

Prior Authorization List

The following services will require prior authorization. For additional information, read all [general information](#)¹.

For the current list of prior authorization codes in these categories and online authorization submission, log in and utilize the [Prior Authorization Requirements Code Lookup](#).

Durable Medical Equipment (DME) & Prosthetics¹

Inpatient Confinements²

- Acute Care Hospital
- Behavioral Health Hospital
- Chemical Dependency Facility
- Long-Term Acute Care Hospital
- Partial Hospitalization Program
- Rehabilitation Facility
- Residential Treatment Center
- Skilled Nursing Facility, Sub-Acute Or Transitional Care Facility
- Transitional Learning Center

*Emergency admissions do not require prior authorization, but require notification to FirstCare with clinical medical necessity records within 24 hours of admission.

Out-of-Network Care (all settings/places of service)^{3, 11}

- Referral to or Use of Out-of-Network Provider for Non-Emergent Services (HMO, EPO plans) (Does not apply to PPO plans)

SERVICES AND TREATMENTS (all settings/places of service)³

- Ambulance Services (non-emergency transport)
- Anesthesia for Dental Procedures⁴
- Applied Behavior Analysis
- Cochlear Device and/or Implantation
- Detoxification, Outpatient
- Gastrointestinal (GI) Tract Imaging Through Capsule Endoscopy
- Genetic Testing
- Home Health Care Services⁵
- Hyperbaric Oxygen Therapy
- Intensive Outpatient Programs
- Intensity Modulated Radiation Therapy
- Intraoperative Neuromonitoring
- Investigational and Experimental Services and Procedures⁶
- Mobile Cardiac Output Telemetry
- Prescribed Pediatric Extended Care Centers (PPECC) FirstCare Star (Medicaid) only
- Private Duty Nursing
- Psychological testing/ Neuropsychological testing
- Specialized Imaging (i.e. Cardiac CT, Cardiac and Breast MRI, PET scan, Interventional Radiology)
- Unlisted Codes

SURGERIES AND PROCEDURES (all settings/places of service)³

- Bariatric Surgery
- Bone Growth Stimulator
- Cochlear Device and/or Implantation
- Cosmetic or Potentially Cosmetic Procedures
- Dental Procedure Under Medical Benefit⁷
- Gender Reassignment Surgery
- Cardioverter-Defibrillator
- In Vitro Fertilization Services⁸
- Orthognathic Surgery Procedures
- Pain Management Procedures, interventional
- Penile Prosthesis Procedures
- Reconstructive Procedures
- Spinal Procedures
- Stereotactic Radiosurgery
- Transplant and Pre-Transplant Evaluation
- Uvulopalatopharyngoplasty
- Varicose Vein Procedures

Therapies in Outpatient, Office, Or Home Settings

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Certain drugs (see page 2)

Prior Authorization List

For medical benefit medications authorization and to view the current list of codes, log in and utilize the [Prior Authorization Code Lookup](#).

Where **DRUG CLASS** names are followed by an asterisk (*), all drugs in that class require authorization. Other listed medications require authorization. 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 and for Medicaid call 877-908-6023 or fax to 855-668-8553.

ALL UNSPECIFIED DRUGS*

ANESTHESIA FOR DENTAL PROCEDURES^{4*}

ANTIMETABOLITES

Alimta (pemetrexed)
Xeloda (capecitabine)

ANTINEOPLASTICS MISC*

Novantrone (mitoxantrone)

ANTISENSE

OLIGONUCLEOTIDES*

ALPHA 1-PROTEINASE INHIBITOR (HUMAN)*

ANTI-INFECTIVES INJECTABLES

Candidas (caspofungin)
Cytovene (ganciclovir)
Teflaro (ceftaroline fosamil)
Tobi (tobramycin)

BONE RESORPTION INHIBITORS

Boniva (ibandronate sodium inj)
Reclast (zoledronic acid)
Prolia (Denosumab Inj)

BOTULINUM TOXINS*

CELLULAR THERAPY

Provenge (sipuleucel-T)

CHELATION THERAPY

Edetate (edetate calcium disodium)

COAGULATION MODIFIERS*

DERMATOLOGICAL AGENTS

Sculptra (sculptra)
Radiesse (radiesse)

ENZYME THERAPY*

ESTROGEN RECEPTOR ANTAGONIST

Faslodex (fulvestrant)

GONADOTROPIN-RELEASING*

GROWTH HORMONE*

GROWTH HORMONE RELEASING HORMONES (GHRH) *

HEMATOPOIETIC AGENTS

Aranesp (darbepoetin alfa)
Epoen (epoetin alfa)
Leukine, Prokine (sargramostim)
Mircera (epoetin beta)
Mozobil (plerixafor)
Neulasta (pegfilgrastim)
Neupogen (filgrastim)
Nplate (romiplostim)
Procrit (epoetin alfa)
Zarxio (filgrastim)

