



**University Family Care Plan (PS) Authorization List  
(Authorization Required Unless Exception Noted)  
Effective Date: March 2, 2010**

<b>All Ambulatory Surgeries outside of UHS facilities</b>	<b>Hyperalimentation</b>
<b>Ambulance Transfers:</b> non-emergency, ground & air	<b>Hyperbaric Treatment/Wound Care outside of UHS facilities:</b> facility based.
<b>Behavioral Health:</b>	<b>Infusion Therapy:</b> outpatient
<ul style="list-style-type: none"> <li>• Inpatient Services</li> <li>• Intensive Outpatient Services</li> <li>• ECT (Electro Convulsive Therapy)</li> <li>• Psychological Testing</li> <li>• Partial Hospitalization Services</li> <li>• Residential Treatment</li> <li>• Services related to Autism Spectrum Disorder</li> <li>• Outpatient Consultation Visits &gt; <b>10 for all members.</b> <b>Treatment plan must be submitted prior to the 10th outpatient visit.</b></li> </ul>	<b>Inpatient Admissions outside of UHS facilities:</b>
<b>Cancer Chemotherapy:</b> rendered by a provider other than an hematologist/oncologist	<ul style="list-style-type: none"> <li>• <b>Includes</b> acute, sub-acute, SNF, rehab, LTAC</li> <li>• <b>Excludes</b> global OB 2-day vaginal and 4-day C-section deliveries</li> </ul>
<b>CTA outside of UHS facilities</b>	<b>MRI/MRA outside of UHS facilities</b>
<b>Durable Medical Equipment:</b>	<b>ALL NICU/Special Care Nursery admissions</b> (revenue codes 172, 173 and 174), including global admissions
<b>DME Purchases - billed charges &gt; \$500</b>	<b>Obstetrical Ultrasounds (NON MFM) &gt; 2 per pregnancy</b> <b>** (See note below)</b>
<b>All rentals including:</b>	<b>Organ or bone marrow transplant all treatment from</b> evaluations through transplant procedure and 1 year post transplant
<ul style="list-style-type: none"> <li>• Bone or Spinal Cord Stimulators</li> <li>• Insulin Pumps/Continuous Glucose Monitoring Systems and related supplies</li> <li>• Wound Vac Rentals and related supplies</li> </ul>	<b>Orthotic Purchases – billed charges &gt; \$500.</b>
<b>Early Childhood Intervention Providers:</b> Authorization required for PT, OT, ST	<b>Out-of-network requested services:</b> All
<b>Epidural Steroid Injections:</b> rendered by a provider other than a pain management specialist	<b>Pain Management</b> rendered by provider other than a pain management specialist
<b>High-cost Drugs - billed charges &gt; \$500</b> including oral, injectable, and infusible. NDC# required. (such as Xolair, Synagis)	<b>PET Scans outside of UHS facilities</b>
<b>Home Health Services:</b> including skilled nursing, infusion therapy, private duty nursing, and PT, OT, ST	<b>Physician Office-Based Surgical/Diagnostic Procedures – billed charges &gt; \$500.</b>
	<b>Prosthetics Purchases - billed charges &gt; \$500.</b>
	<b>Skilled Nursing Facility:</b> SNF/ECF/Sub-Acute
	<b>Supplies: Medically Necessary</b>
	<b>Surgery:</b> See Ambulatory/Day Surgery and Inpatient Admissions
	<b>Therapy-Habilitation/Rehabilitation outside of UHS facilities :</b> Physical/Occupational/Speech
	<b>Varicose Vein Treatment</b>

- **Procedures considered experimental/investigational may not be a covered benefit (Ex. Xolair for children < 12 years of age).**
- **Non MFM Obstetrical ultrasounds beyond 2 require pre-authorization. Please submit clinical information to support the medical necessity request for additional ultrasounds. Requests should be submitted at least two (2) weeks in advance of scheduling.**

**CFHP Health Services Management  
Fax Number  
210-358-6040/1-800-887-7974 or  
Right Fax 210-358-6381**

**CFHP Health Services Management  
Authorization Phone Number  
210-358-6050 or  
1-800-434-2347**