

FirstCare Health Plan Notification/Prior Authorization List Effective August 1, 2020

(Does Not Include Non-Covered Services and Items)

For the current list of prior authorization codes in these categories and online authorization submission, log in¹ and use the [Authorization Code Look-up](#).

IMPORTANT – Prior Authorization is not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.²

Prior Authorization	Fully Insured Self-Insured	Medicare	STAR Medicaid RightCare	CHIP	Criteria or Medical Policy ³	Effective Date
Prior Authorization is required for ALL SERVICES provided by NON-CONTRACTED providers except for use of out-of-network benefits in PPO and POS products, unless required per listing below. ⁴	X	X	X	X	MN-065	01/21/13
Notification required for admission to these facilities/services and will be subject to admission review concurrent review: ⁵ <ul style="list-style-type: none"> Contracted hospitals for medical, surgical, and behavioral health services Contracted hospice programs (applies to inpatient and outpatient programs) 	X	X	X	X	MCG, MN-124, MN-126, MN-127 MCG	1/21/13
Notification required for DISCHARGE from all facilities	X	X	X	X	n/a	01/21/13
Prior Authorization required for admission to facilities/programs listed below: <ul style="list-style-type: none"> Long-term Acute Care (LTAC) hospitals, Inpatient Rehabilitation hospitals Skilled Nursing Facilities (SNF) Behavioral health/substance abuse residential, partial hospitalization, intensive outpatient programs (IOP) 	X	X	X	X	MCG MN-248 MN-285 MCG	01/21/13

Procedures ^{6, 7}	Fully Insured Self-Insured	Medicare	STAR Medicaid RightCare	CHIP	Criteria or Medical Policy	Effective Date
Abdominoplasty	X	X	X		MCG	01/21/13
Ambulance Non-Emergent Services	X	X	X		MN-006, MN-247	01/21/13
Anesthesia for Dental Procedures			X		MN-200	06/23/14
Back surgery including spinal fusion, laminectomy, vertebroplasty, kyphoplasty, etc.	X	X	X	X	EviCore	10/01/16
Bone Growth Stimulator Placement	X	X	X		MCG, EviCore	01/21/13
Bone-anchored Hearing Aid Placement	X	X	X	X	MN-066, MN-079	01/21/13
Cardiac Imaging and Other Cardiology Services, Including Nuclear Cardiology, Coronary FFR, and Myocardial Perfusion Imaging.	X	X	X	X	EviCore, MN-267	08/01/20
Cosmetic: procedures that may be considered cosmetic (e.g. face lift, brow lift, blepharoplasty, lid ptosis repair, liposuction, abdominoplasty, breast reconstruction and reduction, surgery for gynecomastia, rhinoplasty, genioplasty, etc.)	X	X	X		MCG, MN-043, MN-047, MN-060, MN-227	01/21/13
Deep Brain Stimulator Placement	X	X	X		MN-137	06/27/16
External Counterpulsation (EECP)	X	X	X		MN-191	11/01/19
Fetal Surgery	X	X	X		MN-001	12/01/19
Gastric Pacing / Stimulation	X	X	X	X	MCG	11/01/19
Gender Reassignment Surgery - PA only for ICD-10: F64.x, Z87.890	X	X			MN-075, MN-175	11/01/17
Genetic/genomic Testing	X	X	X	X	MCG, MN-002, MN-036, MN-250, MN-257, MN-261, MN-262, MN-274, MN-289, MN-312	01/21/13
GI imaging with capsule endoscopy	X	X	X	X	MCG	01/21/13

