



**Authorization Requirements All Product Lines
(STAR/CHIP/HMO/PPO)
Effective Date: January 1, 2011**

CFHP Health Services Management
RightFax: (210) 358-6381/(800) 887-7974

Authorization Phone Numbers:
(210) 358 – 6050 or (800) 434 - 2347

ALL TEXAS REFERRAL/AUTHORIZATION FORMS MUST BE SIGNED BY THE PRIMARY CARE PROVIDER (PCP) OR ORDERING PHYSICIAN THAT HAS A VALID REFERRAL FROM THE PCP.

<p>Behavioral Health / Chemical Dependency</p> <ul style="list-style-type: none"> ▪ All Residential Treatment (BH/CD) ▪ Inpatient Detox (after 1/1/2011) ▪ Inpatient Services ▪ Intensive Outpatient Services ▪ ECT (Electro Convulsive Therapy) ▪ Outpatient Detox ▪ Psychological / Neuropsych Testing ▪ Partial Hospitalization Services <p>Outpatient Therapy Visits > 20 for all members. Treatment plan must be submitted prior to the 20th outpatient visit.</p>	<p>Physician Office-Based Surgical/Diagnostic/Lab procedures,– billed charges > \$500</p>
<p>Hospital Services/Inpatient Admissions</p> <p>Admission to any level of acute or sub-acute care, hospice, skilled nursing facilities, rehabilitation, admission and all other inpatient facility type admission. Excludes global OB 2 day vaginal and 4 day C-Section deliveries. All emergent inpatient admissions require notification by the close of the next business day.</p> <p>Includes all :</p> <ul style="list-style-type: none"> ▪ Inpatient facility to facility transfers ▪ NICU/Special Care Nursery admissions (revenue codes 172,173,and 174) and all global admissions ▪ Elective admissions. ▪ Non-Participating/Out of Network Providers/Facility- request for services from a non-participating, out of network facility, provider, or vendor in any location. Except Emergent admissions (excludes lab and radiology other than special studies) 	<p>Pain Management</p> <ul style="list-style-type: none"> ▪ Implantable pumps (Baclofen/fentanyl) ▪ Joint injections ▪ Other procedures do not require authorizations but will be monitored or audited.
<p>Office Specialty Care Requests</p> <p>Specialists:</p> <ul style="list-style-type: none"> ▪ Any non-urgent referral for Out-of-Network specialty office visits ▪ 2nd Opinions Out-of-Network ▪ Chiropractor 	<p>Pharmaceuticals</p> <p>Rx Medical Injectables</p> <ul style="list-style-type: none"> ▪ Antiemetics for chemotherapy treatment >\$500 ▪ Aranesp ▪ Growth Hormone ▪ IVIG ▪ Neulasta ▪ Synagis ▪ Xolair ▪ 17 Alpha Hydroxyprogesterone Caproate (17P) ▪ Infusion Therapy – Outpatient (Exception – Chemotherapy) <p>Oncology drugs when utilized for off label use Any injectable > \$500 (except chemotherapy for cancer treatment)</p>
<p>Ambulatory / Surgical Procedures</p> <ul style="list-style-type: none"> ▪ Abortion (According to HHSC guidelines) ▪ Bariatric Surgery ▪ Blepharoplasty ▪ Circumcision > 21 years old ▪ Cosmetic Procedures ▪ Dental <ul style="list-style-type: none"> ○ Oral maxillofacial surgery (including orthognathic surgery) ○ Dental extractions/rehabilitation in members >8 years old (general anesthesia and facility) ▪ Hysterectomy ▪ Implantable devices (including Cochlear Implants) ▪ Mammoplasty ▪ Otoplasty ▪ Rhinoplasty/Septoplasty ▪ Scar Revision ▪ Vagus Nerve Stimulation ▪ Varicose Veins Treatment 	<p>Radiology/Imaging Services</p> <ul style="list-style-type: none"> ▪ CTA – Liver ▪ MRI ▪ MRA ▪ OB ultrasounds <p>(Obstetrical ultrasounds beyond the 2 allowable limits and allowable codes require pre-authorization for standard OB/GYN. Allowable limits and codes were provided in a separate mailing to all OB/GYN providers. Please submit clinical information to support the medical necessity request for additional ultrasounds, prior to performing or within 24 hours of performing an urgent ultrasound.)</p>
<p>Therapy/Rehabilitation</p> <ul style="list-style-type: none"> ▪ Cardiac Rehab ▪ Hyperbaric Treatment/Wound Care (Facility Based) ▪ Occupational ▪ Physical ▪ Pulmonary Rehab ▪ Speech <p>[Excludes initial evaluation for all of the above]</p>	<p>Transplant</p> <p>Services for Transplant Evaluation and/or Transplant Procedure and one (1) year post transplant.</p> <p>Transportation</p> <ul style="list-style-type: none"> ▪ Air Transport ▪ Non-emergent Ambulance <p>Other Services, Supplies, and Tests</p> <ul style="list-style-type: none"> ▪ All DME Rentals (including Spinal Cord Stimulators, Wound Vac rentals and related supplies) ▪ DME (> \$500 purchase price) ▪ Genetic Testing ▪ Home Health Services (except initial evaluations). ▪ Orthotics (> \$500 purchase price) ▪ Prosthetics (> \$500 purchase price) ▪ Hearing aids for Medicaid adults 21 and over ▪ Nutritional supplements ▪ Nutritional Counseling (when not performed as part of a THSteps exam or for ECI assessment)

*Authorization Requirements do not confirm covered benefits for all products.

