
Investigational services including new/emerging technology represented by newly-established codes may require prior authorization. Check with us before providing these services.

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General Information

- HFHP does not require referrals or authorizations for *network* specialist care. Refer to the current Provider Directory or visit our website for a list of network providers.
- All items and services on this list require prior authorization, regardless of the service location or the provider's participation status.
- Benefits are determined by each member's plan. Based on the individual member's plan, items on this list may have limited coverage, or may not be covered at all.
- 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.
- This document is updated periodically, but may change at any time. Please refer to the version currently in effect by visiting our website.
- See HFHP's *Authorization List Code Reference* for potentially-applicable procedure codes. The list is available on our website at www.healthfirsthealthplans.org. Codes are for reference only, are not all-inclusive, and are subject to change.

How to Request Authorization

- With the exception of High Tech Radiology Testing and certain DME items, authorization requests should be submitted directly to HFHP.
- To request authorization, submit the appropriate medical or pharmacy (drug) "Authorization Request" form or request authorization on-line. Include applicable codes, patient identification, and clinical information to support the request.

IMPORTANT CONTACT INFORMATION

- Fax **medical** authorization requests to Clinical Services at **321-434-4271**.
- Fax **drug** authorization requests to Pharmaceutical Services at **321-434-4752**.
- Submit **on-line** requests via *MyHFHP* (contracted provider portal). Visit www.healthfirsthealthplans.org.
- If waiting for a decision in the standard timeframe could seriously harm the member's life, health, or ability to regain maximum function, an expedited process is available.
- For questions or to reach a nurse at any time, call Customer Service at **321-434-5665** or **(800) 716-7737**.

Hospital/Skilled Nursing Facility

Hospital Services

- **Urgent/Emergency Inpatient & Outpatient Observation Services:**
 - *Health First Hospitals* - The authorization process is integrated into the hospital admission process.
 - *Other Hospitals* – Authorization from HFHP is required for post-stabilization care. Notification is required at the time of admission.
- **Elective Inpatient & Outpatient Observation Services:**
 - *Health First Hospitals* - The authorization process is integrated into the hospital admission process.
 - *Other Hospitals* – Prior authorization from HFHP is required.

Health First Hospitals: Holmes Regional Medical Center, Cape Canaveral, Palm Bay, and Viera Hospitals

Skilled Nursing Facility (SNF) Services

- **Inpatient SNF Services**
 - Prior authorization is required.
- **Outpatient Services During a Non-Covered Stay**
 - Covered services such as physician, diagnostic, and rehab services provided during a long-term or custodial stay require prior authorization.

Diagnostic Testing

Laboratory Services

- **All Genetic Testing****

Radiology Services

- **High Tech Imaging** (MRI/MRA, CT, Nuclear Cardiology)
 - See *American Imaging Management (AIM) Authorization List* at www.healthfirsthealthplans.org
- **Computed tomographic (CT) colonography** (virtual colonoscopy)
- **Routine Obstetric Ultrasounds** (>2/pregnancy)
 - *Auth not required for high-risk pregnancies.*

Other Diagnostic Services

- **Mobile Cardiac Outpatient Telemetry (MCOT)**

Investigational Items and Services

Any item or service potentially considered investigational or experimental must be authorized in advance, including Category B Investigational Devices that may be covered by Medicare. Investigational services are often described by temporary Category III CPT Codes, but may also be assigned a CPT or other HCPCS code. Contact us if you have questions.

