

Medical Prior Authorization List

Effective: July 1, 2021

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

For AdventHealth Employee and Rosen Employee Plans, please refer to separate authorization list.

General Information

- AdventHealth Advantage Plans administers these requirements.
- Benefits are determined by the plan. Items listed may have limited coverage or 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 myAHplan.com 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 myAHplan.com
- Changes from the previous version are available on the AdventHealth Advantage Plans' Medical Prior Authorization List Notice of Change document located by visiting myAHplan.com.

How to Request Authorization

- With the following exceptions, authorization requests should be submitted directly to the Health Plan
 - **Magellan Behavioral Health, Inc. (Magellan) authorizes Behavioral Health and Substance Abuse Services.** Authorization may be requested by phone toll-free at 1-800-424-4347 or online at magellanprovider.com.
 - **eviCore Healthcare authorizes genetic testing, radiation oncology, medical oncology, nuclear medicine 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 evicore.com. eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.
- We encourage participating providers to request authorization through the online provider portal located [here](#). For certain services requested via the online portal, you will have an option to complete a questionnaire. The answers to this questionnaire may lead to an automatic approval. However, even if an automatic approval is not provided immediately, the information provided via the questionnaire will help AdventHealth Advantage Plans reduce the review turnaround time.
- If you are a non-participating provider or encounter issues submitting via the online provider portal, please fax your authorization request to 1-855-328-0059 (toll-free) or 321-434-4271 (local). For additional assistance you may also call Customer Service toll-free at 1-877-535-8278.

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.).

| Category | Additional Info | Codes |
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| Airway Clearance Devices | The Vest, Intrapulmonary Percussive Ventilation (IPV) | E0481, E0482, E0483 |
| Air Transportation (non-emergent) | Non-urgent ambulance transportation by air between specified locations. | A0430, A0431, A0435, A0436, S9960, S9961 |
| Autologous Chondrocyte Implantation | | 27412, J7330, S2112 |
| Bariatric Surgery | | 43644, 43645, 43647, 43648, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43881, 43882, 43886, 43887, 43888 |
| Behavioral Health | <p>For services listed here, please submit a request directly to the Health Plan. For services not listed here, please contact Magellan for further assistance. 1-800-424-4347 or online at magellanprovider.com.</p> <p>Please note, all neuropsychological testing requests should be sent to the Health Plan for review. If the testing reveals a behavioral or mental health diagnosis, all claims should be submitted to Magellan.</p> | 90867, 90868, 90869, 96132, 96133, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T |
| Bone Growth Stimulators | | E0747, E0748, E0749, E0760 |
| Breast Related Surgeries | If the member has a personal diagnosis of breast cancer for which this surgery is being performed, all codes listed except for DIEP flap reconstruction (S2067, S2068) and mastectomy for gynecomastia (19300) do not require prior authorization. | 11920, 11921, 11970, 11971, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, L8600, S2066, S2067, S2068 |
| Bronchial Thermoplasty | | 31660, 31661, C9751 |

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| Capsule Endoscopy | | 91110, 91111, 91112, 0355T |
| Cardiac Rehabilitation | <p><i>Medicare Plans:</i> Coverage is limited to 2 one-hour sessions per day, up to 36 sessions per Medicare qualifying cardiac episode. Prior authorization is not required unless the member exceeds 36 sessions. Coverage must not exceed a total of 72 sessions over a period of up to 36 weeks.</p> <p><i>All other AdventHealth Plans (except AdventHealth Employee and Rosen Employee Plans):</i> Coverage is limited to 36 visits per lifetime. Prior authorization is required for more than 36 visits per lifetime.</p> | 93797, 93798 |
| Cardiac / Cardiovascular Surgery | Aortic Valve Replacement, vascular grafting, implantables (i.e. OPTIMIZER) | 0643T, 0645T, 0646T, 33440, 33866, C1824, C9759, C9760, L8670 |
| Category III Codes / New Technology | These codes may be considered experimental and/or investigational and may not be covered by the Health Plan. | 0042T, 0054T, 0055T, 0071T, 0072T, 0075T, 0076T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0174T, 0175T, 0184T, 0198T, 0200T, 0201T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0249T, 0253T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0278T, 0290T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0356T, 0358T, 0376T, 0377T, 0378T, 0379T, 0380T, 0394T, 0395T, 0397T, 0398T, 0402T, 0403T, 0404T, 0408T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, |

