

## Prior Authorization List Effective January 1, 2025

- 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)
- Endothelial keratoplasty
- Experimental and investigational services
- Gender affirmation procedures
- Genetic testing (including molecular diagnostics)—select\*\*
- Imaging
  - CT, CTA, MRI, MRA, PET, 3D\*\*\*
- Inpatient admissions (acute, rehabilitative, mental health, substance abuse) – notification to FirstCarolinaCare is required upon admission
- Implantable Nerve Stimulators – 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 narrative list is a reference for prior authorization categories only. To determine if a specific service/item is covered or how it is covered, or for specific CPT/HCPCS codes that require prior authorization within these categories, please contact the customer service number on the back of the member's identification card or visit [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 within this category.

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

\*\*\*\*Chemotherapy initiated while the member is in an inpatient facility does not require prior authorization.