Community First Health Plans (Community First) requires prior authorization (PA) as a condition of payment for many services. This list contains information regarding authorization requirements and is applicable to the University Family Care Plan product line.

COMMUNITY FIRST

IMPORTANT: All requests from non-participating, out-of-network facilities, providers, or vendors AND contracted out-ofservice area providers require prior authorization, with the exception of an emergent admission, and MUST be submitted by a Community First network PCP or specialty provider. University Family Care Plan (UFCP) Members can access any covered service performed at UH without prior authorization, unless otherwise noted below.

	PA REQUIRED
Admissions (Inpatient / Facilities / Programs) Fimely notification (within 24 hours) required for admission to all facilities/services listed below to include co NOTE: Observation stays and global OB 2-day vaginal and 4-day C-section deliveries do not require authorization	
Admission to any level of acute or sub-acute care (LTAC), rehabilitation, skilled nursing facility* (time limits allowed vary by plan)	х
Behavioral health/substance use - day programs, including intensive outpatient Does not include office visits with contracted/participating providers 	х
Behavioral health/substance use, partial hospitalization	х
Behavioral health/substance use, residential	х
Elective inpatient admissions	
 No additional reimbursement will be provided for robotic assisted surgeries All emergent inpatient/post-stabilization admissions require notification within 24 hours of admission or the next business day 	
npatient facility-to-facility transfers* NOTE: The accepting facility is responsible for obtaining authorization prior to the transfer of a Member	х
Intraoperative monitoring	
NICU/special care nursery	
Notification of discharge (required from all facilities)	х
Admissions (Medical Procedures & Services) Prior authorization requirements apply to contracted/participating AND non-contracted/non-participating pro	viders
Abortion*	х
Ambulance transfers Non-emergency Ground Air NOTE: The referring physician or facility must originate authorization request	NCB
Angiograms, lower extremity	
Bariatric surgery	x
Bone growth stimulators	x
Cochlear & other auditory implants*	х
Cosmetic or reconstructive procedures/surgeries**	х
Dental oral maxillofacial surgery, including orthognathic surgery*	х
Enhanced external counter pulsation (EECP) treatment	х
Electrophysiology implants (outpatient and office-based)	х
Hysterectomy	х
mplantable devices, including trials (e.g., interspinous process decompressors)	Х



	PA REQUIRED
Admissions (Medical Procedures & Services), continued	
Insulin pumps/continuous glucose monitoring systems (95250, 95251)	x
Mammoplasty, male and female**	X
Mohs micrographic surgery	x
Otoplasty**	x
Rhinoplasty/septoplasty**	x
Scar revision**	X
Vagus nerve stimulation	x
Venous procedures**	x
Ventricular assist devices (VAD)	x
Behavioral Health (BH) / Chemical Dependency (CD) / Substance Use	
Applied behavioral analysis (ABA) therapy	x
Electro convulsive therapy (ECT) / Transcranial Magnetic Stimulation (TMS)	x
Intensive outpatient services, including outpatient detox/rehab	x
Inpatient services, including detox/rehab	x
Residential treatment (BH/CD)	x
Partial hospitalization services	x
Psychological/Neuropsychological testing, if testing is greater than 8 hours in duration	x
Chemotherapy	
Chemotherapy - allowable charges > \$500/dose	x
Durable Medical Equipment / Orthotics / Prosthetics* Retail total purchase of each, individual item requested > \$500	
DME (HCPCS codes = Exxxx & Kxxxx); total cost of purchases must be included in authorization request	x
Orthotics/Prosthetics (HCPCS codes = Lxxxx); total cost of purchases must be included in authorization request	x
Bone or spinal cord stimulators, all rentals/purchases	x
Insulin pumps; all rentals/purchases	x
Experimental/Investigational Services	
Experimental/Investigational services*	x
Genetic Testing	
Genetic testing, including office-based testing	x
Imaging Services / Diagnostic Procedures	
Electrophysiology implants, outpatient and office-based	X
MRI, MRA (if not ordered by a neurosurgeon, neurologist, or orthopedic MD)	x
Sleep apnea studies & procedures	x
Facility and home video EEG monitoring	x
Molecular Diagnostic / Genetic Testing	·
Molecular diagnostic / genetic testing, including office-based testing	x



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acility-based x	Wound Care	
	Facility-based	x



	PA REQUIRED
Hyperbaric treatment	x
All wound vac (negative-pressure wound therapy) to include related supplies	x
Unlisted and Miscellaneous Codes	
Community First requires standard codes when requesting authorization Should an unlisted or miscellaneous code be used, medical necessity documentation and rationale must be prior authorized	x

*Benefit limitations apply. Please review Certificate of Coverage.

