

FirstCare Health Plan Notification/Prior Authorization List Effective January 1, 2020 (Fully-Funded and Self-Insured Plans)

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.¹ For the current list of prior authorization codes in these categories and online authorization submission, log in² and use the [Authorization Code Look-up](#).

Prior Authorization	Criteria or Medical Policy ³	Eff 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	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) 	MCG, MN-124, MN-126, MN-127 MCG	1/21/13
Notification required for DISCHARGE from all facilities		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) 	MCG MN-248 MN-285 MCG	01/21/13

Procedures ^{6, 7}	Criteria or Medical Policy	Eff Date
Abdominoplasty (tummy tuck)	MCG	01/21/13
Ambulance Non-Emergent Services	MN-006, MN-247	01/21/13
Anesthesia for Dental Procedures ⁸	MN-200	06/23/14
Applied Behavior Analysis	MCG	06/27/16
Bone Anchored Hearing Aid Placement	MN-066, MN-079	01/21/13
Bone Growth Stimulator Placement	MCG	01/21/13
Capsule Endoscopy (Procedure that photographs the inside of the digestive tract)	MCG	01/21/13
Deep Brain Stimulator Placement	MN-137	06/27/16
Dental Under Medical Benefit ⁹	MN-072, MN-139, MN-200, MN-232	01/21/13
Detoxification, Outpatient	MCG	06/27/16
External Counterpulsation (EECP) (a procedure using an external device to stimulate blood flow within the body)	MN-191	11/01/19
Fetal Surgery	MN-001	12/01/19
Gastric Pacing / Stimulation	MCG,	11/01/19
Gender Reassignment Surgery	MN-075, MN-175	11/01/17
Genetic Testing	MCG, Hayes, Oncology Analytics, MN-002, MN-036, MN-250, MN-257, MN-261, MN-262, MN-274, MN-289, MN-312	01/21/13
Home Health Care Services ¹⁰	MN-083, MN-131	01/01/13
Hyperbaric Oxygen Therapy	MCG	01/21/13
Image-guided radiation therapy (IGRT) (imaging during radiation therapy to improve the accuracy of treatment delivery)	Oncology Analytics	10/1/19
Intraoperative Neuromonitoring	MN-010	11/01/17
Investigational Services ¹¹	MCG, Hayes, MN-212, FirstCare Experimental and Investigational Procedures Reimbursement Policy	01/21/13
Left atrial occlusion procedure (a type of heart surgery)	MCG	11/01/19
Lung Volume Reduction (LVRS)	MCG	11/01/19
Musculo-skeletal, joint, and pain management services	MN-051	
Neuropsychological testing	MCG	01/21/13
Novocure Tumor Treating Fields	MCG	11/01/19
Occupational Therapy	MN-077, MN-288	01/23/13
Oncology (Adult) Services ¹²	Oncology Analytics	10/01/19
Orthognathic Surgery Procedures	MCG, MN-072, MN-139, MN-232	01/21/13
Orthoptic and Vision Therapy	MN-211	11/01/19
Penile Prosthesis Procedures	MN-075, MN-175	11/01/17
Physical Therapy	MN-077, MN-288	01/23/13
Potentially Cosmetic Procedures	MCG, MN-043, MN-047, MN-060, MN-227	01/21/13
Pre-Transplant Evaluation	MCG	01/21/13

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Private Duty Nursing	MN-064	02/01/15
Psychological Testing	MCG	01/21/13
Radiation Therapy (IMRT)	Oncology Analytics	01/21/13
Reconstructive Procedures	MCG, MN-060, MN-227	01/21/13
Sacral Nerve Stimulator Placement	MN-226	06/27/16
Imaging (Cardiac CT, Cardiac and Breast MRI, PET, Interventional Radiology)	MN-205, MN-267	01/21/13
Speech Therapy	MN-077, MN-288	01/23/13
Spinal Procedures	MCG, MN-051, MN-157, MN-266, MN-310, MN-311	06/27/16
Transapical / Transaortic Valve Surgery	MN-308	11/01/19
Transplants	MCG, MN-125	01/21/13
Unlisted & Miscellaneous Codes	MN-044, MN-044, MN-068, MN-157, MN-215, MN-284	01/21/13
Vagal Nerve Stimulator Placement	MCG, MN-137	06/27/16
Varicose Vein Procedures	MCG, MN-053, MN-233, MN-238	01/21/13
Ventricular Assist Device Placement	MN-191	06/27/16
Weight Loss (Bariatric) Surgery	MN-048, MN-222, MN-223, MN-224, MN-225	01/21/13

Durable Medical Equipment and Prosthetics	Criteria or Medical Policy	Eff Date
Bone growth stimulators	MN-272	04/01/13
Compression Device	MN-195	04/01/13
Continuous passive motion exercise device		04/01/13
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	MN-183, MN-268	04/01/13
Formula (enteral) Amino-acid based	MN-197	04/01/13
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	MN-195	04/01/13
Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies	MCG	04/01/13
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	MCG	04/01/13
Oxygen delivery devices, concentrators	MN-181	04/01/13
Power Operated Vehicles	MN-237	04/01/13
Wheelchairs and related equipment - Custom-made and specially sized	MCG, MN-235, MN-236	04/01/13
Wheelchairs and related equipment - Power	MN-063, MN-235, MN-237	04/01/13
Ventilators and related equipment	MN-045, MN-204	04/01/13