Durable Medical Equipment/Prosthetics**

- **Bone Growth Stimulators (External)**
- **Cochlear Implants/ Auditory Brainstem Implants/ Bone Anchored Hearing Aids***
- **Continuous Glucose Monitoring/Supplies***
- **Diabetic Test Supplies – Non-Preferred** (any supplies other than Abbott's Freestyle Lite, Freedom Lite, or Precision Xtra)
- **Elastic Garments, Belts, Sleeves or Coverings***
- **Enteral/Parenteral/Oral Nutrition***
- **External Defibrillator** (i.e. The Vest)
- **Home PT/INR Monitor**
- **Home Respiratory Equipment**, including oxygen, CPAP/BIPAP equipment
- **Hospital Beds** (All)
- **Neurostimulators**
- **Orthotics*** (See Code Reference Document for details.)
- **Oscillatory Devices for Airway Clearance**, i.e. The Vest, Intrapulmonary Percussive Ventilation (IPV)
- **Prosthetic Devices**
- **Pumps, including Infusion, Enteral**
 - *Insulin pump supplies from Minimed do not require prior authorization.*
- **Pumps - Lymphedema**
- **Quantities in Excess of Medicare Guidelines**
 - Medicare's Local Coverage Determinations are available at www.cms.gov.
- **Seat/Patient Lift Mechanisms**
- **Scoters**
- **Snore Guards (Oral appliances)***
- **Speech Tech Aids**
- **Vacuum Erection Devices**
- **Wheelchairs and Accessories**
- **Wound Vacuum (Negative Pressure) Devices**

Pediatric Services

- **Autism Services****
- **Nemours Pediatric Specialists**
- **ORHS Pediatric Specialists**
- **Physical, Occupational and Speech Therapy for Children Under 9 Years of Age**
 - Brevard County Employee Plan – Prior authorization required for all therapy services, including initial evaluation.
 - All Other Plans – Prior authorization required all therapy services, except the initial evaluation.

Select Items and Services

- **Dental/Maxillofacial Services***
- **EECP** (Enhanced External Counterpulsation)
- **Erectile Dysfunction Treatment** (including treatment of Peyronie’s Disease)
- **Hyperbaric Oxygen (HBO) Therapy**
- **Infertility Diagnostic Services***
- **Implantation Services** (for neurostimulators, pumps, prosthetic/medical devices, etc.)
- **Intacs*** for keratoconus
- **M2A Capsule Endoscopies**
- **Obesity Surgery***
- **Organ Transplant Services**
- **Physical, Occupational, and Speech Therapy for Individuals 9 Years of Age and Older**
 - Brevard County Employee Plan – Prior authorization required for all therapy services, including initial evaluation.
 - All Other Plans – Prior authorization is required for more than 20 speech therapy visits per calendar year, and
 - Prior auth required for > 20 physical or 20 occupational therapy visits per calendar year.
- **Pulmonary Rehabilitation Services**
- **Reconstructive Procedures**, including but not limited to, excision of skin and subcutaneous tissue, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, orthognathic surgery, TMJ surgery

Select Items and Services, cont.

- **Skin/Wound Care**
 - Skin (dermal) substitutes, i.e. AlloSkin
 - PUVA, laser treatment
 - Electrical stimulation and electromagnetic therapy for non-healing wounds
 - Wound Vacuum Devices (See DME supplies)
- **Sleep Apnea/Snoring Surgery**
- **Urinary Incontinence Procedures** including but not limited to sacral nerve stimulation, tibial nerve stimulation, Renessa®.
- **Substance Abuse-Related Services****
- **Varicose Vein Treatment**

Spinal Procedures

- **Total Disc Arthroplasties**, including Removal or Revision
- **Spinal Fusion**
- **Spinal Instrumentation**
- **Removal of Posterior Segmental Instrumentation**
- **Thermal Intradiscal Procedures (TIPS)***

Out-of-Network Services

HMO Members

- With the exception of emergency care, urgently-needed care outside the service area, or renal dialysis for Medicare members, all OON services require prior authorization for HMO members.

POS (Point-of-Service) Members

- All items and services on this list require authorization, regardless of the member's plan type (HMO or POS).
- For POS members, POS cost-share amounts apply unless the item or service is not available in-plan.

