COMMUNITY FIRST HEALTH PLANS

University Family Care Plan 2024 Prior Authorization List

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.

IMPORTANT: All requests from non-participating, out-of-network facilities, providers, or vendors AND contracted out-of-service 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. *Unless noted below,* University Family Care Plan (UFCP) Members can access any covered service performed at University Hospital (UH) without prior authorization.

	PA REQUIRED
Admissions (Inpatient / Facilities / Programs) Timely notification (within 24 hours) required for admission to all facilities/services listed below to include concurrent review. 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) **NOTE**: Inpatient Admissions to UH do not require prior authorization	x
Behavioral Health/Substance Use - Day Programs, including Intensive Outpatient • Does not include office visits with contracted/participating providers	x
Behavioral Health/Substance use, Partial Hospitalization	x
Behavioral Health/Substance use, Residential	x
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	
Inpatient facility-to-facility transfers* **NOTE**: The accepting facility is responsible for obtaining authorization prior to the transfer of a Member	x
Intraoperative monitoring	
NICU/Special Care Nursery	x
Notification of discharge (required from all facilities)	x
Admissions (Medical Procedures & Services) Prior authorization requirements apply to contracted/participating AND non-contracted/non-participating providers	
Abortion*	x
Ambulance transfers **NOTE**: The referring physician or facility must originate authorization request Emergent ambulance services do not require authorization • Non-emergency • Ground • Air	x
Angiograms, lower extremity **NOTE**: Angiograms performed at UH do not require prior authorization	x
Bariatric surgery	x
Bone growth stimulators	x
Cochlear & other auditory implants*	x
Cosmetic or reconstructive procedures/surgeries**	x
Dental oral maxillofacial surgery, including orthognathic surgery*	x
Enhanced external counter pulsation (EECP) treatment **NOTE**: EECP treatment performed at UH does not require prior authorization	x

	PA REQUIRED
Electrophysiology implants (outpatient and office-based) **NOTE**: Electrophysiology implants treatment performed at UH does not require prior authorization	x
Hysterectomy	x
Implantable devices, including trials (e.g., interspinous process decompressors)	x
Admissions (Medical Procedures & Services), continued	
Insulin pumps/continuous glucose monitoring systems **NOTE**: Insulin pumps/continuous glucose monitoring systems provided by UH do not require prior authorization	x
Mammoplasty, male and female**	x
Mohs Micrographic Surgery **NOTE**: Mohs Micrographic Surgery performed at UH does not require prior authorization	x
Otoplasty**	x
Rhinoplasty/Septoplasty**	x
Scar Revision**	x
Vagus Nerve Stimulation	x
Venous Procedures**	x
Ventricular Assist Devices (VAD) **NOTE**: VAD performed at UH does not require prior authorization	x
Behavioral Health (BH) / Chemical Dependency (CD) / Substance Use	
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
Durable Medical Equipment / Orthotics / Prosthetics* **Retail total purchase of each, individual item requested > $500**	
DME (HCPCS codes = Exxxx & Kxxxx) All DME rentals require prior authorization 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 NOTE: Insulin Pumps provided by UH do not require prior authorization	x
Experimental/Investigational Services	
Experimental/Investigational Services*	x
Imaging Services / Diagnostic Procedures **Imaging Services / Diagnostic Procedures performed at UH do not require prior authorization**	
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

	PA REQUIRED
Facility and Home Video EEG Monitoring	x
Molecular Diagnostic / Genetic Testing	
Molecular Diagnostic / Genetic Testing, including Office-Based Testing	x
Nursing Services* **(including initial evaluations)**	
Private Duty Nursing (PDN)	N/A
Skilled Nursing	x
Nutritional Supplements / Formulas	
Nutritional supplements/formulas* (HCPCS codes = Bxxxx)	x
Out-of-Network **ALL requests from a non-participating, out-of-network facility, provider, or vendor requires prior authorization with the exception of an emergent admission and MUST be submitted by an in-network PCP or specialty provider.**	
Out-of-Network Specialists • Any non-urgent referral for out-of-network specialty office visits • Second opinions, out-of-network	x
Pain Management	
Implantable Pumps (Baclofen/Fentanyl)	x
Spinal Cord and Other Nerve Stimulators, including trials	x
Clinically Administered Drugs **Any injectable medication, including chemotherapy, that has an allowable charge > $500 per dose given in outpatient setting requires prior authorization. All new to market drugs that have not been assigned a permanent HCPCS code and are > $500 per dose require prior authorization.** Please refer to the complete prior authorization list for a full list of codes that require prior authorization.	
Radiation Therapy	
Intensity Modulated Radiation Therapy (IMRT)	x
Stereotactive Radiosurgery (SRS)	x
Stereotactic Body Radiation Therapy (SBRT)	x
Supplies	
Medical Supplies*	x
Telemonitoring	
Telemonitoring	x
Therapy/Rehabilitation* **NOTE**: NO authorization is required for ECI services Each LOB has visit limitations for therapies to include Chiropractic Services.	
Cardiac & Pulmonary Rehabilitation services **NOTE:** Cardiac & Pulmonary Rehabilitation services performed at UH do not require prior authorization	x
Occupational and Physical Therapy, all visits Required in units and/or encounters along with procedure codes as per the HHSC guidelines (home and outpatient) **NOTE**: OT and PT evaluations and re-evaluations DO NOT require authorization	x
Speech Therapy, required ongoing treatments A re-evaluation will be issued if ongoing treatments are authorized (home or outpatient) **NOTE**: ST evaluations DO NOT require prior authorization	x

	PA REQUIRED
Transplant	
All Transplant Services; Solid Organ and Stem Cell Transplants (Pre-Transplant Evaluation and Transplant Procedures)	x
Wound Care	
Facility-Based	x
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

N/A = NOT APPLICABLE

If a benefit is labeled N/A, it is not covered per the date of this authorization list. Should benefits labeled N/A be covered after the date of this list, prior authorization will be required.