



All Product Lines (STAR/CHIP/HMO/PPO) Authorization List
(Authorization Required Unless Exception Noted)
Effective Date: March 2, 2010

All Ambulatory/Day Surgeries	Infusion Therapy: outpatient
Ambulance Transfers: non-emergency, ground & air	High-cost Drugs - billed charges > \$500 including oral, injectable, and infusible. NDC# required. (such as Xolair, Synagis)
Behavioral Health:	Inpatient Admissions:
<ul style="list-style-type: none"> • Inpatient Services • Intensive Outpatient Services • ECT (Electro Convulsive Therapy) • Psychological Testing • Partial Hospitalization Services • Residential Treatment • Services related to Autism Spectrum Disorder • Outpatient Consultation Visits > 10 for all members. Treatment plan must be submitted prior to the 10th outpatient visit. 	<ul style="list-style-type: none"> • Includes acute, sub-acute, SNF, rehab, LTAC • Excludes global OB 2-day vaginal and 4-day C-section deliveries
Cancer Chemotherapy: rendered by a provider other than an hematologist/oncologist	MRI/ MRA
CTA	ALL NICU/Special Care Nursery admissions (revenue codes 172, 173 and 174), including global admissions
Durable Medical Equipment:	Obstetrical Ultrasounds > 1 per pregnancy ** (See note below)
DME Purchases - billed charges > \$500	Organ or bone marrow transplant all treatment from evaluations through transplant procedure and 1 year post transplant
All rentals including:	Orthotic Purchases – billed charges > \$500.
<ul style="list-style-type: none"> • Bone or Spinal Cord Stimulators • Insulin Pumps/Continuous Glucose Monitoring Systems and related supplies • Wound Vac Rentals and related supplies 	Out-of-network requested services: All
Early Childhood Intervention Providers: Authorization required for PT, OT, ST	Pain Management rendered by provider other than a pain management specialist
Epidural Steroid Injections: rendered by a provider other than a pain management specialist	PET Scans
Home Health Services: including skilled nursing, infusion therapy, private duty nursing, and PT, OT, ST	Physician Office-Based Surgical/Diagnostic Procedures – billed charges > \$500.
Hyperalimentation	Prosthetics Purchases - billed charges > \$500.
Hyperbaric Treatment/Wound Care: facility based	Skilled Nursing Facility: SNF/ECF/Sub-Acute
	Supplies: Medically Necessary
	Surgery: See Ambulatory/Day Surgery and Inpatient Admissions
	Therapy-Habilitation/Rehabilitation:
	Physical/Occupational/Speech
	Varicose Vein Treatment

- Procedures considered experimental/investigational may not be a covered benefit (Ex. Xolair for children < 12 years of age).
- For STAR members refer to current Medicaid Provider Procedure Manual for coverage details.
- Obstetrical ultrasounds beyond one require pre-authorization. Please submit clinical information to support the medical necessity request for additional ultrasounds. Requests should be submitted at least two (2) weeks in advance of scheduling.

CFHP Health Services Management
 Fax Number
 210-358-6040/1-800-887-7974 or
 Right Fax 210-358-6381

CFHP Health Services Management
 Authorization Phone Number
 210-358-6050 or
 1-800-434-2347