Injectable/Implantable/Infusable & Orphan Drugs

- *Insertion, Removal & Reinsertion of Non-Biodegradable Implant*
- ACTEMRA (tocilizumab)
- ACTHAR GEL (corticotrophin injection)
- ACTIMMUNE (interferon gamma 1-b)
- AFINITOR (everolimus)
- ALPHANATE / Von Willebrand factor complex human
- APOKYN (apomorphine)
- ARANESP (darbepoetin alfa)
- ARTISS (human plasma fibrin sealant)
- ARZERRA (Ofatumumab)
- AVONEX (interferon Beta -A)
- BENLYSTA (belimumab)
- BERINERT (C1 esterase inhibitor (human))
- BLOOD FACTORS
- BONIVA (ibandronate)
- BOTOX (botulinum toxin Type A)
- CAMPATH (alemtuzumab)
- CAVERJECT (alprostadil)
- CERZYME (imuglucerase)
- CIMZIA (certolizumab)
- CINRYZE (C-1 inhibitor)
- DECA-DURABOLIN (nandrolone decanoate)
- DEPO-CYT (cytarabine liposomal)
- DIDRONEL (etidronate disodium)
- DOLOPHINE (methadone injection)
- DORIBAX (doripenem)
- EMEND for Injection (fosaprepitant)
- ENDRATE (edetate disodium)
- **ERBITUX (cetuximab)**
- ETHYOL (amifostine)
- FERAHEME (ferumoxytol)
- FLOLAN (epoprostenol sodium)
- FOLOTYN (pralatrexate)
- FUSILEV (levoleucovorin)
- GLASSIA (alpha proteinase inhibitor)
- **HALAVAN (eribulin mesylate)**
- HIZENTRA (immune globulin)
- HYCAMTIN (topotecan)
- ILARIS (canakinunab)
- IMPLANON (etonogestrel implant)
- INCRELEX (mecasermin)
- INDIUM in-111 pentetate, diagnostic
- INNOHEP (tinzaparin sodium)
- ISTODAX (romidepsin)
- IXEMPRA (ixabepilone)
- JEVTANA (cabazitaxel)
- KALBITOR (ecallantide)
- KRYSTEXXA (pegloticase)
- LEUKINE (sargramostim)
- LEVULAN (aminolevulinic acid topical)
- LUCENTIS (ranibizumab)
- LUMIZYME (alglucosidas alfa)
- MOZOBIL (injection plerixafor)
- MYOBLOC (botulinum toxin type B)
- MYLOTARG (gemtuzumab ozogamicin)
- MYOZYME (alglucosidase alfa)
- NEUMEGA (oprelvekin)
- NOVANTRONE (mitoxantrone)
- NOVAREL (gonadotropin)
- NPLATE (romiplostim)
- OFORTA (fludarabine phosphate)
- OZURDEX (dexamethasone intravitreal implant)
- PLENAXIS (abarelix)
- POLYLACTIC ACID RESTORATIVE IMPLANT (Face)
- PROLASTIN, ZEMAIRA (alpha 1-proteinase inhibitor, human)
- PROLIA (denosumab)
- PROVENGE (sipuleucel T)
- RAPTIVA (efalizumab)
- REBIF (Injection, interferon beta-1A)
- RELISTOR (methylnaltrexone)
- RETISERT (fluocinolone acetonide intravitreal insert)
- RITUXAN (rituximab for RA or in combination w/ Zevalin)
- SEROSTIM (somatropin)
- SOLIRIS (eculizumab)
- SOMATULINE (lanreotide)
- SOMAVERT (pegvisomant)
- STADOL (butorphanol tartrate)
- STELARA (ustekinumab)
- SUPPRELIN (histrelin implant 50 mg kit)
- SYNAGIS (palivizumab-rsv-igm)
- TESTOPEL (testosterone pellet)
- TORISEL (temsorolimus)
- TREANDA (bendamustine)
- TYSABRI (natalizumab)
- TYVASE (treprostinil inhalation soln)
- VANTAS (histrelin implant)
- VECTIBIX (panitumumab)
- VIADUR (leuprolide acetate implant)
- VIBATIV (telavancin)
- VIMPAT (lacosamide)
- VISCOSUPPLEMENTS
- VITRASERT (ganciclovir, 4.5mg, long acting implant)
- VIVAGLOBIN (immune globulin, subcutaneous)
- VPRIV (velaglucerase alfa)
- XEOMIN (incobotulinumtoxin A)
- XIAFLEX (collagenase clostridium histolyticum)
- XOLAIR (omalizumab)
- ZANOSAR (streptozocin)
- ZEVALIN
- **YERVOY (ipilimumab)**
- ZOLADEX (goserelin acetate implant, per 3.6 mg)

Orphan Drugs

All drugs with an “orphan” designation require prior authorization