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| | | 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0457T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0479T, 0480T, 0481T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0501T, 0502T, 0503T, 0504T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T, 0548T, 0549T, 0550T, 0551T, 0552T, 0553T, 0559T, 0560T, 0561T, 0562T, 0563T, 0564T, 0565T, 0566T, 0567T, 0568T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0578T, 0579T, 0580T, 0581T, 0582T, 0583T, 0584T, 0585T, 0586T, 0587T, 0588T, 0589T, 0590T, 0594T, 0596T, 0597T, 0598T, 0599T, 0600T, 0601T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0613T, 0614T, 0615T, 0616T, 0617T, 0618T, 0619T, 0620T, 0623T, 0624T, 0625T, 0626T, 0631T, 0632T, 0639T, 0647T, 0562T, 0654T, 0061U, 0091U, 0092U, |
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| | | 0117U, 0119U, 33340, 48160, 61630, 61635, 61640, 61641, 61642, 66174, 66175, 83704, A4555, A9155, E0446, E0766, G0341, G0428, G0460, L8605, P2028, P2029, Q0506, S2095, S2107, S2117, S2118, S2120, S2202, S2230, S2235, S2270, S2325, S2342, S2348, S2350, S2351, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411, S3650, S3652, S3900, S8030, S8040, S8055, S8080, S8940, S8948, S9001, S9024, S9025, S9055, S9056, S9090 |
| Chimeric Antigen Receptor T-Cell Therapy (CAR-T) | All services related to CAR-T therapy require prior authorization regardless if code is listed here or not. | 0537T, 0538T, 0539T, 0540T |
| Chronic Care Management | Authorization required for initial treatment and every six months thereafter. Medicare only benefit. | 99091, 99439, 99487, 99489, 99490, 99491, G0506, G2064, G2065 |
| 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 | | A6531, A6532, A6545 |
| Continuous Glucose Monitors and Supplies | | 95249, A9276, A9277, A9278, K0553, K0554, S1030, S1031, S1034, S1035, S1036, S1037 |
| Continuous Passive Motion Devices (CPM) | | E0935, E0936 |
| Cranial Remolding Device | | S1040 |
| DaTscan | | A9584 |
| Dental Services | Any dental (tooth related) service requires prior authorization regardless if code is listed or not on this list (also see Maxillofacial section below). | |
| Diabetic Test Supplies | No authorization is required for Abbott Products (Freestyle, Freestyle Lite, Freedom Lite, Precision Xtra). All other brands, please submit a Medical Authorization Form if supplies will be obtained from DME. If supplies will be obtained through a pharmacy, please submit via Pharmacy Authorization Form . | A4250, A4252, A4253, A4255, A4256, A4257, A4258, A4259, E0607, E2100, E2101 |
| Drug Testing | Authorization is only required for out-of-network labs or for greater than 15 drug | 0006U, 0007U, 0011U, 0025U, 0054U, 0082U, |

