

# Referrals & Prior Authorizations Information for Members

#### **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 8 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 (except for high risk pregnancies)
- 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 non-emergency out-of-network physician, hospital or ancillary services



#### Services continued...

#### **Pain Management Services**

• Implantable medical devices used to treat chronic pain

## Supplies / Medical Equipment -

- 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

If you have questions about whether your proposed treatment requires a referral or an authorization, 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