



COMMUNITY FIRST HEALTH PLANS

Prior Authorization Requests

As a managed care organization, CFHP requires submission of certain services for review before members receive them. We do this to ensure that the proposed services are covered by your benefit plan and that they are being obtained in the appropriate setting. Typically, your PCP or provider will contact CFHP to request the services and will provide the necessary information related to your case. However, as a member of CFHP, you also have a responsibility to make sure your provider has requested authorization for certain services. Some of those services include (but not limited to):

<p>Ambulatory / Outpatient Surgical Procedures</p> <ul style="list-style-type: none"> Outpatient surgical procedures <ul style="list-style-type: none"> Except for emergency procedures 	<p>Supplies / Medical Equipment</p> <ul style="list-style-type: none"> Equipment rentals Equipment over certain dollar limits Bone growth stimulators Hearing aids for Medicaid adults age 21+ External bone anchored hearing aids Continuous glucose monitoring systems External defibrillators Supplies over the benefit limit
<p>Behavioral Health / Chemical Dependency Services</p> <ul style="list-style-type: none"> Inpatient behavioral health or chemical dependency services 	<p>Therapy Services</p> <ul style="list-style-type: none"> Speech therapy – both initial evaluations and ongoing visits Physical and Occupational therapy – all visits
<p>Hospital / Inpatient Admissions</p> <ul style="list-style-type: none"> Inpatient admissions, planned and urgent <ul style="list-style-type: none"> Except routine OB deliveries Includes all hospital-to-hospital transfers 	<p>Transplants</p> <ul style="list-style-type: none"> Services for transplant evaluation and the transplant procedure
<p>Imaging Services / Diagnostic Procedures</p> <ul style="list-style-type: none"> Includes MRIs/MRAs Sleep Studies 	<p>Transportation</p> <ul style="list-style-type: none"> Use of an ambulance/air transport for non-emergent hospital transportation
<p>Medications</p> <ul style="list-style-type: none"> Injectable drugs over \$500 in the outpatient setting <ul style="list-style-type: none"> Excludes chemotherapy drugs 	<p>Wound Care</p> <ul style="list-style-type: none"> Care provided in a wound care facility Hyperbaric treatment Supplies such as wound vac
<p>Nursing Services</p> <ul style="list-style-type: none"> Private duty nursing Home health services (including home IV therapy, home physical/speech/occupational therapy) 	<p>Other Services and Tests</p> <ul style="list-style-type: none"> Genetic testing Nutritional supplements and formulas
<p>Out-of-Network Services</p> <ul style="list-style-type: none"> Out-of-network physician, hospital or ancillary services 	
<p>Pain Management Services</p> <ul style="list-style-type: none"> Implantable medical devices used to treat chronic pain 	