

FHP/ACA Covered Procedures Authorization List



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ALL outpatient surgeries at non-participating facilities REQUIRE prior authorization. All services must be a Medicaid Covered Service. The procedures below require authorization. Please call FHN Medical Management with any questions at **1-888-FHN-4YOU** (346-4968) Option 5.

PROCEDURE	PROCEDURE CODES	CLINICAL DOCUMENTATION & INFORMATION REQUIRED
Back/Neck Surgery	20930, 20931, 22220, 22222, 22224, 22226, 22520, 22521, 22522, 22523, 22524, 22525, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22851, 22856, 22857, 22861, 22862, 22864, 22865, 22899, 62287, 62351, 62365, 62367, 62368, 62369, 62370, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63075, 63076, 63077, 63078, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63600, 63610, 63615, 63620, 63621, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 63710	
Bariatric Surgery/Gastric Bypass/Lap Band-Gastric Adjustment	43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 48847, 43775, 43848, 43886, 43887, 43888, 43999, S2083	
Abdominoplasty, Panniculectomy, Suction Lipectomy, Lipoabdominoplasty and Ventral Hernia	15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17999	
Blepharoplasty and repair of blepharoptosis	11950, 11951, 11952, 11954, 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67999	
Breast Reconstruction	11920, 11921, 11922, 11970, 11971, 190316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19499, L8020, L8039, L8600, S2066, S2067, S2068	
Breast Reduction	19316, 19318, 19300, 19304	
Cochlear implantation/device	69714, 69715, 69717, 69718, 69799, 69930, 92640, S2235, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8627, L8628, L8629; Neuro-stimulator: 61875, 69930 (L8614 is included in this procedure code and must be reported when submitting claim)	
Dermabrasion	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 17340, 17360, 17999	
Dual Chamber pacemaker insertion	33208, 33202, 33203, 33206, 33207, 33213, 33214, 33215, 33216, 33218, 33220, 33221, 33222, 33223, 33224, 33225, 33226, 33227, 33228, 33229, 33231, 33234, 33235, 33236, 33237, 33238, 33240, 33241, 33217, 33249, 33230, 33263, 33264, 33282	
Gastric neurostimulator	64590, 64595, 43647, 43648, 43881, 43882, 43999, 95980, 95981, 95982	
Hysterectomy	51925, 58150, 58152, 58180, 58200, 589210, 58240, 58260, 58262, 58263, 58275, 58290, 58291, 58292, 58293, 58294, 58267, 58270, 58280, 58285, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58578, 58952, 58953, 58951, 58954, 58956, 59135, 59525	Acknowledgement of Receipt of Hysterectomy Information must be submitted at the time of request
Implantation of neurostimulator – Spine ONLY	63650, 63655, 63661, 63662, 63663, 63664, 63668, 63685, 64581	
Mastectomy for gynecomastia	19300	
Joint arthroplasty; shoulder, elbow, hip, knee, ankle	23470, 23472, 23473, 23474, 24360, 24361, 24362, 24363, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27700, 27702, 27703	

FHP/ACA Covered Procedures Authorization List (continued)

PROCEDURE	PROCEDURE CODES	CLINICAL DOCUMENTATION & INFORMATION REQUIRED
Multi-fetal pregnancy reduction	59866	HFS Consent Form must be submitted at the time of request
Orthognathic surgery	21085, 21110, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21230, 21235, S8262, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995	
Penile implant/prosthesis	54360, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417	
Pregnancy Termination	59849, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, S0190, S2260, S2265, S2266, S2267, S0191, S0199; All medications used to induce abortion	HFS Abortion Payment Application Form must be submitted at the time of request
Septoplasty/Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30620, 30520	
Scar excision/revision	15786, 15787, 31830	
Varicose Vein treatment/surgery	36468, 36469, 36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, S2202	
Laparoscopy fundoplasty	43280, 43279	
Laparoscopy paraesophageal hernia repair	43281	
Esophagus surgery procedure	43499	
Hyberbaric Oxygen Therapy	99183	
Implantation of neuroelectrodes	64553, 64555, 64566, 64561, 64565, 64569, 64570, 64575, 64580, 64581, 64585, 61870, 64875, 61880, 61885, 61888, 61886, 64568	
Ventral Hernia Repairs	49652, 49653, 49560, 49561, 49565, 49566, 49568	
Photo chemotherapy for Psoriasis (Dx codes: 69630, 696.1, 696.8)	96910, 96912, 96913, 96920, 96921, 96922, 96999	
Cardiac Implant Recorder/ Loop Recorder	33282, 33284	
Video EEG	95951	



If you have other questions or concerns, please call Family Health Network Member Services at: **1-888-FHN-4YOU (346-4968) (TTY 800.422.1942)**
You can also visit us online at: **www.fhnchicago.com**

To learn more about your Health Plan choices please contact Illinois Client Enrollment Services at 1-877-912-8880 or visit www.EnrollHFS.Illinois.gov.