

First Coast Advantage Pre-Authorization List

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Pre-Authorization Requirements	Authorization/Notification Requirements
<ul style="list-style-type: none"> • All out of network service (non-par First Coast Advantage Providers) includes diagnostic test, labs, x-rays, MRI, ultrasounds and PET Scans. • All Shands/UF Gainesville services require pre-authorization. • All Adult Dermatology, consult, evaluation and treatment. • Proton Beam Therapy • Abortions, Sterilizations, and Hysterectomies • Non-emergency inpatient hospital/observation and acute rehab admissions (includes Behavioral Health and elective surgeries). • Skilled Nursing Facility admissions. • Plastic Surgery evaluations/consultation and surgery (cosmetic/reconstructive procedures) and related care. • Medically Necessary Circumcision, consults, evaluation and treatment. • Oral surgery (OMFS services) • Outpatient Behavioral Health authorization required for all services. • DME/Medical supplies. <ul style="list-style-type: none"> ○ Customized wheelchairs specially sized and constructed ○ Power wheelchairs and scooters ○ Substantial repairs/parts member owned medical equipment ○ Hospital/specialty beds ○ Augmentative/alternative communication devices ○ Oxygen related equipment and services. No authorization required for nebulizers. ○ Ventilator and respiratory equipment ○ Enteral feedings ○ Wound care supplies and other consumable medical supplies • Cochlear Implant (Evaluation & Procedure) • Hearing Aids • Growth Hormone • Hyperbaric oxygen therapy • Obstetrical Care (auth required from OB for professional services, plus notification from hospital). • Home Health Care or Infusion • Orthotics, Prosthetics and Braces • Transplants and related care • Medically Necessary Circumcisions 	<p>Hospital: (Medical & Behavioral)</p> <ul style="list-style-type: none"> • Emergency Room visits within 24 hours or next business day. • Emergency inpatient admissions and observations (within 24 hours or one business day). <p>Transportation: Verbal authorization required by TMS for transportation of members 60 miles or greater in one direction.</p> <hr/> <p>Member may self-refer with no authorization to the following services, but may be limited to the number of visits indicated.</p> <p>Chiropractic: Chiropractic patients are allowed 24 visits per calendar year without authorization. Chiropractic visit 25 will be denied for benefits exhausted.</p> <p>Podiatry: Podiatry patients are allowed 24 visits per calendar year without authorization. Podiatry visit 25 will be denied for benefits exhausted.</p> <p>Dermatology: No limit</p> <p>Family Planning: No limit</p> <p>Note: No authorization required when Medicare is primary.</p>