COMMUNITY FIRST HEALTH PLANS

Marketplace (University Community Care Plan) 2024 Prior Authorization List

Community First Health Plans, Inc. (Community First) requires prior authorization (PA) as a condition of payment for many services. This list contains information regarding such authorization requirements and is applicable to the Marketplace (University Community 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. Marketplace Members have a limited network comprised of University Health/University Medicine Associates providers. Marketplace Members are NOT required to have a PCP.

	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)	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	x
Inpatient facility-to-facility transfers* **NOTE**: The accepting facility is responsible for obtaining authorization prior to the transfer of a Member	x
Intraoperative Monitoring	x
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 • Non-emergency • Ground • Air **NOTE**: The referring physician or facility must originate authorization request	x
Angiograms, lower extremity	x
Bariatric Surgery	N/A
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	x
Electrophysiology Implants (outpatient and office-based)	x
Hysterectomy	x

	PA REQUIRED
Implantable devices, including trials (e.g., interspinous process decompressors)	x
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

	PA REQUIRED
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	x
Occupational and Physical Therapy, all visits Required in units and/or encounters along with procedure codes (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
Transplant	
All transplant services; solid organ and stem cell transplants (pre-transplant evaluation and transplant procedures)	x

	PA REQUIRED
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.

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.