HORMONE AGONISTS*

Eligard (leuprolide acetate)
Leuprolide (Leuprolide acetate)
Lupron (leuprolide acetate)

IMMUNOGLOBULINS*

IMMUNOSUPPRESSIVE AGENTS

Cellcept (mycophenolate)

INTERFERONS*

INTERLEUKIN-1 BLOCKERS*

INTERLEUKIN-2*

Proleukin (aldesleukin)

IN VITRO FERTILIZATION^{8*}

MICROTUBULE INHIBITORS*

MONOCLONAL ANTIBODIES*

mTOR INHIBITORS

Afinitor (everolimus)
Disperz (everolimus)
Zortress (everolimus)

NON-OPIOID ANALGESICS

Prialt (ziconotide)

OPIOID ANALGESICS

Buprenex (buprenorphine hydrochloride)

PARATHYROID HORMONE ANALOGS

Forteo (teriparatide)

PERIPHERAL OPIOID RECEPTOR

Relistor (methylnaltrexone)

PROGESTINS

Makena (brand only requires authorization)

PROSTAGLANDIN VASODILATORS

Caverject (alprostadil)
Edex (alprostadil injection)
Flolan (epoprostenol sodium)
Remodulin (treprostinil sodium)
Tyvaso (treprostinil)
Veletri (epoprostenol sodium)
Ventavis (iloprost)

SEROTONIN 5-HT₃ ANTAGONISTS

Anzemet (dolasetron)
Aloxi (palonosetron)

SOMATOSTATIN ANALOGS

Sandostatin (octreotide)

SUBSTANCE P ANTAGONISTS*

Emend (fosaprepitant)

SYSTEMIC CORTICOSTEROIDS

H.P. Acthar Gel (corticotropin)

T-CELL BLOCKERS*

TNF BLOCKERS*

VEGF INHIBITORS*

VISCOSUPPLEMENTATION*

(*) All drugs in that class require authorization.

Prior Authorization List

General Information

1. We collect clinical information before elective inpatient admissions and/or selected ambulatory procedures and services take place. Preauthorization is the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets clinical criteria for medical necessity.
 - a. **We prefer you submit preauthorization requests and inquiries electronically. 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. **In addition, Providers can use the online Prior Authorization Code Lookup for specific code requirements. This code list is subject to future changes without provider notification.**
 - b. Authorization requests for non-emergent services must be received before these services are rendered. We encourage providers to submit preauthorization requests at least two weeks before the scheduled services. Failure to contact FirstCare Health plans (the "health plan") for preauthorization may relieve the health plan, employers and members from any financial liability for the applicable service(s), if those services are rendered.
 - c. Authorization guidelines apply to all products, unless otherwise specified.
 - d. All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. 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>.
 - e. 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. A copy of the criteria used will be faxed, emailed or mailed to the provider based upon the request. For the most current contact information for us, please visit <http://www.firstcare.com/Contact-Us>
 - f. Utilization Management department hours of operation are Monday through Friday from 6:00 a.m. to 6:00 p.m., CST. On Saturday, Sunday, and legal holidays, the hours of operation are 9:00 a.m. to 12:00 p.m. Online authorization requests can be submitted 24 hours per day, seven days a week. Authorization determinations may be communicated to the provider by fax, phone, secure email or secure web portal. Providers are advised to leave their fax systems on at all times in order to receive correspondence from FirstCare (i.e. requests for additional clinical, options for peer-to-peer review) during and after business hours.
 - g. Please refer to the [FirstCare Prior Authorization Request Form](#) to complete, print, and fax a request.
2. 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).**
3. All services within these categories require authorization when a member is in an observation level of care.
4. Prior authorization for **anesthesia for dental procedures** is required for the following code ranges: K00, K01, K02, K03, K05, K06, K08, M26. Authorization submissions for Medicaid members from ages zero (0) through six (6) years, procedure code 00170, must include proof of approved prior authorization for dental services from the Dental Maintenance Organization (DMO).
5. 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.
 Note: Speech therapy provided in the home to adult members who are 21 years of age and older are not a benefit of Texas Medicaid.
6. All services that are always considered "**experimental or investigational**" are excluded from coverage. Services considered investigational for some indications require prior authorization.
7. 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.
8. In Vitro Fertilization services require authorization for members who have the **In Vitro Fertilization (IVF) Benefit Rider**; otherwise, services are not covered.
9. FirstCare retains the right to modify, add or remove items from the above category lists with proper notifications to members and provider, when applicable.
10. Any Medicaid service that exceed benefit limitations will require prior authorization.
11. Non-emergent out-of-network services with an observation level of care (revenue 760 and 762) require authorization.