

**CareFirst CHPDC Prior Authorization List**

Services that require prior authorization are listed below. Providers can submit requests electronically through the provider portal.

*Effective April 1, 2021*

Category	Description
Inpatient	<ul style="list-style-type: none"> <li>• Elective inpatient services</li> <li>• Urgent inpatient services</li> <li>• Non-participating providers</li> <li>• Long-term acute hospitalization</li> </ul>
Observation Care Admission	<ul style="list-style-type: none"> <li>• Observation greater than 48 hours</li> </ul>
Ambulance	<ul style="list-style-type: none"> <li>• Elective air transportation only</li> <li>• Elective non-participating providers</li> </ul>
Abortions	<ul style="list-style-type: none"> <li>• Elective abortions</li> </ul>
Auditory Treatment	<ul style="list-style-type: none"> <li>• Cochlear Implantation</li> </ul>
Behavioral Health	<ul style="list-style-type: none"> <li>• Residential Treatment</li> <li>• Intensive Day Services Programs</li> <li>• Inpatient Mental Health</li> <li>• Inpatient Substance Abuse</li> <li>• Acute Residential</li> <li>• Partial Hospital Program</li> <li>• S O A P Half Day</li> <li>• Intensive Outpatient Program</li> </ul>



This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

Clinical Trials	<ul style="list-style-type: none"> <li>• Clinical Trial requires prior authorization and medical director review.</li> </ul>
Cosmetic Services <b>(This is not an exclusive list)</b>	<ul style="list-style-type: none"> <li>• All cosmetic services.</li> <li>• Breast Reconstruction Surgery</li> <li>• Chemical Peel</li> <li>• Dermabrasion</li> <li>• Ear piercing</li> <li>• Eyelid and Eyebrow surgery (ptosis repair)</li> <li>• Excessive Skin removal</li> <li>• Liposuction</li> <li>• Nose revision</li> <li>• Repair nasal septum</li> </ul>
Dental Procedures	<p><b>Dental procedures are managed by Avesis. Contact Avesis to determine if the procedure requires prior authorization.</b></p>
DME	<p><b>*****DME \$750 and greater will require prior authorization.</b></p> <p><b>In addition, the following requires prior authorization.</b></p> <ul style="list-style-type: none"> <li>• Semi and total electric hospital bed</li> <li>• Powered pressure-red air mattress</li> <li>• Air elevator for heel</li> <li>• Stationary compressed gas system, purchase</li> <li>• Portable gaseous oxygen system, rental</li> <li>• Hi Frequency chest wall oscillator system</li> <li>• Respiratory suction pump, home model, portable or stationary, electric</li> <li>• Continuous airway pressure device</li> <li>• Hospital grade electric breast pump</li> <li>• Patient lift hydraulic</li> <li>• Pneumatic compressor, segmental home model without calibrated gradient pressure</li> </ul>

	<ul style="list-style-type: none"> <li>• Pneumatic compressor, segmental home model with calibrated gradient pressure</li> <li>• Segmental pneumatic appliance for use with pneumatic compressor, full leg</li> <li>• Segmental pneumatic appliance for use with pneumatic compressor, full arm</li> <li>• Osteogenesis stimulator, electrical, non-invasive, other than spinal applications</li> <li>• Osteogenesis stimulator, electrical, non-invasive, spinal applications</li> <li>• Negative pressure wound therapy electrical pump, stationary or portable</li> <li>• durable medical equipment unlisted codes</li> <li>• Non-Inhalation Drug for DME</li> </ul>
Experimental and Investigational Therapy and Treatment	All experimental and investigational treatment requires prior authorization
Genetic Testing	<ul style="list-style-type: none"> <li>• Genetic Testing requires prior authorization <b>except</b> Spinal Muscular Atrophy</li> </ul> <p>*****The following requires prior authorization, and the list is <b>not</b> inclusive</p> <ul style="list-style-type: none"> <li>• BRCA Gene Testing</li> <li>• Cytogen Neoplasia Microarray</li> <li>• Palb Full Gene Seq</li> <li>• Genome Sequence Analysis</li> <li>• Genome Sequence Analysis -- Each Comparator</li> <li>• Inherited Cardiomyopathy Seq Ana</li> <li>• Whole mitochondrial genome</li> <li>• Whole MC Genome Lg Dup/Del</li> </ul>

