



FCC PRIOR AUTHORIZATION PROGRAM

PA request submission:

1. Provider Portal: [Home - Florida Community Care \(fcchealthplan.com\)](http://Home - Florida Community Care (fcchealthplan.com))
2. Ph: 1-833-322-7526, then press 2 (Utilization Management Department)
3. Email: FCCUMDepartment@FCCHealthPlan.com
4. Fax: 305-675-6138

Examples of Medical Services that Require Prior Authorization	
Inpatient Acute Hospital Admissions (Inpatient/Observation) <ul style="list-style-type: none"> • Medical • Surgical • Behavioral Health 	<ul style="list-style-type: none"> • Notification required within 24 hours of admission or next business day • Clinical updates required • Observation stays extending beyond 48 hours • Substance Abuse Facilities • Inpatient Services (Detox) SA Treatment • Statewide Inpatient Psychiatric Program (SIPP) • Crisis Stabilization • Residential treatment (MH & SA) • Partial Hospitalization (PHP)
Elective Admissions	Included but not limited to: <ul style="list-style-type: none"> • Initial evaluation for transplant • Elective Procedures / Surgery • Long Term Acute Care (LTAC) • Skilled Nursing Facility • Radiology Procedures (requiring Inpatient/Observation) • All bariatric procedures • All transplant, excluding corneas • Behavioral Outpatient Treatment. • Intensive Outpatient Program (IOP) • Outpatient Electroconvulsive Therapy.
OB Services <ul style="list-style-type: none"> • Vaginal • C-Section 	<ul style="list-style-type: none"> • Induction of labor – if prior to 39 weeks gestation • Termination of pregnancy • Scheduled C-Section • Greater than 7 ultrasounds (vaginal / us)
Home Health Services	<ul style="list-style-type: none"> • Skilled Nursing • Physical Therapy • Occupational Therapy • Respiratory Therapy • Speech Therapy

Private Duty Nursing & Personal Care Services (PDN)	<ul style="list-style-type: none"> • Private Duty Nursing for children age 20 or younger • Personal Care Services (Home Health Aide) for children age 20 or younger • Clinical updates required
Intensive Cardiac and Pulmonary Rehabilitation Services	<ul style="list-style-type: none"> • Inpatient • Outpatient
Home Infusion / IVT / SQ, IM	<ul style="list-style-type: none"> • IV Medication • Hydration • Injectable medications (Non oncology and Oncology)
Outpatient Therapy (Free standing/ Outpatient hospital)	<ul style="list-style-type: none"> • Physical Therapy • Occupation Therapy • Speech Therapy • Respiratory Therapy <p style="text-align: center;">Prior authorization after initial evaluation</p>
Prescribed Pediatric Extended Care (PPEC)	<ul style="list-style-type: none"> • Pediatric Day Care (Medically Fragile Children)
Advanced Imaging (Outpatient)	<ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET/SPECT • Nuclear Medicine Studies <p>Exclusion: Imaging rendered in the following settings do not require prior authorization: Emergency Department, Inpatient Setting, Observation Unit</p>
Durable Medical Equipment (DME & Supplies)	<ul style="list-style-type: none"> • Augmentative and alternative communicative systems • Cochlear and auditory brainstem implants • Other implantable/semi-implantable hearing aids and devices • Cranial orthotics • DME repair • Beds and accessories • High-frequency chest compression vests • Negative pressure wound therapy (wound vac) • Orthotics • Prosthetics • Respiratory equipment and supplies • Continuous glucose monitoring devices and supplies • Stimulator devices: bone growth, neuromuscular and spinal cord • Volume control ventilator • Wheelchairs and scooters • Noninvasive home ventilators • Wearable cardiac devices (e.g., LifeVest®)



Outpatient chemotherapy treatment Facility Charge	<ul style="list-style-type: none"> • Prior authorization if in a clinic or office setting; or if done in an outpatient hospital setting
All cosmetic surgery	<ul style="list-style-type: none"> • Potentially cosmetic procedures including but not limited to Blepharoplasty, Breast Procedures, Rhinoplasty, Otoplasty, or Panniculectomy
Any Experimental / Investigation	<ul style="list-style-type: none"> • AHCA Determination
Pain Management (Outpatient)	<ul style="list-style-type: none"> •
All non-participating providers	<p>All services</p> <ul style="list-style-type: none"> • Inpatient • Outpatient
Sleep Studies	<ul style="list-style-type: none"> • Facility based only (place CPT codes)
Molecular Diagnostic Testing (DNA and Genetic Testing)	
Behavioral Health (Outpatient)	<ul style="list-style-type: none"> • Psychosocial Rehabilitation (PSR) • Medicaid In Lieu of Services (ILOS) • Behavioral Analysis (ABA) – for ages 21 and under. <p>Prior authorization required after initial evaluation</p>
Pharmacy	CVS Caremark – Ph (877) 888-8347 - Fax (866) 255 - 7569
Specialty Drugs	<ul style="list-style-type: none"> • Required for the list of specialty drugs, when delivered in a provider's office, clinic, outpatient or home setting.
Transportation	<ul style="list-style-type: none"> • Non-Emergent ground ambulance transport • Air medical transport <p>Ride2MD Ph: (833) FCC - Plan</p>
Dental Procedures	<ul style="list-style-type: none"> • Those services that fall under the Medical Benefits (Orthognathic Surgery / Anesthesia / Room & Board)
Shingles Vaccines for Enrollees ages 18-49	Not required for ages 50 and older
Pneumonia vaccine for Enrollees ages 18-64	Not required for enrollees ages 65 and older
Vision Services	(iCare Health Solutions) - iCare Ph (855) 373 – 7627 - Fax (305) 675 8195

<p>Individual Psychotherapy Family Psychotherapy (Without patient) Family Psychotherapy (With patient) Group Psychotherapy</p>	<ul style="list-style-type: none"> • For Code 90837 and Modifier GT
<p>Other Behavioral Services</p>	<ul style="list-style-type: none"> • Electroconvulsive Therapy Physician's Fees. • Psychological Testing. • Neuropsychological Testing. • Applied Behavioral Analysis (ABA) • Targeted Case Management