

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 Medicare Advantage & DSNP product lines.

**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.

**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 <ul style="list-style-type: none"> <li>• Does not include office visits with contracted/participating providers</li> </ul>	x
Behavioral health/substance use, partial hospitalization	x
Behavioral health/substance use, residential	x
Elective inpatient admissions <ul style="list-style-type: none"> <li>• No additional reimbursement will be provided for robotic assisted surgeries</li> <li>• All emergent inpatient/post-stabilization admissions require notification within 24 hours of admission or the next business day</li> </ul>	x
Inpatient facility-to-facility transfers* <b>NOTE:</b> 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 <ul style="list-style-type: none"> <li>• Non-emergency</li> <li>• Ground</li> <li>• Air</li> </ul> <b>NOTE:</b> The referring physician or facility must originate authorization request	x
Angiograms, lower extremity	x
Bariatric surgery	NCB
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
Implantable devices, including trials (e.g., interspinous process decompressors)	x

	PA REQUIRED
<b>Admissions (Medical Procedures &amp; Services), continued</b>	
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
<b>Behavioral Health (BH) / Chemical Dependency (CD) / Substance Use</b>	
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
<b>Chemotherapy</b>	
Chemotherapy - allowable charges > \$500/dose	X
<b>Durable Medical Equipment / Orthotics / Prosthetics*</b> 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
<b>Experimental/Investigational Services</b>	
Experimental/Investigational services*	X
<b>Genetic Testing</b>	
Genetic testing, including office-based testing	X
<b>Imaging Services / Diagnostic Procedures</b>	
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
<b>Meals</b>	
Meal benefit* (limited number of meals/year allowed)	X

	PA REQUIRED
<b>Molecular Diagnostic / Genetic Testing</b>	
Molecular diagnostic / genetic testing, including office-based testing	X
<b>Nursing Services*</b> (including initial evaluations)	
Private Duty Nursing (PDN)	NCB
Skilled Nursing	X
<b>Nutritional Supplements / Formulas</b>	
Nutritional supplements/formulas* (HCPCS codes = Bxxxx)	X
<b>Out-of-Network</b> 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"> <li>Any non-urgent referral for out-of-network specialty office visits</li> <li>Second opinions, out-of-network</li> </ul>	X
<b>Pain Management</b>	
Implantable pumps (Baclofen/Fentanyl)	X
Spinal cord and other nerve stimulators, including trials	X
Clinically Administered Drugs Please see list of CADs requiring prior authorization on pages 5-6	
<b>Radiation Therapy</b>	
Intensity modulated radiation therapy (IMRT)	X
Stereotactic radiosurgery (SRS)	X
Stereotactic body radiation therapy (SBRT)	X
<b>Supplies</b>	
Medical supplies*	X
<b>Telemonitoring</b>	
Telemonitoring	X
<b>Therapy/Rehabilitation*</b> 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 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
<b>Transplant</b>	
All transplant services; solid organ and stem cell transplants (pre-transplant evaluation and transplant procedures)	X

	PA REQUIRED
<b>Wound Care</b>	
Facility-based	x
Hyperbaric treatment	x
All wound vac (negative-pressure wound therapy) to include related supplies	x
<b>Unlisted and Miscellaneous Codes</b>	
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.

**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 (CAD)**

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	Ixifi
Bendecka	Evenity	Jemperli
Benlysta	Evkeeza	Jevtana
Beovu	Exondys 51	Kadcyla
Besponsa	Eylea	Kanjinti
Betaseron	Fabrazyme	Kanuma
Blenrep	Fasenra	Keytruda
Blincyto	Fensolvi	Kymriah
Botox	Flebogamma	Ianreotide injection
Breyanzi	Fulphila	Lemtrada
Brineura	Fyarro	Leqvio
Byooviz	Gamifant	Leukine
Carimune, Gammagard S/D	Gammagard	Libtayo
Ceprotrin	Gammaplex	Lucentis
Cerezyme	Gamunex-C	Lumizyme
Cinqair	Gel-One	Lumoxiti
Cinvanti	Gelsyn-3	Lutathera
Clolar	Genvisc	Luxturna

Clinically Administered Drugs (CAD), continued

Macugen	Prolia, Xgeva	Tivdak
Margenza	Provence	Trazimera
Mepsevii	Qutenza	Trelstar
Monjuvi	Radicava	Trivisc
Monovisc	Remicade	Trodelyv
Mozobil	Remodulin	Trogarzo
Mvasi	Renflexis	Truxima
Mylotarg	Retisert	Tysabri
Myobloc	Riabni	Udenyca
Naglazyme	Rituxan	Ultomiris
Neulasta	Rituxan Hycela	Uplizna
Neupogen	Romidepsin	Vabysmo
Nexviazyme	Ruconest	Vectibix
Nplate	Ruxience	Velcade
Nucala	Rybrevant	Viltepsol
Nyvepria	Rylaze	Vimizim
Ocrevus	Sandostatin	Visudyne
Octagam	Saphnelo	Vivaglobin
Ogivri	Scenesse	Vpriv
Onivyde	Signifor LAR	Xeomin
Onpattro	Simponi Aria	Xipere
Ontak	Sinuva	Xolair
Ontruzant	Sivextro	Yervoy
Opdivo	Soliris	Yescarta
Opdualag	Somatuline Depot	Yondelis
Orencia	Spinraza	Zaltrap
Orthovisc	Spravato	Zevalin Y-90
Oxlumo	Stelara	Ziextenzo
Ozurdex	Supprelin LA	Zilretta
Pemfexy	Susvimo	Zirabev
Perjeta	Sylvant	Zynlonta
Photofrin	Synvisc	
Polivy	Takhzyro	
Portrazza	Tecartus	
Poteligeo	Tecentriq	
Privigen	Tepezza	
Procrit, Epogen	Tezspire	
Prolastin-C, Aralast NP, Zemaira	Thyrogen	