

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
<p>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.</p>	
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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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
<p>Admissions (Medical Procedures & Services) Prior authorization requirements apply to contracted/participating AND non-contracted/non-participating providers</p>	
Abortion*	x
Ambulance transfers NOTE: The referring physician or facility must originate authorization request Emergent ambulance services do not require authorization <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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
Stereotactic 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.