



**University Family Care Plan (PS) Authorization List**  
**(Authorization Required Unless Exception Noted)**  
**Effective Date: January 1, 2019**

- Requests for services from a provider, facility, or vendor that **is not in** the UFCP Network require prior authorization.

<b>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.</b>
<b>Ambulance Transfers:</b> Non-emergency, Ground and Air
<b>Behavioral Health:</b> <ul style="list-style-type: none"> <li>• All Residential Treatment (BH/CD)</li> <li>• Inpatient Services (Includes Detox/ Rehab)</li> <li>• Intensive Outpatient Services (Includes Outpatient Detox/ Rehab)</li> <li>• ECT (Electro Convulsive Therapy)</li> <li>• Psychological/Neuropsych Testing – if testing is greater than 4 hours in duration</li> <li>• Partial Hospitalization Services</li> </ul>
<b>Cancer Chemotherapy:</b> requires preauthorization for charges >\$500 per dose
<b>Cosmetic procedures or surgeries</b> All cosmetic procedures or surgeries require authorization
<b>Durable Medical Equipment/Orthotics/Prosthetics:</b>  <b>All purchases involving allowable charges</b> (for each item > \$300 each) <b>All rentals and purchases, including:</b> <ul style="list-style-type: none"> <li>• Bone Growth Stimulators</li> <li>• Insulin Pumps/Continuous Glucose Monitoring Systems</li> <li>• Wound Vac (Negative Pressure wound therapy) – to include related supplies</li> <li>• Hospital Grade Breast Pumps – after the initial 60 day rental period</li> </ul>
<b>Experimental/Investigational Services</b>
<b>Genetic Testing</b> – includes office based testing
<b>Home Health Services:</b> including skilled nursing, infusion therapy, private duty nursing, and PT, OT, ST (includes initial evaluation for ST) <b>**NOTE:</b> Plan limits to a max of 60 visits per year and cannot be combined with outpatient visits
<b>Hyperalimentation</b>
<b>Hyperbaric Treatment/Wound Care - facility based</b>
<b>Infusion Therapy - Outpatient</b>
<b>Inpatient Admissions</b> – All services not provided at University Hospital require authorization: <ul style="list-style-type: none"> <li>• <b>Excludes</b> global OB 2 day vaginal, 4 day C-Sections and Observation stays</li> <li>• <b>Includes</b> Acute, NICU/Special Care Nursery, Sub-acute, SNF, Rehab, LTAC, ECF</li> <li>• <b>All emergent inpatient admissions require notification by the close of the next business day</b></li> </ul> <b>**Please note that no additional reimbursement will be provided for robotic assisted surgeries</b>
<ul style="list-style-type: none"> <li>• <b>Imaging Services - Includes</b> MRA, SPECT, Three Dimensional (3D) Imaging</li> <li>• MRI – if not ordered by a Neurosurgeon or Orthopedic MD</li> <li>• PET - not ordered by an oncologist</li> <li>• Video EEG Monitoring</li> <li>• OB ultrasounds             <ul style="list-style-type: none"> <li>○ Limited to 3 ultrasounds for a pregnancy that is not high risk without being approved.</li> <li>○ No authorization is required for high risk pregnancy ultrasounds when appropriate High Risk Pregnancy ICD-10 codes are submitted on the claim.</li> </ul> </li> </ul> <b>**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.</b>
<b>Obesity Treatment and Surgery</b> – ALL obesity treatment and surgery must be performed at University Hospital

CFHP Population Health Management  
 RightFax: (210) 358-6381 / (800) 887-7974  
 Authorization Phone Numbers: (210) 358 – 6050 or (800) 434 – 2347  
**NOTE: Authorization Requirements do not confirm covered benefits for all products.**  
**Services considered experimental or investigational may not be covered.**

<p><b>Pain Management:</b>  <b>All Surgically Implantable devices (pain related)</b></p> <ul style="list-style-type: none"> <li>• Pain Pumps (e.g. Baclofen/fentanyl)</li> <li>• Spinal Cord and other Nerve Stimulators - includes trials</li> </ul>
<p><b>Pharmaceuticals:</b>  Any injectable, or infusible with allowed charges &gt; \$500 per dose given in the outpatient setting . NDC# required.  <u>Examples include the following medications:</u></p> <ul style="list-style-type: none"> <li>• Aflibercept (Eylea)</li> <li>• Histrelin implant (Supprelin LA)</li> <li>• Hyaluronate (Orthovisc or Gel-One)</li> <li>• IVIG (immune globulin)</li> <li>• Natalizumab (Tysabri)</li> <li>• Omalizumab (Xolair)</li> <li>• Romiplostim (NPlate)</li> <li>• Zoledronic Acid</li> <li>• onabotulinumtoxin A (Botox)</li> <li>• Pembrolizumab (Keytruda)</li> <li>• Nivolumab (Opdivo)</li> </ul>
<p><b>Supplies: All purchases involving allowable charges</b> (for each item &gt; \$300 each)</p>
<p><b>Therapy-Habilitation/Rehabilitation Includes:</b></p> <ul style="list-style-type: none"> <li>• Occupational or Physical Therapy – all Visits, required in units and/or encounters along with procedure codes, (Home or Outpatient).* 60 visit max per year  <b>Note: OT and PT Evaluations and Re-evaluations do NOT require authorization</b></li> <li>• Speech Therapy –required for both Initial Evaluation and Ongoing Treatments - a re-evaluation will be issued if ongoing treatments are authorized (Home or Outpatient) ).* 60 visit max per year</li> </ul>
<p><b>Transplant:</b></p> <ul style="list-style-type: none"> <li>• All Transplant related services – includes evaluation, transplantation listing and procedures</li> <li>• Outpatient transplant related services occurring one (1) year post transplantation</li> </ul>
<p><b>Wound Care:</b></p> <ul style="list-style-type: none"> <li>• Facility Based</li> <li>• Hyperbaric Treatment</li> <li>• Wound Vac (Negative-pressure wound therapy) to include related supplies</li> </ul> <p><b>NOTE: No authorization required for the initial evaluation</b></p>
<p><b>Other Services, Supplies, and Tests</b></p> <ul style="list-style-type: none"> <li>• Medical Nutritional Products</li> <li>• Continuous Glucose Monitoring Systems</li> <li>• External defibrillators</li> </ul>
<p><b>Unlisted and Miscellaneous Codes – CFHP requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be used, medical necessity documentation and rationale must be prior authorized</b></p>

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

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

**NOTE: Authorization Requirements do not confirm covered benefits for all products.  
Services considered experimental or investigational may not be covered.**