



Florida Healthy Kids Prior Authorization List
Effective 8/5/2026

ALL SERVICES RENDERED BY OUT OF NETWORK PROVIDERS REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN.		BELOW CPT CODES REQUIRE PRIOR AUTH
ADMISSION INPATIENT and FACILITY-BASED CARE		
ELECTIVE MEDICAL INPATIENT ADMISSION		POS 21
ELECTIVE SURGICAL INPATIENT ADMISSION		POS 21
INPATIENT ACUTE REHABILITATION ADMISSION		POS 61
NON-ELECTIVE (EMERGENCY) ADMISSION		POS 21
SKILLED NURSING FACILITY ADMISSION		POS 31
BEHAVIORAL HEALTH AND SUBSTANCE USE		
FOR BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES THAT REQUIRE PRIOR AUTHORIZATION, PLEASE REFER TO CCP'S BEHAVIORAL HEALTH AUTHORIZATION GUIDELINES		
GENE THERAPY		
GENE THERAPY		J3392, J3394, J3396, J1411, J1412, J1413, J3399, J3398, J3401
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES		
ADJACENT TISSUE TRANSFER/ REARRANGEMENT/ REPAIR INTEGUMENTARY SYSTEM		14000 - 14350
BARIATRIC SURGERY		43644 - 43645, 43770 - 43775, 43842 - 43848, 43886 - 43999
BLADDER REPAIR/ RECONSTRUCTION PROCEDURES		51800 - 51980
BREAST SURGICAL PROCEDURES (excludes excisions or biopsies)		19300 - 19396
CANTHOPLASTY		67950
CONSTRUCT BLADDER OPENING		51980
CREATE TEAR SAC DRAIN		68720
DERMATOLOGIC PHOTOCHEMOTHERAPY AND LASER TREATMENT		96910 - 96922
DESTRUCTION OF LESIONS		17106 - 17286
EYELID, EXCISION AND REPAIR		67961, 67966, 67971, 67973, 67974, 67975, 67999
EYELID REPAIR PROCEDURES		67911 - 67924
FOOT and TOES RECONSTRUCTION		28238, 28280 - 28360
GASTRIC NEUROSTIMULATOR PROCEDURES		43647 - 43648, 43881 - 43882
GASTRIC PROCEDURES (including laparoscopic surgery and revision of anastomosis)		43651 - 43659, 43850 - 43865
HAND AND FINGERS RECONSTRUCTION		26541 - 26596

HEAD (SKULL, FACE, TMJ) RECONSTRUCTION	21029, 21120 - 21296
HEART DEFECT REPAIR (STRUCTURAL)	93580 - 93592
HUMERUS AND ELBOW RECONSTRUCTION	24301 - 24498
INTRALESIONAL INJECTIONS	11900 - 11901
KERATOPROSTHESIS	65770
KNEE, ARTHROPLASTY	27437 - 27447
LIP/ PALATE REPAIR	40650 - 40761
MASTOID SURGERY	69501 - 69605
NECK AND THORAX RECONSTRUCTION	21685 - 21750
NOSE, REPAIR	30400 - 30630
OCULAR ADNEXA, STRABISMUS SURGERY	67311 - 67318
PALATE AND UVULA REPAIR	42200-42281
PELVIS and HIP RECONSTRUCTION	27097 - 27187
PENILE REPAIR	54300 - 54400
SKIN FLAPS AND GRAFTS	15570 - 15847
DENTAL CARE IN A FACILITY	
Medically necessary dental services are authorized by the FHKC CONTRACTED DENTAL INSURANCE CARRIERS. CCP will be responsible for the prior authorization of the facility and ancillary medical services in the facility.	
DIAGNOSTIC IMAGING AND LAB TESTING	
CT SCAN	70450 - 70498, 71250 - 71275, 72125 - 72133, 72191 - 72194, 73200 - 73206, 73700 - 73706, 74150 - 74178, 74261 - 74263, 75635, 76376-76377
GENETIC TESTING	81200 - 81479, 81599, 88230-88299, 88360-88368 81220, 81243, and 81401

MRI	70336, 70540 - 70543, 70551 - 70559, 71550 - 71552, 72141 - 72158, 72195 - 72197, 73218 - 73223, 73718 - 73723, 74181 - 74183, 75557 - 75565, 76390, 76498, 77021 - 77022, 77058 - 77059
PET SCAN	78459, 78491-78492, 78608-78609, 78811-78816
SLEEP STUDY	95782-95783, 95800-95811
TRANSVAGINAL US NON-OB	76830
DIALYSIS	
HEMODIALYSIS AND PERITONEAL	90945-90947, 90935-90937
DURABLE MEDICAL EQUIPMENT ALL DME REQUIRES AUTHORIZATION FROM COASTAL CARE SERVICES (1-833-204-4535) WITH THE EXCEPTION OF THE ITEMS LISTED BELOW WHICH REQUIRE AUTHORIZATION DIRECTLY FROM COMMUNITY CARE PLAN	
DIABETIC SHOES	A5500-A5513
COCHLEAR DEVICE SYSTEM	L8614
PATIENT LIFTS	E0621-E0635
ELECTIVE INVASIVE PROCEDURES	
ABLATE HEART DYSRHYTHM FOCUS (ELETROPHYSIOLOGICAL PROCEDURES)	93653 - 93657
ABLATE INFERIOR TURBINATE	30801 - 30802
ABORTION PROCEDURES (elective)	59840 - 59857
ADJUST BONE FIXATION DEVICE	20693
ANAL PRESSURE RECORD	91122
ANAL/ URINARY EMG	51784
ARTHROSCOPY ALL BODY AREAS	29800 - 29999
AV SHUNT/ ANASTOMOSIS PROCEDURES	36818 - 36821
BRONCHOSCOPIC PROCEDURES	31622 - 31661
CAPSULE ENDOSCOPY	91110 - 91112
CARDIAC CATHETERIZATION	93451 - 93533
CARDIOVERSION, ELECTRICAL - INTERNAL	92961
CARPAL TUNNEL SURGERY	64721 - 64722

