

Prior Authorization List

▶ Effective January 1, 2021*

- Abdominoplasty/panniculectomy
- Ambulance (non-urgent air and non-urgent ground)
- Bariatric surgery
- Blepharoplasty and eyebrow lift/brow-ptosis
- Breast reconstruction surgeries
 - Breast implant surgeries
 - Gynecomastia surgery
 - Reduction mammoplasty, female
- Cardiac imaging and procedures (echo, echo stress, cardiac rhythm implantable devices, myocardial perfusion imaging, nuclear medicine, diagnostic heart catheterization)
- Chiropractic** and massage therapy
- Clinical trials, phase I, II, III and IV
- Cosmetic and reconstructive surgery
- Dental services (if done in a facility rather than in a provider's office)
- DME (select; see DME prior authorization list)
- Electrical stimulation for gastroparesis
- Endothelial keratoplasty
- Experimental and investigational services
- Gender reassignment procedures
- Genetic testing (including molecular diagnostics)—select***
- Hyperbaric oxygen therapy
- Imaging
 - CT, CTA, MRI, MRA, PET, 3D****
 - Obstetrical and diagnostic ultrasound*****
- Inpatient rehabilitative services
- InterStim: implantable sacral nerve stimulation for urinary dysfunction
- Interventional pain management
- Joint surgery—select***
- Laser treatment of psoriasis
- Oncology pathways*****
- Out-of-network referral for HMO
- Port wine stain removal
- Radiation therapy, including but not limited to:
 - Proton beam therapy
 - Stereotactic radiosurgery
- Rehabilitative therapies
 - Occupational therapy
 - Physical therapy
 - Speech therapy
- Select surgical procedures requiring an elective inpatient stay may require prior authorization***
- Skilled nursing facility
- Sleep diagnostics, evaluations and supplies
- Specialty pharmacy (including home infusion drugs)—select***
- Spine surgery—select***
- Transcranial magnetic stimulation (TMS) treatment
- Transplant services
- Urgent inpatient stays (medical/surgical/substance abuse)—notification to FirstCarolinaCare is required (review performed after notification)
- Uvulopalatopharyngoplasty (UPPP)
- Vision therapy

NOTE: This list is for prior authorization purposes only. To determine if an item is covered or how it is covered, please contact the customer service number on the back of the member's identification card or visit FirstCarolinaCare.com for providers.

*Effective for Medicare Advantage plans on 1/1/2021; Commercial Groups effective with their 2021 renewal date.

**Groups with a maximum annual dollar or visit limit will not require prior authorization.

***See FirstCarolinaCare.com for providers for specific CPT/HCPCS codes.

****3D mammography does not require prior authorization.

*****Breast ultrasounds and venous duplex (doppler) scans do not require prior authorization.

*****Inpatient chemotherapy does not require prior authorization.