

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 no program name is specified below, the exception applies to all programs.)

- Abortions
- Acupuncture –SBHI / SLOHI / PP2 / HF / HK
 - SBHI/SLOHI – member is 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
 - 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) eligible services (services need to be authorized by CCS / GHPP)
- Chiropractic – SBHI / SLOHI / HF / HK
 - SBHI/SLOHI– member is 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
 - 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 (Medicare/Medi-Cal) – 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 1st 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, occupational therapy, speech therapy, hearing evaluations) – SBHI/SLOHI – members 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. If a member needs additional audiology services, occupational therapy, speech therapy, or hearing evaluations beyond their 2 visits per month, a RAF and TAR/AR is needed.
- 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, 99324-99330, 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)
- Occupational therapy – SBHI/SLOHI – unless member has used their 2 limited service visits for that month
- Outpatient Hospital or Outpatient Surgery Center services associated with dental services – SBHI / SLOHI / HF / HK
- Outpatient Hospital / Surgery Centers – If physician performing surgery has a referral or received an authorization for medical services (RAF and/or TAR or AR)
- Pharmacy (medications) – a prescription is required
- 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
- Speech therapy – SBHI/SLOHI - unless member has used their 2 limited service visits for that month
- 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
- Eye Appliances – SBHI/SLOHI – all procedure codes (V-codes)