**Any procedure that could be deemed cosmetic requires prior authorization

ENDNOTES

- Prior authorization is not a guarantee of benefits or payment at the time of service.
- Benefits vary between plans; benefit coverage must be verified at the time of request.
- ALL requests require a Texas Referral/Authorization Form that MUST be signed by the primary care provider (PCP) or ordering physician who has a valid referral from the PCP.
- Authorization is not required for out-of-network Emergency Room or observation for ALL product lines.
- Authorization is not required if the Member elects to use their PPO benefit. The Member will be responsible for all additional charges.

TERMS

NCB = Non-Covered Benefit

A NCB is a benefit that is not covered as per the date of this authorization list. Should the benefit be covered after the date of this list, authorization will be required



All CADs listed below require prior authorization. Additionally, the following require prior authorization:

- Any injectable medication, including chemotherapy, that has an allowable charge > \$500 per dose given in outpatient setting
- All new to market drugs that have not been assigned a permanent HCPCS code and are > \$500 per dose

NOTE: Please refer to the complete authorization list for codes that require prior authorization. Each LOB may have restrictions and the formulary should be reviewed.

Clinically Administered Drugs (CA	D)	
Abecma	Cosela	Haegarda
Abraxane	Crysvita	Halaven
Actemra	Cuvitru	Herceptin
Adcetris	CytoGam	Herzuma
Akynzeo IV	Danyelza	Hizentra
Aldurazyme	Darzalex	Humatrope, Genotropin
Alferon N	Darzalex Faspro	Hyalgan
Alimta	Dexycu	Hymovis
Aliqopa	Durolane	HyQvia
Amondys 45	Dysport	Iluvien
Aranesp	Elaprase	Imfinzi
Aristada	Elelyso	Imlygic
Aristada Initio	Elzonris	Increlex
Asceniv	Empliciti	Inflectra
Avastin	Entyvio	Intron A
Avonex Rebif	Erbitux	Istodax
Avsola	Erwinaze	Ixempra
Bavencio	Euflexxa	lxifi
Bendeka	Evenity	Jemperli
Benlysta	Evkeeza	Jevtana
Веоvи	Exondys 51	Kadcyla
Besponsa	Eylea	Kanjinti
Betaseron	Fabrazyme	Kanuma
Blenrep	Fasenra	Keytruda
Blincyto	Fensolvi	Kymriah
Botox	Flebogamma	lanreotide injection
Breyanzi	Fulphila	Lemtrada
Brineura	Fyarro	Leqvio
Byooviz	Gamifant	Leukine
Carimune, Gammagard S/D	Gammagard	Libtayo
Ceprotin	Gammaplex	Lucentis
Cerezyme	Gamunex-C	Lumizyme
Cinqair	Gel-One	Lumoxiti
Cinvanti	Gelsyn-3	Lutathera
Clolar	Genvisc	Luxturna



Clinically Administered Drugs (CAD), continued

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Portrazza
Poteligeo
Privigen
Procrit, Epogen
Prolastin-C, Aralast NP, Zemaira

Prolia, Xgeva
Provenge
Qutenza
Radicava
Remicade
Remodulin
Renflexis
Retisert
Riabni
Rituxan
Rituxan Hycela
Romidepsin
Ruconest
Ruxience
Rybrevant
Rylaze
Sandostatin
Saphnelo
Scenesse
Signifor LAR
Simponi Aria
Sinuva
Sivextro
Soliris
Somatuline Depot
Spinraza
Spravato
Stelara
Supprelin LA
Susvimo
Sylvant
Synvisc
Takhzyro
Tecartus
Tecentriq
Tepezza
Tezspire
Thyrogen

Tivdak
Trazimera
Trelstar
Trivisc
Trodelvy
Trogarzo
Truxima
Tysabri
Udenyca
Ultomiris
Uplizna
Vabysmo
Vectibix
Velcade
Viltepso
Vimizim
Visudyne
Vivaglobin
Vpriv
Xeomin
Xipere
Xolair
Yervoy
Yescarta
Yondelis
Zaltrap
Zevalin Y-90
Ziextenzo
Zilretta
Zirabev
Zynlonta