



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

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| <b>All Ambulatory Surgeries outside of UHS facilities</b>  | <b>Hyperbaric Treatment/Wound Care outside of UHS facilities:</b> facility based.  |
| <b>Ambulance Transfers:</b> non-emergency, ground & air  | <b>Infusion Therapy:</b> outpatient  |
| <b>Behavioral Health:</b><br><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; 10 for all members. Treatment plan must be submitted prior to the 10th outpatient visit.</li> </ul> | <b>Inpatient Admissions outside of UHS facilities:</b><br><ul style="list-style-type: none"> <li>• Includes acute, sub-acute, SNF, rehab, LTAC</li> <li>• Excludes global OB 2-day vaginal and 4-day C-section deliveries</li> </ul> |
| <b>Cancer Chemotherapy:</b> rendered by a provider other than an hematologist/oncologist   | <b>MRI/MRA outside of UHS facilities</b>   |
| <b>CTA outside of UHS facilities</b>   | <b>ALL NICU/Special Care Nursery admissions</b> (revenue codes 172, 173 and 174), including global admissions  |
| <b>Durable Medical Equipment:</b><br><b>DME Purchases - billed charges &gt; \$500</b><br><b>All rentals including:</b><br><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>Obstetrical Ultrasounds (NON MFM) &gt; 2 per pregnancy</b><br><b>** (See note below)</b>  |
| <b>Early Childhood Intervention Providers:</b> Authorization required for PT, OT, ST   | <b>Organ or bone marrow transplant all treatment from</b> evaluations through transplant procedure and 1 year post transplant  |
| <b>Epidural Steroid Injections:</b> rendered by a provider other than a pain management specialist   | <b>Orthotic Purchases – billed charges &gt; \$500.</b>   |
| <b>Home Health Services:</b> including skilled nursing, infusion therapy, private duty nursing, and PT, OT, ST   | <b>Out-of-network requested services:</b> All  |
| <b>Hyperalimentation</b>   | <b>Pain Management</b> rendered by provider other than a pain management specialist  |
|  | <b>PET Scans outside of UHS facilities</b>   |
|  | <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  
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1-800-434-2347**