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Home Health Care Services ⁸	X	X	X	X	MN-083, MN-131	01/01/13
Imaging (CT, MRI, MRA, Nuclear Studies, PET, SPECT, etc.)	X	X	X	X	EviCore, MN-205, MN-267	01/21/13
Intraoperative Neuromonitoring	X	X	X	X	MN-010, EviCore	11/01/17
Left Atrial Occlusion Procedure (Watchman)	X	X	X	X	MCG	11/01/19
Lung Volume Reduction Surgery (LVRS)	X	X	X	X	MCG	11/01/19
Musculoskeletal, Joint, and Interventional Pain Management Surgeries and Procedures	X	X	X	X	EviCore, MN-051	08/01/20
Novocure Tumor Treating Fields	X	X	X	X	MCG	11/01/19
Obstructive Sleep Apnea Procedures		X		X	MCG	06/01/20
Occupational Therapy	X	X	X	X	MN-077, MN-288	01/23/13
Oncology (Adult): Genetic/Genomic Tests Necessary in The Treatment of Malignancies (Oncology Analytics To Review For 18+ Yr. Old) ⁹	X	X			Oncology Analytics	10/01/19
Oncology (Adult): Therapies Used to Treat Malignancies Including but Not Limited to Radiation, Targeted Radiation, X-Ray, Nuclear Medicine, Brachy, RF, Heat, Etc. (Oncology Analytics to Review For 18+ Yr. Old)	X	X			Oncology Analytics	10/01/19
Orthognathic Surgery	X	X	X	X	MCG, MN-072, MN-139, MN-232	01/21/13
Orthoptic and Vision Therapy	X	X	X	X	MN-211	11/01/19
Physical Therapy	X	X	X	X	MN-077, MN-288	01/23/13
Prescribed Pediatric Extended Care Centers (PPECC)			X	X	MN-076	11/01/16
Private Duty Nursing	X	X	X	X	MN-064	02/01/15
Proton Beam Therapy	X	X			Oncology Analytics	10/01/19
Psychological Testing in excess of six (6) hours	X	X	X	X	MCG	01/21/13
Sacral Nerve Stimulator	X	X	X	X	MN-226	06/27/16
Speech Therapy	X	X	X	X	MN-077, MN-288	01/23/13
Spinal Stimulator Trial and Placement	X	X	X	X	EviCore, MCG, MN-051, MN-157, MN-266, MN-310, MN-311	06/27/16
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	X	X	X	X	MN-308	11/01/19
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	X	X	X	X	MCG, MN-125	01/21/13
Unlisted & Miscellaneous Codes	X	X	X	X	MN-044, MN-044, MN-068, MN-157, MN-215, MN-284	01/21/13
Vagal Nerve Stimulator Placement	X	X	X	X	MCG, MN-137	06/27/16
Varicose Vein Procedures	X	X	X	X	MCG, MN-053, MN-233, MN-238	01/21/13
Ventricular Assist Device Placement	X	X	X	X	MN-191	06/27/16
Weight Loss (Bariatric) Surgery	X	X	X	X	MN-048, MN-222, MN-223, MN-224, MN-225	01/21/13

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Durable Medical Equipment and Prosthetics	Fully Insured Self-Insured	Medicare	STAR Medicaid RightCare	CHIP	Criteria or Medical Policy	Effective Date
Bone growth stimulators	X	X	X	X	MN-272	04/01/13
Cranial remolding helmet	X	X	X	X	MCG	06/27/16
Compression devices (select)	X	X	X	X	MN-195	04/01/13
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	X	X	X	X	MN-183, MN-268	04/01/13
Formula (enteral) Amino acid based	X	X	X	X	MN-197	04/01/13
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	X	X	X	X	MN-195	04/01/13
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	X	X	X	X	Varied	04/01/13
Oxygen delivery devices, concentrators	X	X	X	X	MN-181	04/01/13
Power operated vehicles and related equipment	X	X	X	X	MN-237	04/01/13
Power wheelchairs and related equipment	X	X	X	X	MCG, MN-063, MN-235, MN-236, MN-237	04/01/13
Ventilators and related equipment	X	X	X	X	MN-045, MN-204	04/01/13

Medical Drugs ¹⁰	Fully Insured Self-Insured	Medicare	STAR Medicaid RightCare	CHIP	Criteria or Medical Policy	Effective Date
Anticoagulants, Miscellaneous	X	X	X	X	MN-003	02/01/15
Antidepressants, Miscellaneous	X	X	X	X	256	01/01/20
Antidotes	X	X	X	X	Oncology Analytics, MCG	10/01/19
Anti-gonadotropins	X	X			Oncology Analytics, MCG	10/01/19
Anti-gout Agents	X	X	X	X	MCG	02/01/15
Antineoplastic Agents	X	X	X	X	Oncology Analytics, MCG, MN-003	02/01/15
Antisense Oligonucleotides	X	X	X	X	230, MN-202	01/01/18
Antithrombotic Agents, Miscellaneous	X	X	X	X	Oncology Analytics	07/01/19
Antitoxins and Immune Globulins	X	X	X	X	MCG, MN-003	06/27/16
Azole Antifungals	X	X	X	X	MN-003	07/01/20
Blood Form, Coagulants, Thrombosis Agents Misc.	X	X	X	X	MN-319	06/01/20
Cell Stimulants and Proliferants	X	X			Oncology Analytics, MCG	10/01/19
Central Nervous System Agents, Misc.	x	x	X	X	MN-221	01/01/20
Chimeric Antigen Receptor	X	X	X	X	Oncology Analytics, MN-255	08/01/18
Complement Inhibitors	X	X	X	X	Oncology Analytics, MCG, MN-56, MN-280	02/01/15
Corticosteroids (EENT)	X	X	X	X	MN-318	01/01/20
Disease-Modifying Anti-rheumatic Agents	X	X	X	X	MCG, MN-15	02/01/15
EENT Drugs, Miscellaneous	X	X	X	X	MCG, C9061, MN-003	02/01/15
Electrolytic, Caloric, Water Balance Misc.	X	X	X	X	MN-003	01/01/20
Enzymes	X	X	X	X	Oncology Analytics, MCG	02/01/15
Gene Therapy	X	X	X	X	MN-302	09/01/20
Gastrointestinal Drugs, Miscellaneous	X	X	X	X	MCG	08/01/18
Glycopeptide Antibiotics	X	X	X	X	MN-287	03/01/19

