

# Referrals & Prior Authorization Information for Members

## What is a referral?

**A referral is a written order from your primary care provider (PCP) for you to see a specialist.**

Community First Health Plans, Inc. and Community First Insurance Plans (Community First) do not require you to get a referral to see a specialist. However, some specialists may require a referral from your PCP before they will see you. If you need to see a specialist, check with your PCP to see if you need a referral.

## What is prior authorization?

**Prior authorization is when approval from your health plan is required before you can get a medical service.** Community First must review some services to make sure they are covered by your health plan, and you're getting treatment in the right setting. Usually, your PCP will contact Community First to request a service and provide us information about your case.

**However, as a Community First Member, you also have a responsibility to make sure your Provider has ask for prior authorization for certain services.** If you get services before they are authorized, you may be responsible for payment.

**Some services requiring prior authorization include, but are not limited to the services listed in the chart below:**

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### Ambulatory/Outpatient Surgical Procedures

- All outpatient surgical procedures, planned and urgent

NOTE: This does not include emergency procedures which 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
- Sleep studies
- Video EEG Monitoring

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### Medications

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

- 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 a treatment or services requires a referral or prior authorization, please contact Member Services at 1-800-434-2347 or at the number on the back of your Member ID card.**