



COMMUNITY FIRST
HEALTH PLANS

Commercial HMO Authorization List (Authorization Required Unless Exception Noted)
Effective 11/01/2008

Ambulatory/Day Surgery: See *Day Surgery Exceptions below	Infusion Therapy: outpatient
Ambulance Transfers: non-emergency, ground & air	High-cost Drugs > \$500 , including oral, injectable, and infusible. NDC# required
Behavioral Health: <ul style="list-style-type: none"> • Inpatient Services • Intensive Outpatient Services • Psychological Testing • Partial Hospitalization Services • Residential Treatment • Services related to Autism Spectrum Disorder • Outpatient Consultation Visits > 20. Treatment plan must be submitted prior to the 20th outpatient visit 	Inpatient Admissions: <ul style="list-style-type: none"> • Includes acute, sub-acute, SNF, rehab, LTAC • Excludes global OB 2-day vaginal and 4-day C-section deliveries
Chemotherapy rendered by a provider other than an hematologist/oncologist	MRI/ MRA
CTA	ALL NICU/Special Care Nursery admissions (revenue codes 172, 173 and 174), including global admissions
Durable Medical Equipment: <ul style="list-style-type: none"> • Insulin pumps • Bone or Spinal Cord Stimulators • Wound Vac Rentals 	Organ or bone marrow transplant: evaluation or procedures
Early Childhood Intervention Providers: Authorization required for PT, OT, ST	Orthotics: For covered orthotics, only custom-made require authorization
Epidural Steroid Injections rendered by a provider other than a pain management specialist	Out-of-network services: All
Home Health Services: including skilled nursing, infusion therapy, private duty nursing, and PT, OT, ST	Pain Management rendered by provider other than a pain management specialist
Hyperalimentation	PET Scans
Hyperbaric Treatment/Wound Care: facility based	Physician Office-based surgical/diagnostic procedures>\$1,000
	Prosthetics for STAR members < 21 years
	Skilled Nursing Facility: SNF/ECF/Sub-Acute
	Synagis
	Surgery: See Ambulatory/Day Surgery and Inpatient Admissions
	Varicose Vein Treatment
	♦ Procedures considered experimental/investigational may not be a covered benefit.

*Day Surgery Exceptions	
The procedures listed below do not require preauthorization when the facility and all providers including anesthesiologist are participating providers within the member's network.	
Adenoidectomy < age 12 yrs	Fistulograms of A/V fistulas
Arthroscopic procedures	Foreign Body removal
Bone Fracture repair	I & D of abscesses
Circumcisions < 1 yr of age	Implantable Battery replacement (i.e. pacemakers)
Cleft Palate repair	Laparoscopic Cholecystectomies
Club Foot repair	Laparoscopic Tubal Ligation
Dental Rehabilitation/Restoration: Not a covered benefit for ages greater than 18	Myringoplasty
Diagnostic Endoscopic procedures w/biopsies	Polydactyl surgery
Epidural Steroid Injections rendered by a pain management specialist	PTCA w/stents
Facet Injections/Nerve Blocks rendered by a pain management specialist	Reduction of dislocated joint
	Strabismus
	Tonsillectomy < 12 years
	Tympanoplasty
	Tympanostomy

CFHP Health Services Management
Fax Numbers
210-358-6040 or 1-800-887-7974

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Authorization Phone Numbers
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