

Referrals & Prior Authorization

Referrals to Specialists

Although Community First Health Plans (CFHP) does not require a referral to see a specialist, some specialists require a referral from your PCP in order to see you. You should check with your PCP if a referral is required to see a particular specialist. Additionally, some services require an authorization from CFHP before you receive services. Your PCP or treating provider will take care of this request for you.

Prior Authorization Requests

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 correct 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. If services are received prior to obtaining authorization, you may be held financially liable for payment of claims that are denied to the provider. Some of those services include (but not limited to):

Ambulatory / Outpatient Surgical Procedures

- All outpatient surgical procedures, planned and urgent
- Excludes emergency procedures - these do not require advance review

Behavioral Health / Chemical Dependency Services

- All behavioral health /chemical dependency inpatient services- including residential treatment, partial hospitalization, and crisis stabilization
- Psychological/Neuropsychological testing – if testing is greater than 4 hours

Hospital / Inpatient Admissions

- All inpatient admissions, planned and urgent
- Excludes routine OB deliveries
- All hospital-to-hospital transfers

Imaging Services / Diagnostic Procedures

- MRIs/MRAs- if not ordered by a Neurosurgeon or Orthopedic Doctor
- OB ultrasounds beginning with the 4th one and all after that
- Sleep studies
- Video EEG Monitoring

Medications

- Injectable drugs with allowable charges over \$500

Nursing Services

- Private duty nursing
- Home health services (including home IV therapy, home physical/speech/ occupational therapy)
- Skilled nursing

Out-of-Network Services

- All out-of-network physician, hospital or ancillary services

Services continued...

Pain Management Services

- Implantable medical devices used to treat chronic pain

Supplies / Medical Equipment - For Medicaid, when request to totaling > \$300 per request for a 3 month supply

- All equipment rentals
- Bone growth stimulators
- Hearing aids for Medicaid adults age 21 and over
- External bone anchored hearing aids
- Insulin pumps or continuous glucose monitoring systems
- External defibrillators
- All supplies over the benefit limit

Therapy Services

- All speech therapy
- All physical and occupational therapy visits
- Excludes ECI services

Transplants

- Organ donation, transplants and evaluation/work-up

Transportation

- Use of an ambulance/air transport for non-emergent hospital transportation

Wound Care

- Care provided in a wound care facility
- Hyperbaric treatment
- Supplies such as wound vac

Other Services and Tests

- Genetic testing
- Nutritional supplements and formulas
- Experimental and investigational services

For more information about prior authorization requests or referrals, please contact Member Services:

Main: (210) 227-2347

Toll-free: 1-800-434-2347

STAR Kids: (210) 358-6403

Toll-free: 1-855-607-7827