



July 22, 2010

Dear Participating Provider:

Attached is an **updated** copy of Community First Health Plans **Authorization List**. This updated Authorization List will be effective **September 22, 2010**. The changes will be for all lines of business administered by Community First Health Plans.

The following is a brief overview of some changes:

1. All "initial evaluations" for physical therapy, speech therapy and occupational therapy will **no longer require pre-authorization**. **Please note: All Texas Referral/Authorization forms must be signed by the Primary Care Provider (PCP) or ordering physician that has a valid referral from the PCP.**
2. All DME rentals will **require pre-authorization including** bone or spinal cord stimulators, wound vac rentals and related supplies.
3. Genetic Testing **will require pre-authorization**.
4. Any procedure provided in a physician's office-based surgical/diagnostic procedures with billed charges **greater than \$500 will require pre-authorization**.

Services provided without obtaining pre-authorization may be denied and you may not bill the Member for such services. If you have any questions, contact Community First.

Sincerely,

A handwritten signature in black ink that reads "Martin Jimenez". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Martin Jimenez
Director, Network Management

Keeping our commitment to you



**Authorization Requirements All Product Lines
(STAR/CHIP/HMO/PPO)
Effective Date: September 22, 2010**

CFHP Health Services Management
RightFax: (210) 358-6381/(800) 887-7974

Authorization Phone Numbers:
(210) 358 – 6050 or (800) 434 - 2347

ALL TEXAS REFERRAL/AUTHORIZATION FORMS MUST BE SIGNED BY THE PRIMARY CARE PROVIDER (PCP) OR ORDERING PHYSICIAN THAT HAS A VALID REFERRAL FROM THE PCP.

<p>Behavioral Health / Chemical Dependency</p> <ul style="list-style-type: none"> ▪ All Residential Treatment (BH/CD) ▪ Inpatient Detox (after 1/1/2011) ▪ Inpatient Services ▪ Intensive Outpatient Services ▪ ECT (Electro Convulsive Therapy) ▪ Outpatient Detox ▪ Psychological / Neuropsych Testing ▪ Partial Hospitalization Services <p>Outpatient Therapy Visits > 20 for all members. Treatment plan must be submitted prior to the 20th outpatient visit.</p>	<p>Physician Office-Based Surgical/Diagnostic/Lab procedures,– billed charges > \$500</p>
<p>Hospitalizations/Inpatient Admissions</p> <p>Admission to any level of acute or sub-acute care, hospice, skilled nursing facilities, rehabilitation, admission and all other inpatient facility type admission. Excludes global OB 2 day vaginal and 4 day C-Section deliveries. All emergent inpatient admissions require notification by the close of the next business day.</p> <p>Includes all :</p> <ul style="list-style-type: none"> ▪ Hyperbaric Treatment/Wound Care (Facility Based) ▪ Inpatient facility to facility transfers ▪ NICU/Special Care Nursery admissions (revenue codes 172,173,and 174) and all global admissions ▪ Elective admissions. ▪ Non-Participating/Out of Network Providers/Facility- request for services from a non-participating, out of network facility, provider, or vendor in any location. Except Emergent admissions (excludes lab and radiology other than special studies) 	<p>Pain Management</p> <ul style="list-style-type: none"> ▪ Implantable pumps (Baclofen/fentanyl) ▪ Intrathecal, epidural, joint injections, etc. ▪ Professional and Outpatient Facility services
<p>Office Specialty Care Requests</p> <p>Specialists:</p> <ul style="list-style-type: none"> ▪ Any non-urgent referral for Out-of-Network specialty office visits ▪ 2nd Opinions Out-of-Network ▪ Chiropractor 	<p>Pharmaceuticals</p> <p>Rx Medical Injectables</p> <ul style="list-style-type: none"> ▪ Antiemetics for chemotherapy treatment >\$500 ▪ Aranesp ▪ Growth Hormone ▪ IVIG ▪ Neulasta ▪ Synagis ▪ Xolair ▪ 17 Alpha Hydroxyprogesterone Caproate (17P) ▪ Infusion Therapy – Outpatient (Exception – Chemotherapy) <p>Oncology drugs when utilized for off label use Any injectable > \$500 (except chemotherapy for cancer treatment)</p>
<p>Ambulatory / Surgical Procedures</p> <ul style="list-style-type: none"> ▪ Abortion (According to HHSC guidelines) ▪ Bariatric Surgery ▪ Blepharoplasty ▪ Circumcision > 21 years old ▪ Cosmetic Procedures ▪ Dental <ul style="list-style-type: none"> ○ Oral maxillofacial surgery (including orthognathic surgery) ○ Dental extractions/rehabilitation in members >8 years old (general anesthesia and facility) ▪ Hysterectomy (Requires Consent Form) ▪ Implantable devices (including Cochlear Implants) ▪ Mammoplasty ▪ Otoplasty ▪ Rhinoplasty/Septoplasty ▪ Scar Revision ▪ Vagus Nerve Stimulation ▪ Varicose Veins Treatment 	<p>Radiology/Imaging Services</p> <ul style="list-style-type: none"> ▪ CTA – Liver ▪ MRI ▪ MRA ▪ OB ultrasounds <p>(Obstetrical ultrasounds beyond the 2 allowable limits and allowable codes require pre-authorization for standard OB/GYN. Allowable limits and codes were provided in a separate mailing to all OB/GYN providers. Please submit clinical information to support the medical necessity request for additional ultrasounds, prior to performing or within 24 hours of performing an urgent ultrasound.)</p>
<p>Therapy/Rehabilitation</p> <ul style="list-style-type: none"> ▪ Cardiac Rehab ▪ Occupational ▪ Physical ▪ Pulmonary Rehab ▪ Speech <p>[Excludes initial evaluation for all of the above]</p>	<p>Transplant</p> <p>Services for Transplant Evaluation and/or Transplant Procedure and one (1) year post transplant.</p> <p>Transportation</p> <ul style="list-style-type: none"> ▪ Air Transport ▪ Non-emergent Ambulance <p>Other Services, Supplies, and Tests</p> <ul style="list-style-type: none"> ▪ All DME Rentals (including Bone or Spinal Cord Stimulators, Wound Vac rentals and related supplies) ▪ DME (> \$500 purchase price) ▪ Genetic Testing ▪ Home Health Services (except initial evaluations). ▪ Orthotics (> \$500 purchase price) ▪ Prosthetics (> \$500 purchase price) ▪ Hearing aids for Medicaid adults 21 and over <p>Nutritional Counseling (when not performed as part of a THSteps exam or for ECI assessment)</p>

*Authorization Requirements do not confirm covered benefits for all products.