

# Referrals & Prior Authorizations Information for Members

## Referrals to Specialists

Although Community First Health Plans does not require a referral to see a specialist, **some specialists may require a referral from your primary care provider (PCP) before they can see you.** If you need to see a specialist, you should check with your PCP to see if a referral is required. Additionally, some services may also require an authorization from Community First before you can receive services. Your PCP or treating Provider will take care of this request for you.

## Prior Authorization Requests

Community First requires the submission of certain services for review before Members can receive them. This is to ensure that the proposed service(s) is covered by your benefit plan, and obtained in the correct setting. Typically, your PCP or Provider will contact Community First to request a service and provide us the necessary information related to your case. **However, as a Member of Community First, 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 these services include, but are not limited to:**

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### Ambulatory/Outpatient Surgical Procedures

- All outpatient surgical procedures, planned and urgent

NOTE: This excludes emergency procedures - these do not require advance review

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### 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 exceeds 8 hours)

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### Hospital/Inpatient Admissions

- All inpatient admissions, planned and urgent
- All hospital-to-hospital transfers

NOTE: This excludes routine OB deliveries

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### Imaging Services/Diagnostic Procedures

- MRIs/MRAs if not ordered by a Neurosurgeon, Neurologist, or Orthopedic Doctor
- OB ultrasounds beginning with the fourth and each additional (excluding high-risk pregnancies)
- Sleep studies
- Video EEG Monitoring

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### Medications

- Injectable drugs with allowable charges over \$500
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### **Nursing Services**

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

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### **Out-of-Network Services**

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

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### **Pain Management Services**

- Implantable medical devices used to treat chronic pain

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### **Supplies / Medical Equipment**

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

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### **Therapy Services**

- All speech therapy
  - All physical and occupational therapy visits
- NOTE: This excludes Early Childhood Intervention (ECI) services

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### **Transplants**

- Organ donation, transplants, and evaluation/work-up

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### **Transportation**

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

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### **Wound Care**

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

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### **Other Services and Tests**

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

**If you have questions about whether your proposed treatment requires a referral or an authorization, please contact Member Services:**

Main: (210) 227-2347

STAR Kids: (210) 358-6403

Toll-free: 1-800-434-2347

Toll-free: 1-855-607-7827