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| | tests within the calendar year (January-December). If the request is due to greater than 15 tests within the year, please indicate on your request the reason for the additional tests and how many tests the member has had to date. | 0083U, 0093U, 0110U, 0116U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 80305, 80306, 80307, 83789, 83992, G0480, G0481, G0482, G0483, G0659 |
| Dynamic Extension/Flexion Devices | Dynasplint | E1800, E1802, E1805, E1810, E1812, E1815, E1825, E1830, E1840 |
| Ear / Hearing Related Devices, Surgery, and Testing | Otoplasty, Cochlear implant, auditory implant, bone anchored hearing aid | 69300, 69710, 69711, 69714, 69715, 69717, 69718, 69930, 92517, 92518, 92519 |
| External Defibrillator | LifeVest | K0606 |
| Eye Related Surgery | Intacs, Blepharoplasty, Entropion repair, Ectropion repair | 15820, 15821, 15822, 15823, 65785, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 0621T, 0622T |
| Eye and Ear Implants and Accessories | | C1839, L8609, L8610, L8613, L8614, L8615, L8619, L8624, L8627, L8628, L8629, L8691, L8692, L8693, |
| Facial Surgery | Rhytidectomy, genioplasty, mandibular augmentation, cheek augmentation | 15824, 15825, 15826, 15828, 15829, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21270 |
| Gastrectomy | Non-bariatric (surgical treatment for GERD) | 43633, 43659 |
| Gender Reassignment | Codes may not be exclusive to Gender Reassignment. | 54125, 54520, 54660, 54690, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57291, 57292, 57295, 57296, 57426 |
| Genetic Testing | Due to the frequency of new genetic tests coming to market, individual codes that require prior authorization will not be listed here. Please click here to connect to eviCore's site. 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 / AdventHealth Advantage Plans". | |

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| | <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 eviCore.com.</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> | |
| GERD Treatment / Procedures | LINX, Stretta | 43257, 43284, 43285 |
| High-Tech Imaging (CT, CTA, MRI, MRA, PET, 3D rendering, including select cardiac imaging/testing) | <p>For all high-tech imaging requests, please contact eviCore by phone at 877.825.7722 or via website at eviCore.com</p> <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.</p> | 0042T, 0331T, 0332T, 0439T, 0501T, 0502T, 0503T, 0504T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, 0649T, 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, |

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| | | 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, 75571, 75572, 75573, 75574, 75635, 76376, 76377, 76380, 76390, 76391, 76497, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77078, 77084, 78428, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 93352, 93356, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8921, C8922, C8923, C8924, C8925, C8926, C8928, C8929, C8930, C8931, C8932, C8933, C8934, C8935, C8936, C9762, C9763, G0219, G0235, G0252, S8037, S8042, S8085, S8092 |
| Home Birth | All home birth requests require prior authorization. | |
| Home PT / INR Testing | | 93792, G0248, G0249, G0250 |
| Hospice | Outpatient (in-home) hospice care only requires authorization for small group, large group and individual plans. Inpatient hospice care requires authorization for all lines of business. | |

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| Hospital Beds | | 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, E0328, E0329 |
| Incontinence Procedures | | 53860, 64566, 64561, 64581, 64585, 64590, 64595 |
| Injectable Bulking Agents | No authorization is required for Urologists, Gynecologists, or Uro-Gynecologists for codes L8603, L8604 or L8606. | L8603, L8604, L8606 |
| Inpatient Hospital Stays | <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> | |
| Labor and Delivery Admissions | Authorization is only needed if the newborn is admitted for medical care after birth or for labor/delivery at an out of network facility. | |
| Laboratory Testing | | 0015M, 0221U, 0222U |
| Long Term Acute Care Facilities (LTAC) and Inpatient Rehabilitation | All LTAC and Inpatient Rehabilitation requests require authorization. | |
| Lymphedema Pump and Supplies | Authorization is required for initial use and every 90 days thereafter. | E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676 |
| Maxillofacial Procedures and Services | Please refer to member contract for specific covered and excluded services. If 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 | 20605, 21010, 21025, 21026, 21030, 21031, 21032, 21040, 21046, 21047, 21048, 21049, 21050, 21060, 21070, 21073, 21076, 21077, 21079, 21080, 21081, |

