



## ***When RAFs Are Not Required (SBHI, SLOHI, PP2, HF, HK, IHSS Healthcare)***

**Generally speaking, RAFs are required for all case managed CenCal Health members; however, there are a number of exceptions to this rule. (Please note: if a program name is not specified below, the exception applies to all programs.)**

- **Abortions**
- **Acupuncture** –SBHI / SLOHI / PP2 / HF / HK
  - SBHI/SLOHI – Effective January 1, 2010, this benefit was eliminated for SBHI/SLOHI members, except for those that fall within specific service and member groups. For members who are eligible for this benefit, they are restricted to a combined total of 2 acupuncture and chiropractic visits per month and will not be granted authorization for additional services beyond this limit. For further information, please reference the Protocols for Acupuncture located in the Provider Manual.
  - PP2 – *unless* member is requesting acupuncture for other than the 2 self referral visits they receive for smoking cessation
  - HF – *unless* member has used their 20 self referral visits for the benefit year
  - HK – *unless* member has used their 20 self referral visits for the benefit year
- **AIDS/HIV testing and counseling**
- **Ambulance** – if an emergency
- **Anesthesia services** – if associated with a surgical procedure
- **Assistant surgeon** - if primary surgeon has a RAF
- **Audiology** – SBHI/SLOHI – unless member has used a total of 2 limited services visits in one month
- **California Children Services (CCS) / Genetically Handicapped Persons Program (GHPP)** members (When services are related to the member's CCS / GHPP condition, provider needs to obtain authorization from CCS / GHPP. RAFs are not required even when services are not related to the member's CCS / GHPP condition.)
- **Chiropractic** – SBHI / SLOHI / HF / HK
  - SBHI/SLOHI– Effective January 1, 2010, this benefit was eliminated for SBHI/SLOHI members, except for those that fall within specific service and member groups. For members who are eligible for this benefit, they are restricted to a combined total of 2 acupuncture and chiropractic visits per month and will not be granted authorization for additional services beyond this limit. For further information, please reference the Protocols for Chiropractors located in the Provider Manual.
  - HF – *unless* member has used their 20 self referral visits for the benefit year
  - HK – *unless* member has used their 20 self referral visits for the benefit year
- **Dual Eligible Members**– SBHI/SLOHI
- **DME Repairs**
- **Diabetic Management Program** (Procedure Code S9455)
  - Note: Diabetic Management Visits from Nurse or Dietician, Procedure Codes S9460 and S9465, RAF *Waived for 1<sup>st</sup> visit, subsequent visits require a RAF.*
- **Ear Molds** – SBHI/SLOHI – V5264 and V5265

- **Emergency services**
- **Family planning services** (using condition code A3 or A4 for UB 92 or by indicating a 1 or 2 in EPSDT/Family Planning for the HCFA 1500, see EDS manual for more information)
  - IHSS Healthcare – Family planning counseling is limited to 15 visits per year
- **Hearing Aid Repairs**
- **Hearing evaluations** – SBHI/SLOHI – unless member has used their 2 limited service visits for that month
- **Laboratory services which do not require a TAR/AR**
- **Lactation consultation** – first hour
- **Limited services (audiology, acupuncture, chiropractic, and hearing evaluations)** – SBHI/SLOHI –If a member needs additional audiology services or hearing evaluations beyond their 2 visits per month, a RAF and TAR/AR is needed.

Note: Effective January 1, 2010, acupuncture and chiropractic benefits were eliminated for SBHI/SLOHI members, except for those that fall within specific service and member groups. For members who are eligible for this benefit, they are restricted to a combined total of 2 acupuncture and chiropractic visits per month and will not be granted authorization for additional services beyond this limit. For further information, please reference the applicable protocols located in the Provider Manual.

- **Newborns** – SBHI/SLOHI – if using mom's ID # until end of second month from birth (unless baby has received own ID # and has been assigned a PCP)
- **Nursing/Sub-Acute Services:** 99304-99310, 99324-99337, X9922-X9970, Z0200-Z0210
- **Nutrition** - Therapy-Initial Assessment (Procedure Code 97802) and Group Nutrition Therapy (Procedure Code 97804)
- **OB / GYN services** (including False Delivery and Post Partum Visits)
- **Outpatient Hospital / Surgery Centers**
- **Pharmacy** (medications) – a prescription is required
- **Physical Therapy services**
- **Physician consults for members admitted to acute hospitals**
- **Post partum home health initial visit and post partum home visits**
- **Primary Care Provider (PCP) services:** Services rendered by a member's PCP or services rendered by any PCP after standard business hours (after 5 pm Monday-Friday or weekends)
- **Professional Services:** 93010, 93014, 93018, 93042, 93227, 93233, 93272, 93314, 93317, 93790, 94016 & 96004
- **Radiological and imaging services**, including contrast or other materials used to facilitate the exam. Note: RAFs are still required for surgical or medical services.
- **Sexually Transmitted Diseases** - testing and treatment
- **Urgent Care Services** (at hospitals and free-standing Urgent Care Centers)
- **Vision codes when billed by an ophthalmologist or an optometrist** – SBHI/SLOHI - 92002, 92004, 92012, 92014, 92015, 92020, 92081, 92082, 92083, 92225, 92226 & 92250

Note: Effective January 1, 2010, optician services were eliminated for SBHI/SLOHI members, except for those that fall within specific service and member groups. For further information, please reference the Protocols for Opticians located in the Provider Manual.