

Coverage Criteria, Medical Policies, and Clinical Guidelines – Medicaid & CHIP

Community First Health Plans is committed to ensuring that Members and Providers have clear, transparent access to the criteria used in medical necessity determinations. To support informed decision-making, Community First makes its Coverage Criteria, Medical Policies, Clinical Practice Guidelines, and InterQual® Criteria publicly available and easily accessible.

Hierarchy of Evidence and Criteria Used

When making medical necessity determinations, Community First applies the following hierarchy of evidence and criteria, as applicable to the Member's line of business. If there is a discrepancy between the clinical review guideline and a Member's benefits program, the benefits program will govern.

You may review these resources by selecting the guidelines, policy, or criteria of interest.

1. Line of Business-Specific Coverage Requirements
 - » **Medicaid (STAR, STAR Kids, STAR+PLUS)**
[Texas Medicaid Provider Procedures Manual \(TMPPM\)](#)
 - » **CHIP**
[CHIP Covered Services](#)
2. Community First Medical Policies*
3. [InterQual® Criteria](#)
Registration is required to view the guidelines. Accounts are free and available to the public.
4. [Hayes® Evidence-Based Assessment](#)
5. Other nationally recognized evidence-based clinical resources, which may include the following:
 - » [UpToDate®](#)
 - » [UpToDate® Lexidrug™](#)
 - » [National Comprehensive Cancer Network \(NCCN\) Guidelines®](#)
 - » Additional peer-reviewed literature and specialty-society guidelines

Contact Us

For more information about coverage criteria, medical policies, and clinical guidelines, please call:

- Members: Community First Member Services at **1-800-434-2347** or the phone number listed on your Community First Member ID card.
- Providers: Community First Provider Services at **210-358-6030**.

**Available upon request and anticipated for publication on the Community First website and Provider Portal by August 2026.*