substitutes, electromagnetic and electric stimulation wound therapy.	97597, 97598, 97602, 97605, 97606, 97607, 97608, 97610, A9272, C1849, C9358, C9360, C9363, C9364, E2402, G0168, G0281, G0282, G0329, K0743, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4148, Q4150, Q4151, Q4152, Q4153, Q4154, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4163,

		Q4164, Q4165, Q4166, Q4167, Q4169, Q4170, Q4173, Q4175, Q4176, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4190, Q4191, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4203, Q4204, Q4205, Q4208, Q4209, Q4210, Q4211, Q4212, Q4214, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4231, Q4232, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4244, Q4247, Q4248, Q4259, Q4260, Q4261
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