Authorization Requirements for

STAR/CHIP/HMO

Effective Date: 1/1/2019

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.

Ambulatory / Surgical Procedures

- Abortion (According to HHSC guidelines)
- Allergen Immunotherapy Services – unless services provided by an Allergist or Immunologist
- Bariatric Surgery
- Blepharoplasty (Ptosis)
- Cosmetic Procedures
- Dental
  - Oral maxillofacial surgery (including orthognathic surgery)
- Dental General Anesthesia for all - refer to the HHSC guidelines for required documentation
- Hysterectomy
- Implantable devices (e.g. Interspinous Process Decompressors) – includes trials
- Mammoplasty (Male and Female)
- Otoplasty (including Microtia repair)
- Rhinoplasty/Septoplasty
- Scar Revision
- Vagus Nerve Stimulation
- Varicose Vein Treatment

Behavioral Health (BH)/ Chemical Dependency(CD)/Substance Abuse

- All Residential Treatment (BH/CD)
- Inpatient Services (Includes Detox/ Rehab)
- Intensive Outpatient Services (Includes Outpatient Detox/ Rehab)
- ECT (Electro Convulsive Therapy) / TMS (Transcranial Magnetic Stimulation)
- Psychological / Neuropsych Testing – if testing is greater than 4 hours in duration
- Partial Hospitalization Services

Cancer Chemotherapy: requires preauthorization for allowable charges >$500 per dose

Durable Medical Equipment/Orthotics/Prosthetics

All custom DME, Orthotics/Prosthetics

All purchases involving allowable charges (for each item > $300)

All rentals, including:

- Bone or Spinal Cord Stimulators
- Insulin Pumps/Continuous Glucose Monitoring Systems
- Hospital Grade Breast Pumps – after the initial 60 day rental period

Experimental/Investigational Services

Genetic Testing (to include office-based testing)

Hospital Services/Inpatient Admissions

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 and Observations stays

Includes all:

- Inpatient facility to facility transfers
- NICU/Special Care Nursery admissions
- Elective inpatient admissions
- Intraoperative Monitoring

****Please note that no additional reimbursement will be provided for robotic assisted surgeries**

*****All emergent inpatient admissions require notification by the close of the next business day**

Imaging Services/ Diagnostic Procedures

- MRA, SPECT, Three Dimensional (3D) Imaging
- MRI – if not ordered by a Neurosurgeon or Orthopedic MD.
- PET – if not ordered by an Oncologist
- Sleep Studies
- Video EEG Monitoring
- OB ultrasounds
- Limited to 3 ultrasounds for a pregnancy that is not high risk without being approved.
- No authorization required for high risk pregnancy ultrasounds when appropriate High Risk Pregnancy ICD-10 codes are submitted on the claim.

****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**

Nursing Services (including initial evaluations)

- Private Duty Nursing (PDN)
- Skilled Nursing

Out-of -Network

- **ALL out of network services - inpatient or outpatient – Note: Letter of Agreement (LOA) may be required**

NOTE: Authorization is required for post-stabilization emergency room inpatient admissions

- **Out-of-Network Specialists:**
  - Any non-urgent referral for Out-of-Network specialty office visits
  - 2nd Opinions Out-of-Network

Pain Management

Implantable pumps (Baclofen/fentanyl)

Spinal Cord and other Nerve Stimulators – includes trials

Pharmaceuticals

Rx Medical Injectables:

- **Any injectable, allowed charges> $500 given in the outpatient setting**

  Examples include the following medications:
  - Aflibercept (Eylea)
  - Alpha Hydroxyprogesterone Caproate (17-P) or Makena®
  - Histrelin implant (Supprelin LA)
  - Hyaluronate (Orthovisc or Gel-One)
  - IVIG (immune globulin)
  - Natalizumab (Tysabri)
  - Omalizumab (Xolair)
  - Romiplostim (NPlate)
  - Zoledronic Acid
  - nusinersen (Spinraza)
  - eteplirsen (Exondys-51)
  - **Oncology drugs when utilized for off label use**

Supplies (based on Medicaid & Medicare allowable charges)

Medical supplies, when authorization request is totaling >$300 per request for 3 months Medicaid STAR – Supplies over the Medicaid benefit limit

Telemonitoring

Therapy/Rehabilitation

- Occupational and Physical Therapy - All visits, required in units and/or encounters along with procedure codes as per the HHSC guidelines **(Home and Outpatient)**

  NOTE: OT and PT Evaluations and Re-Evaluations do NOT require authorization
- Speech Therapy –required for both Initial Evaluation and Ongoing Treatments – a re-evaluation will be issued if ongoing treatments are authorized (Home or Outpatient)

Transplant

- All services for Transplant Evaluation and/or Transplant Procedure
- Outpatient transplant related services occurring one (1) year post transplant

Transportation

Non-emergent Transport (air and ground) not covered by the Medicaid Transportation Program (MTP)

NOTE: Emergent transport subject to retrospective medical necessity review

Wound Care

Facility Based

Hyperbaric Treatment

Wound Vac. (Negative-pressure wound therapy) to include related supplies

NOTE: No authorization required for the initial evaluation

Other Services, Supplies, and Tests Bone Growth Stimulators Chiropractor (for CHIP members only) greater than 12 visits Medical Nutritional Products Hearing aids for Medicaid adults 21 and over Supplies over the Medicaid benefit limit Continuous Glucose Monitoring Systems External defibrillators
Unlisted and Miscellaneous Codes – CFHP requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be used, medical necessity documentation and rationale must be prior authorized