CHOLECYSTECTOMY, LAPAROSCOPIC	47562 - 47579
CIRCUMCISION	54161 - 54163
CORONARY THERAPEUTIC SERVICES	92920 - 92979
CYSTOSCOPY AND TREATMENT	52000 - 52355
DENERVATION	64612 - 64640
ELECTRICAL STIMULATION, OPERATIVE	20975
ELECTROMYOGRAPHY and NERVE CONDUCTION VELOCITY TESTING	95860 - 95887, 95905 - 95913
ENDOSCOPY, SURGICAL (SINUS, ESOPHAGUS, SMALL INTESTINE, STOMA)	31267, 31276, 432000 - 43255, 44360 - 44379, 44380 - 44386
ESOPHAGOGASTRIC FUNDOPLASTY	43327 - 43337
EXCISION CYSTIC HYGROMA, AXILLARY/ CERVICAL	38550 - 38555
GRAFT PROCEDURES ON MUSCULOSKELETAL SYSTEM (GENERAL)	20900 - 20939
HERNIA REPAIR (OPEN AND LAPAROSCOPIC)	49495 - 49587, 49650 - 49659
HYPERBARIC TREATMENT	99183
IMPLANT AND REVISION OF NEUROELECTRODES	61850 - 61888
IMPLANT COCHLEAR DEVICE	69930
IMPLANT CRANIAL BONE GRAFT	61316
IMPLANT INFUSION PUMP	36260
INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	49418
LAMINOTOMY/ LAMINECTOMY	63001 - 63051, 63075 - 63091
LAPAROSCOPY OF ABDOMEN, PERITONEUM, OMENTUM	49320 - 49329
NEPHRECTOMY	50220 - 50240, 50543, 50545 - 50546, 50548
OPTIC NERVE, DECOMPRESSION	67570
ORAL SURGERY	21040, 40899, 41800 - 41874
ORCHIECTOMY, ORCHIOPEXY	54520, 54690 - 54692
OVIDUCT/ OVARY, LAPAROSCOPY	58660 - 58679
PTERYGIUM SURGERY	65420, 65426, 65778 - 65785
SHOULDER SURGERY/ REPAIR/ REVISION/ RECONSTRUCTION	23395 - 23491
SKIN GRAFTING PROCEDURES	15002 - 15278
SPINAL IMPLANT/ PUMP/ ANALYZE	62350 - 62351, 62360 - 62362

SPINE FUSION	22548 - 22819
STRESS TEST (THALLIUM, CARDIOLYTE ETC.)	93015 - 93018
THORACOSCOPY, DIAGNOSTIC OR SURGICAL	32601 - 32609, 32650 - 32674
TRANSCATH STENT TO CAROTID ARTERY/ INCLUDING ANGIOPLASTY	37215
TRANSESOPHAGEAL ECHOCARDIOGRAPHY	93312 - 93318
TYMPANOSTOMY	69433 - 69436
HOME HEALTH-PLEASE CONTACT COASTAL CARE SERVICES AT 1-833-204-4535	
PRESCRIBED PEDIATRIC EXTENDED CARE(PPEC) SERVICES IN LIEU OF SERVICE FOR PRIVATE DUTY NURSING(PDN)	
FULL DAY PPEC SERVICES (five to twelve hours)	T1025
PARTIAL DAY PPEC SERVICES (four hours or less)	T1026
HOSPICE	
HOSPICE INPATIENT	Q5005, Q5006, Rev codes 0654, 0655, 0656, 0657, 0658
HOSPICE OUTPATIENT	Rev code 0651, 0652, 0551, 0561; CPT codes G0299, G0155
MATERNITY	
DELIVERY (SCHEDULED CESAREAN AND INDUCTIONS)	59409 - 59414, 59514, 59525, 59612, 59614, 59622, 59870, 59871, 59899
OBSTETRICAL CARE — PRE-NATAL PROCEDURES (Prenatal sonograms do not require prior auth)	59000 - 59076, 59866
ORTHOTICS AND PROSTHETICS	
CRANIAL ORTHOSIS	S1040, S5560,
LIMB AND TORSO PROSTHETICS	L5000 - L8507
ORTHOTICS/ PROSTHETICS	L0120 - L3257, L3340 - L3420, L3430 - L3480, L3570 - L3595, L3600 - L3649, L3650 - L3677, L3710 - L3762, L3763 - L3764, L3808 - L3904, L3912 - L3931, L3960, L3962, L3980 - L3999, L4000 - L4210, L4350 - L4398
PROSTHETIC CUSTOM EYE, SURFACING & FITTING	V2623 - V2628, V5336

SHORT TERM REHABILITATION THERAPIES (PT /OT/ ST) PLEASE CONTACT HEALTH NETWORK ONE AT 1-888-550-8800	
THERAPY	
RESPIRATORY THERAPY	S5180, G0238
TRANSPLANT	
ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS	32850 - 32856, 38204 - 38215, 38230 - 38243, 33927 - 33945, 44132 - 44137, 44715 - 44721, 47133 - 47147, 48550 - 48556, 50300 - 50380, 50547, 65710 - 65757
TRANSPORTATION	
NON-EMERGENCY AND AIR AMBULANCE	A0426, A0428, A0430, A0431, A0435, A0436,