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| | <p>providers require authorization for all services. Please contact Customer Service for verification if needed at 1-877-535-8278.</p> <p>Code 20605 only requires authorization for maxillofacial joints (i.e. TMJ). This code used in relation to any other joint, does not require prior authorization.</p> | <p>21082, 21083, 21084, 21085, 21086, 21087, 21088, 21089, 21100, 21110, 21116, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21295, 21296, 21299, 21421, 21422, 21423, 21431, 21432, 21433, 21435, 21436, 21440, 21445, 21450, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470, 21480, 21485, 21490, 21497, 29800, 29804, 70350, 70355, L8048, L8049</p> |
| Miscellaneous Codes, Not Otherwise Classified | | A9699, C2596, E1399, K0900, K1004, K1009, S2300 |
| Mohs Surgery | Authorization only required for Mohs of the trunk and/or extremities. | 17313, 17314 |
| Nasal Surgeries and Procedures | Rhinoplasty, Septoplasty, Balloon Sinuplasty | 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 30520, 31295, 31296, 31297, 31298, 69705, 69706 |
| Neurostimulators and Supplies | | 61850, 61860, 61863, 61864, 61867, 61885, 61886, 61888 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553, 64555, 64568, 64569, 64575, 64580, 95980, 95981, 95982, E0730, E0731, E0745, E0746, K1002, K1016, K1017, K1018, K1019, L8679, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689 |
| Nuclear Medicine | For all nuclear medicine requests, please contact eviCore by phone at 877.825.7722 or via website at eviCore.com | 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, |

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| | <p>eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation.</p> | <p>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, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78999</p> |
| <p>Nutritional Therapy and Supplies</p> | <p>Enteral, Parenteral</p> | <p>B4034, B4035, B4036, 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, E0791, S9364, S9365, S9366, S9367, S9368</p> |
| <p>Orthotics / Orthosis / Braces / Prosthetics and Accessories</p> | | <p>K1007, L0170, L1907, L1932, L1940, L1945, L1950, L1960, L1970, L2006, L2050, L2060, L2080, L2090, L2106, L2108, L2126, L2128, L2188, L2192, L2250, L2280, L2300, L2330, L2340, L2350, L2500, L2510, L2520, L2525, L2526, L2540, L2570, L2580, L2620, L2624, L2627, L2628, L2640, L2999, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3702, L3720, L3730,</p> |

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| | | L3740, L3763, L3764, L3765, L3766, L3900, L3904, L3905, L3999, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4130, 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, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5679, L5680, L5681, L5682, L5683, L5685, L5692, L5694, L5695, L5696, 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, |
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| | | L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, 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, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, 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, L6884, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L6990, L7007, L7008, L7009, L7040, L4045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, |
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| | | L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8485, L8499, L8500, L8505, L8630, L8631, L8641, L8642, L8658, L8659, L8690, L8701, L8702, V2625, V2626, V2627, V2628 |
| Outpatient Procedures | <p>Please search for 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 OPSS status indicator (SI) of "C" listed in addendum of each year's OPSS/ASC final rule.</p> | |
| Pain Pumps | | 62350, 62351, 62360, 62361, 62362 |
| Penile Implants | | 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417 |
| Physical, Occupational, and Speech 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. | 90912, 90913, 92507, 92508, 92524, 92526, 92609, 92630, 92633, 96105, 96125, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97760, 97761, 97763, 97799, G0283, S8990 |
| Prolotherapy | | M0076 |
| Pulmonary Rehabilitation | <i>Medicare Plans:</i> Coverage is limited to 2 one-hour sessions per day, up to 36 sessions per lifetime. Prior authorization is not required unless the member exceeds 36 sessions. Coverage must not exceed a total of 72 sessions per lifetime. | G0424 |

