



COMMUNITY FIRST
HEALTH PLANS

STAR & CHIP Authorization List (Authorization Required Unless Exception Noted)
Effective 11/01/2008

Ambulatory/Day Surgery: See *Day Surgery Exceptions below	Hyperalimentation
Ambulance Transfers: non-emergency, ground & air	Hyperbaric Treatment/Wound Care: facility based
Behavioral Health:	Infusion Therapy: outpatient
<ul style="list-style-type: none"> • Inpatient Services • Intensive Outpatient Services • Psychological Testing • Partial Hospitalization Services • Residential Treatment • Services related to Autism Spectrum Disorder • Outpatient Consultation Visits > 20 for STAR members only. Treatment plan must be submitted prior to the 20th outpatient visit • Exception: CHIP outpatient BH no auth required. 	High-cost Drugs > \$500, including oral, injectable, and infusible. NDC# required
Chemotherapy rendered by a provider other than an hematologist/oncologist	Inpatient Admissions:
CTA	<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
Durable Medical Equipment:	MRI/ MRA
<ul style="list-style-type: none"> • All rentals – STAR only • DME purchases > \$500 – STAR only • Insulin pumps • Bone or Spinal Cord Stimulators • Wound Vac Rentals 	ALL NICU/Special Care Nursery admissions (revenue codes 172, 173 and 174), including global admissions
Early Childhood Intervention Providers: Authorization required for PT, OT, ST * Exception: Medicaid no auth required.	Organ or bone marrow transplant evaluation or procedures
Epidural Steroid Injections rendered by a provider other than a pain management specialist	Orthotics: For covered orthotics, only custom-made require authorization
Home Health Services: including skilled nursing, infusion therapy, private duty nursing, and PT, OT, ST Exception: No auth required for Home Health PT, OT, ST for STAR members < 21 years.	Out-of-network services: All
	Pain Management rendered by provider other than a pain management specialist
	PET Scans
	Physician Office-based surgical/diagnostic procedures >\$1,000
	Prosthetics for STAR members < 21 years
	Skilled Nursing Facility: SNF/ECF/Sub-Acute
	Supplies: medically necessary, STAR only
	Synagis
	Surgery: See Ambulatory/Day Surgery and Inpatient Admissions
	Varicose Vein Treatment
	<ul style="list-style-type: none"> ◆ Procedures considered experimental/investigational may not be a covered benefit. ◆ For STAR members refer to current Medicaid Provider Procedure Manual for coverage details.

***Day Surgery Exceptions**

The procedures listed below do not require preauthorization when the facility and all providers including anesthesiologist are participating providers within the member's network.

Adenoidectomy < age 12 yrs	Foreign Body removal
Arthroscopic procedures	I & D of abscesses
Bone Fracture repair	Implantable Battery replacement (i.e. pacemakers)
Circumcisions < 1 yr of age	Laparoscopic Cholecystectomies
Cleft Palate repair	Laparoscopic tubal ligation (exception CHIP)
Club Foot repair	Myringoplasty
Dental Rehabilitation/Restoration: Not a covered benefit for STAR members only ages greater than 21 years.	Polydactyl surgery
Diagnostic Endoscopic procedures w/biopsies	PTCA w/stents
Epidural Steroid Injections rendered by a pain management specialist	Reduction of dislocated joint
Facet Injections/Nerve Blocks rendered by a pain management specialist	Strabismus
Fistulograms of A/V fistulas	Tonsillectomy < age 12 yrs
	Tympanoplasty
	Tympanostomy

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