Medical Pharmacy ¹³ Drugs	Criteria or Medical Policy	Eff Date
Afinitor (everolimus)	MN-003	02/01/15
Alimta (pemetrexed)	Oncology Analytics	02/01/15
All alpha 1-proteinase inhibitor (human)	MCG	02/01/15
All antineoplastics	Oncology Analytics	06/27/16
All antisense oligonucleotides	MN-092, MN-202	02/01/15
All coagulation modifiers	MCG, MN-056, MN-276	02/01/15
All enzyme therapies	MCG, MN-263	02/01/15
All gonadotropin-releasing growth hormone	MCG	02/01/15
All hormone antagonists	MCG	02/01/15
All immunoglobulins	MCG	02/01/15
All interferons	MCG	02/01/15
All interleukin-1 and - 2 blockers	MCG, MN-032	02/01/15
All microtubule inhibitors	MCG	02/01/15
All monoclonal antibodies	MN-014, MN-015, MN-029, MN-058, MN-073, MN-082, MN-203, MN-216, MN-246, MN-253, MN-265, MN-279, MN-280, MN-301	02/01/15
All substance P antagonists	MN-003	02/01/15
All T-cell blockers	MCG	02/01/15
All TNF blockers	MCG	02/01/15
All unspecified medical drug codes	FirstCare Outpatient Unclassified J-Codes (Medical Drugs) Policy	02/01/15
All VEGF inhibitors	MN-128	02/01/15
Aloxi (palonosetron)	MN-003	08/01/18
Anzemet (dolasetron)	MN-003	02/01/15

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Aranesp (darbopoetin alfa)	Oncology Analytics	06/27/16
Boniva (ibandronate sodium inj)	MN-242	06/27/16
Buprenex (buprenorphine hydrochloride)	MN-003	02/01/15
Cancidas (caspofungin)	MN-214	02/01/15
Caplacizumab (Cablivi)	MN-306	07/01/19
Caverject (alprostadil)	MN-003	02/01/15
Cellcept (mycophenolate)	MN-003	02/01/15
Cytovene (ganciclovir)	MN-003	02/01/15
Disperz (everolimus)	MN-003	02/01/15
Drugs that are high dollar and not listed elsewhere	MN-003, MN-004, MN-011, MN-031, MN-052, MN-054, MN-093, MN-214, MN-221, MN-239, MN-242, MN-245, MN-256, MN-282, MN-287, MN-290, MN-302, MN-304, MN-305, MN-306, MN-307	02/01/15
Edetate (edetate calcium disodium)	MCG	02/01/15
Edex (alprostadil injection)	MCG	02/01/15
Eligard (leuprolide acetate)	MCG	06/27/16
Emapalumab (Gamifant)	MN-307	07/01/19
Emend (fosaprepitant)	Oncology Analytics	02/01/15
Epogen (epoetin alfa)	Oncology Analytics	06/27/16
Faslodex (fulvestrant)	Oncology Analytics	02/01/15
Flolan (epoprostenol sodium)	MCG	06/27/16
Forteo (teriparatide)	MCG	06/27/16
H.P. Acthar Gel (corticotropin)	MN-003	02/01/15
Leukine, Prokine (sargramostim)	Oncology Analytics	02/01/15
Leuprolide (Leuprolide acetate)	MCG	06/27/16
Lupron (leuprolide acetate)	MCG	06/27/16
Makena (brand only requires authorization)	MN-011	01/01/18
Mircera (epoetin beta)	Oncology Analytics	12/01/16
Mozobil (plerixafor)	Oncology Analytics	02/01/15
Neulasta (pegfilgrastim)	Oncology Analytics	06/27/16
Neupogen (filgrastim)	MCG	06/27/16
Nplate (romiplostim)	Oncology Analytics	06/27/16
Oncology (Adult) Drugs	Oncology Analytics	10/01/19
Prialt (ziconotide)	MN-003	02/01/15
Procrit (epoetin alfa)	Oncology Analytics	06/27/16
Proleukin (aldesleukin)	Oncology Analytics	02/01/15
Provenge (sipuleucel-T)	Oncology Analytics	02/01/15
Reclast (zoledronic acid)	MN-242	06/27/16
Relistor (methylnaltrexone)	MN-003	02/01/15
Remodulin (treprostinil sodium)	MN-003	02/01/15
Sandostatin (octreotide)	MCG	02/01/15
Teflaro (ceftaroline fosamil)	MN-052	02/01/15
Tobi (tobramycin)	MCG	02/01/15
Tyvaso (treprostinil)	MCG	02/01/15
Veletri (epoprostenol sodium)	MCG	02/01/15
Ventavis (iloprost)	MCG	02/01/15
Xeloda (capecitabine)	MN-003	02/01/15
Zarxio (filgrastim)	MCG	12/01/16
Zortress (everolimus)	MN-003	02/01/15

¹ 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>.

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² 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.

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

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

⁸ Prior authorization for anesthesia for dental procedures is required for the following code ranges: K00, K01, K02, K03, K05, K06, K08, and M26.

⁹ Some dental procedures may be covered under some plans, subject to benefit limitations. All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design.

¹⁰ 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.

¹¹ All services that are always considered "[experimental or investigational](#)" are excluded from coverage. Services considered investigational for some indications require prior authorization.

¹² Oncology treatments include chemotherapeutic drugs, symptom management drugs, supportive agents, radiation therapy and cancer-related genetic molecular testing.

¹³ 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.