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| | <i>All other AdventHealth Plans (except AdventHealth Employee and Rosen Employee plans): Coverage is limited to 36 visits per lifetime. Prior authorization is required for more than 36 visits per lifetime.</i> | |
| Radiation Therapy | Brachytherapy, Stereotactic Radiation Therapy, Intensity Modulated Radiation Therapy (IMRT), Neutron Beam Radiation Therapy, Intraoperative Radiation Therapy (IORT), Proton Beam, Hyperthermia Treatment, Radiation Treatment Delivery, Radiologic Guidance, Therapeutic Radiopharmaceuticals. Please contact eviCore for these requests at 877-825-7722 or eviCore.com eviCore Healthcare does not review requests being performed in the following locations: inpatient facility, emergency room, and 23-hour observation. | 0394T, 0395T, 77014, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79101, 79403, A9513, A9543, A9590, A9606, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017 |
| Seat / Lift Mechanisms | | E0625, E0627, E0629, E0635, E0636, E0637, E0638, E0639, E0640, 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 | 96900, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694 |
| Skin Removal / Grafting | Cervicoplasty, panniculectomy, abdominoplasty, grafting by liposuction | 15771, 15772, 15773, 15774, 15819, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847 |
| Sleep Testing and Treatment | For sleep testing/device requests, please contact eviCore by phone at 877.825.7722 or via website at eviCore.com | 41530, 95782, 95783, 95803, 95805, 95807, 95808, 95810, 95811, A4604, A7027, A7028, |

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| | <p>Codes 41530, 95803, K1001 and S2080 are reviewed directly by Health First Health Plans, 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> | <p>A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, A9270, E0470, E0471, E0485, E0486, E0561, E0562, E0601, K1001, S2080</p> |
| Speech Generating Devices | | <p>E2500, E2502, E2504, E2506, E2508, E2510</p> |
| Spinal Procedures | <p>Palladian Health no longer reviews spinal procedure/treatment requests as of 10/1/20. These requests should be sent directly to Health First Health Plans for prior authorization review. In-network providers are encouraged to use the provider portal to submit these authorization requests.</p> <p>Any authorization request that was granted by Palladian prior to 10/1/20 will still be valid. Re-authorization through Health First Health Plans is not required unless additional services are needed.</p> | <p>0202T, 0213T, 0214T, 0215T, 0216T, 0219T, 0220T, 0221T, 0228T, 0230T, 0274T, 0275T, 0627T, 0628T, 0629T, 0630T, 0656T, 0657T, 20974, 20975, 22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22325, 22326, 22327, 22510, 22511, 22513, 22514, 22526, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22586, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22850, 22852, 22855, 22856, 22857, 22861, 22862, 22864, 22865, 22867, 22869, 22899, 27096, 27279, 27280, 62263, 62264, 62280, 62281, 62282, 62287, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196,</p> |

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| | | 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, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64445, 64451, 64479, 64483, 64490, 64493, 64625, 64633, 64635, 64999, C1062, C9757, G0260 |
| Transplants | All transplant related services (pre-transplant [evaluation], transplant listing, transplant surgery, post-transplant services) require authorization through the Health Plan. | |
| Varicose Vein Treatments | | 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37765, 37766, 37780, 37785 |
| Ventilators | | E0466, E0467 |
| Wheelchairs and Accessories | | E0969, E0983, E0984, E0986, E0988, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1011, E1017, E1018, E1030, E1035, E1036, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1195, E1220, E1226, E1227, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1298, E2201, E2202, E2203, E2204, E2227, E2230, E2231, E2291, E2292, |

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| | | E2293, E2294, E2295, E2300, E2301, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2363, E2366, E2367, E2371, E2372, E2376, E2383, E2386, E2397, E2398, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0056, K0108, K0669, 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. For wound vacuums, authorization is only required after three months of initial use when using an in-network supplier. If using an out-of-network supplier, | 20932, 20933, 20934, E2402, G0282, G0295, G0329, Q4100, K0743, K0744, K0745, K0746, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, |

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| | authorization is required from start of treatment. | Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4254, Q4255 |
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