COMMUNITY FIRST INSURANCE PLANS

Marketplace (University Community Care Plan) 2025 Prior Authorization List

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

PRIOR AUTHORIZATION REQUESTS
• All services included in this list require prior authorization prior to providing the service(s) or item(s).
• Initial prior authorization requests should be submitted no less than five (5) business days before the start of the service.
• Prior authorization is *not* a guarantee of payment. Reimbursement of authorized service(s) is dependent upon Member eligibility, benefit limitations, and exclusions.
NOTE: Prior authorization requests missing essential/critical information will be returned to the requesting Provider to supply missing information.

NON-CONTRACTED/OUT-OF-SERVICE AREA PROVIDER SERVICES, SUPPLIES, EQUIPMENT
• Prior authorization requirements are not limited to services and items on this list for non-contracted or out-of-service-area Providers.
• With the exception of emergency or post-stabilization care and facility-based professional services, receipt of ALL services and items from a non-contracted or out-of-service-area Provider in all non-emergency room places of service, require approval through Community First prior to providing services/items.

	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 (IOP) • Does not include office visits with contracted/participating providers	X
Behavioral Health/Substance Use – Partial Hospitalization Programs (PHP)	X
Behavioral Health/Substance Use – Residential Treatment Center (RTC)	X
Elective Inpatient Admissions • 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
Ambulatory (Medical Procedures & Services) **Prior authorization requirements apply to contracted/participating AND non-contracted/non-participating providers.**	
Abortion*	X
Ambulance Services • Non-emergency • Ground • Air **NOTE**: The referring physician or facility must originate authorization request.	X
Bariatric Surgery	N/A
Cochlear & Other Auditory Implants*	X
Cosmetic or Reconstructive Procedures/Surgeries**	X

	PA REQUIRED
Ambulatory (Medical Procedures & Services), continued Prior authorization requirements apply to contracted/participating AND non-contracted/non-participating providers.	
Dental Oral Maxillofacial Surgery, including Orthognathic Surgery*	X
External Defibrillators	X
Hysterectomy	X
Implantable Devices, including trials (e.g., Bone Growth, Spine & Nerve Stimulators, Interspinous Process)	X
Insulin Pumps/Continuous Glucose Monitoring Systems	X
Mammoplasty, Male and Female**	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 Centers (RTC – BH/CD)	X
Partial Hospitalization Program (PHP)	X
Psychological/Neuropsychological Testing, if testing is greater than 8 hours in duration	X
Clinically Administered Drugs (CAD)/Chemotherapy Refer to the separate CAD Prior Authorization List for specific codes requiring prior authorization	
Durable Medical Equipment/Orthotics/Prosthetics/Supplies* **NOTE**: PA is only required for the codes listed with a **retail purchase cost of more than $1,000**. The total cost of each item requested must be included on the authorization request. ALL DME rentals require prior authorization. Power mobility devices and accessories, lymphedema pumps, and pneumatic compressors require prior authorization regardless of the cost.	
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
Insulin Pumps – all rentals/purchases	X
Hospital Grade Breast Pumps – all rentals/purchases (after initial 60-day rental period)	X
Experimental/Investigational Services	
Experimental/Investigational Services*	X
Imaging Services/Diagnostic Procedures	
Electrophysiology Procedures (Outpatient and Office-based)	X
MRI, MRA (if not ordered by a Cardiologist, Neurosurgeon, Neurologist, or Orthopedic MD)	X

	PA REQUIRED
Imaging Services/Diagnostic Procedures, continued	
Sleep Apnea Studies & Procedures	X
Facility and Home Video EEG Monitoring	X
Mobile Radiology Imaging Services (in home)	X
Molecular Diagnostic/Genetic Testing **NOTE**: PA is not required for codes 81220, 81420, and 81329.	
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
Pain Management	
Implantable Pumps (Baclofen/Fentanyl)	X
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**: Authorization is not required for ECI services.	
Cardiac & Pulmonary Rehabilitation Services	X
Occupational and Physical Therapy, all visits Required in units and/or encounters along with procedure codes. **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, CAR-T cell therapy, 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

	PA REQUIRED
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

- 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 Member's Primary Care Provider (PCP) or an in-network Provider.
- Authorization is not required for out-of-network Emergency Room or Observation.

TERMS

N/A = NOT APPLICABLE
If a benefit is labeled N/A, it is not covered by University Community Care Plan 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.