

Prior Authorization List

► Effective January 1, 2023

- Abdominoplasty/panniculectomy
- Ambulance (non-urgent air)
- 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 affirmation procedures
- Genetic testing (including molecular diagnostics)—select**
- Hyperbaric oxygen therapy
- Imaging
 - CT, CTA, MRI, MRA, PET, 3D***
- Inpatient admissions (acute, rehabilitative, mental health, substance abuse) notification to FirstCarolinaCare is required upon admission
- Implantable Nerve Simulators – select**
- Interventional pain management
- Joint surgery—select**
- Laser treatment of psoriasis
- Oncology pathways****
- Out-of-network referral for HMO
- Port wine stain removal
- Post-Acute Care admission (Skilled Nursing Facility, Inpatient Rehab Facility, Long-Term Acute Care)
- 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**
- 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 and may be amended from time to time. Members should contact the customer service phone number on the back of their member identification card for questions regarding if an item or service is covered or how it is covered. Providers can obtain this information and specific CPT/HCPCS code requirements by visiting [FirstCarolinaCare.com/providers](https://www.firstcarolinacare.com/providers).

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

**See [FirstCarolinaCare.com](https://www.firstcarolinacare.com) for providers for specific CPT/HCPCS codes.

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

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