	<ul style="list-style-type: none"> <li>• FGFR Gene Analysis</li> <li>• IDH2 Common Variant</li> <li>• AOC Gene Full Sequence</li> <li>• AOC Gene Dup/Delet Variants</li> <li>• Calr Gene Com Vriants</li> <li>• CFTR Gene Com Variants</li> <li>• Cytogen M Array Copy NO &amp; SNP</li> <li>• F9 Full Gene Sequence</li> <li>• HBA1/HBA2 Gene</li> <li>• JAK2 Gene</li> <li>• KRAS Gene Addl Variants</li> <li>• MLH1 Gene Full Seq</li> <li>• MSH2 Gene Full Seq</li> <li>• MSH6 Gene Full Seq</li> <li>• Microsatellite Instability</li> <li>• MECP2 Gene Full Seq</li> <li>• PCA3/KLK3 Antigen</li> <li>• PMS2 Gene Full Seq Analysis</li> <li>• PMS2 Gene Dup/Delet Variants</li> <li>• PTEN Gene Full Sequence</li> <li>• HLA I Typing Complete LR</li> <li>• Mopath procedure level 3, 5, 6, 7, 8, 9</li> <li>• Ashkenazi Jewish Genetic Disorders Sequencing</li> <li>• Cardiac ion channelopathies</li> <li>• Exome Reveal Proban</li> <li>• Exome Reveal Trio</li> <li>• Fetal Chromosomal Aneuploidy, genomic sequence analysis</li> <li>• Hereditary breast cancer-related disorders</li> <li>• Hereditary colon cancer</li> <li>• Hereditary colon syndrome</li> <li>• Hereditary Neuroendocrine Tumor Disorder</li> <li>• Inherited Cardiomyopathy</li> <li>• Genetic Testing for Severe Inherit Conditions</li> </ul>
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	<ul style="list-style-type: none"> <li>• Targeted Genomic Seq Analysis</li> <li>• Whole Mitochondrial Genome</li> <li>• Whole Mitochondrial LG Dup/Del</li> <li>• Unlisted Molecular Pathology</li> <li>• Prosigna Breast Cancer Prognostic Gene Signature Assay</li> <li>• Metamark/Promark</li> <li>• Genetic Testing for Retinoblastoma</li> </ul>
Gender Reassignment	<ul style="list-style-type: none"> <li>• Gender Reassignment Surgery</li> </ul>
Home Health Services	<p>*****Home health services after the 18<sup>th</sup> visit <b>requires</b> prior authorization.</p> <p>*****Personal care aides (PCA) <b>require</b> prior authorization. See Personal care aide.</p> <p>*****Skilled nursing service to supervise PCA <b>does not</b> require prior authorization.</p>
Hospice	<p>Hospice Care in a Facility</p> <ul style="list-style-type: none"> <li>• Acute Hospital and Acute Rehab</li> <li>• Long term care- skilled facility</li> </ul>
Infertility Treatment	<p>All infertility treatment for male and female <b>require</b> prior authorization.</p>
Injections	<ul style="list-style-type: none"> <li>• Epoetin</li> <li>• Leuprolide acetate</li> <li>• Natalizumab Injection</li> <li>• Omalizumab Injection</li> <li>• Ranibizumab Injection</li> <li>• Rituximab</li> <li>• Synagis (palvizumab)</li> <li>• Drugs unclassified</li> </ul>
Laboratory Testing	<ul style="list-style-type: none"> <li>• Respir Pathogen 20 Targets</li> <li>• GI Pathogen 22 Targets</li> <li>• Thyramir</li> </ul>

Non-Participating Provider	<b>*****Any nonparticipating provider service requires prior authorization.</b>
Outpatient Services	<ul style="list-style-type: none"> <li>• Hyperbaric Oxygen Therapy</li> <li>• Supervised Sleep Study</li> </ul>
Obesity Treatment	<ul style="list-style-type: none"> <li>• Obesity Surgery</li> </ul>
Personal Care Aide	<ul style="list-style-type: none"> <li>• Personal Care Aide services <b>require</b> prior authorization.</li> </ul>

Prosthetics and Orthotics	<p><b>****Any cost \$750 or greater will require prior authorization. In addition, the following requires prior authorization.</b></p> <ul style="list-style-type: none"> <li>• Below knee, molded socket, shin, sach foot. Orthotic and Prosthetic Procedures, Devices</li> <li>• Below knee, molded socket, shin, sach foot, endoskeletal system. Orthotic and Prosthetic Procedures, Devices</li> <li>• Addition to lower extremity, below knee, flexible inner socket, external frame. Orthotic and Prosthetic Procedures, Devices.</li> <li>• Addition to lower extremity, below knee suction socket.</li> <li>• Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket</li> <li>• Replacement, socket, below knee, molded to patient model. Orthotic and Prosthetic Procedures, Devices.</li> <li>• Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation</li> <li>• Addition, endoskeletal system, below knee, flexible protective outer surface covering system. Orthotic and Prosthetic</li> <li>• Flex = Foot System</li> <li>• Flex-walk Sys Low Ext Prosthetic</li> <li>• Multi-axial rotation unit</li> <li>• Shank Ft w vert load pylon</li> </ul>
Proton Therapy	Proton therapy requires prior authorization
Radiology and Cardiology Procedures	<b>*****High tech radiology and cardiology procedures done as an outpatient require</b>

	<p><b>prior authorization by NIA. The list is not inclusive:</b></p> <ul style="list-style-type: none"> <li>• MRI/MRA, CT scans, PET scan</li> <li>• TEE, Stress Echocardiography, CT angiogram</li> </ul>
Spinal Surgery	<ul style="list-style-type: none"> <li>• Artificial Disc Replacement</li> <li>• Cervical Laminectomy</li> <li>• Spinal Surgery and fusion</li> </ul>
Transplant	<p><b>*****All transplant surgery</b></p>
Unlisted codes	<ul style="list-style-type: none"> <li>• All unlisted codes require review.</li> <li>• All CPT codes ending in 99</li> </ul>