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Gonadotropins	X	X	X	X	Oncology Analytics, MCG	12/01/16
Heavy Metal Antagonists	X	X	X	X	MCG	02/01/15
Hematopoietic Agents	X	X	X	X	Oncology Analytics, MCG, MN-031, MN-286	02/01/15
Hemostatics	X	X	X	X	MCG	06/27/16
HIV Entry And Fusion Inhibitors	X	X	X	X	MN-003	01/01/20
Hormones	X	X	X	X	MCG	02/01/15
Immunocellular Therapy	X	X	X	X	Oncology Analytics, MCG, MN-234	02/01/15
Immunomodulatory Agents	X	X	X	X	Oncology Analytics, MCG, MN-058, MN-203	02/01/15
Immunosuppressive Agents	X	X	X	X	Oncology Analytics, MCG	11/01/16
Interleukin Antagonists	X	X	X	X	MCG, MN-073, MN-246	01/01/19
Monoclonal Antibody Antivirals	X	X	X	X	MN-005	06/27/16
Neurokinin-1 Receptor Antagonists	x	x	x	X	Oncology Analytics	02/01/15
Other Miscellaneous Therapeutic Agents (For specific agents, log-in and utilize the Prior Authorization Code Look-up)	X	X	X	X	MN-320	02/01/15
Pituitary	X	X	X	X	MCG	02/01/15
Protective Agents	X	X			Oncology Analytics, MCG	10/01/19
Radioactive Agents	X	X			Oncology Analytics	10/01/19
Respiratory Tract Agents, Miscellaneous	X	X	X	X	MCG, MN-082	06/27/16
Retinal Gene Therapies	X	X	X	X	249	07/01/20
Skin and Mucous Membrane Agents, Misc.	X	X	X	X	MCG	02/01/15
Somatostatin Agonists	X	X	X	X	Oncology Analytics, MCG	10/01/19
Vaccines	X	X	X	X	Oncology Analytics	10/01/19

¹ Registered users of our secure provider website can log in and submit an electronic preauthorization request. Call the number listed on the member's ID card for more information about our secure provider website. Contact your Provider Relations Representative for additional assistance.

² All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design and [FirstCare Medical Necessity Decision Policy](http://www.firstcare.com/FirstCare/media/First-Care/PDFs/Pre-Auth%20Lists/FirstCare-Medical-Necessity-Decision-Policy.pdf) (<http://www.firstcare.com/FirstCare/media/First-Care/PDFs/Pre-Auth%20Lists/FirstCare-Medical-Necessity-Decision-Policy.pdf>). Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Benefit plan contract exclusions and status of eligibility may be verified by logging into the provider portal at <http://www.firstcare.com/en/Providers>. Providers may contact FirstCare Health Plans to request a copy of the actual benefit provision, guideline, or other clinical criteria on which a determination was made. For the most current contact information for us, please visit <http://www.firstcare.com/Contact-Us>.

³ The Medical Policies are available at <http://www.firstcare.com/en/Providers/Important-Forms-Information>.

⁴ All services rendered by non-contracted providers (except Emergency Department) must be prior authorized to receive full FCHP benefits. Non-emergent out-of-network services with an observation level of care (revenue 760 and 762) require authorization.

⁵ Notification of all admissions is required within 24 hours or the next business day after a weekend or holiday inpatient confinements, including direct and emergency admissions. Notification is required for maternity and newborn stays that exceed 48 hours for vaginal deliveries or 96 hours for Cesarean section deliveries. Emergent and post-stabilization services do not require prior authorization, including emergent observation (revenue code 450).

⁶ All services within these categories require authorization when a member is in an observation level of care

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⁷ Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity.

⁸ The first visit for newly ordered home care skilled services requires an authorization, but will not require a prior authorization. FirstCare will retrospectively approve the initial nursing evaluation visit when the written plan of care is received within four business days. Additional services rendered during the four business days will be retrospectively reviewed. Services may include home health aide, occupational therapy, pediatric therapy services, physical therapy, private duty nursing (PDN), skilled nursing, speech therapy, and social work.

⁹ Oncology treatments include chemotherapeutic drugs, symptom management drugs, supportive agents, radiation therapy and cancer-related genetic molecular testing.

¹⁰ For preauthorization of pharmacy covered medications when a member is enrolled in a commercial or exchanges plan, call 855-673-6504 or fax to 855-668-8551.