

Community First Health Plans, Inc. (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 (HMO) 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"> • 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 	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 <ul style="list-style-type: none"> • 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
Implantable devices, including trials (e.g., interspinous process decompressors)	x

	PA REQUIRED
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* Each, individual item requested > \$1,000	
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
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
Meals	
Meal benefit* (limited number of meals/year allowed)	X
Molecular Diagnostic / Genetic Testing	
Molecular diagnostic / genetic testing, including office-based testing	X

	PA REQUIRED
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	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
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 or observation for ALL product lines.

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.