Authorization Requirements for

STAR KIDS

Effective Date: 01/01/2019

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)
- Bariatric Surgery
- Blepharoplasty (Ptosis)
- Cosmetic, Plastic and Reconstructive Procedures in any setting – except cleft lip/palate repair
- 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 / Chemical Dependency/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 / Neuropsychological 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

Includes all :

- Inpatient facility to facility transfers
- NICU/Special Care 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**

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Imaging Services/ Radiology/Diagnostic Procedures

- MRA, SPECT, Three Dimensional (ED) 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 is required for any three (3) of these CPT codes per single pregnancy, per office: 76801, 76805, 76811, 76813, 76815, 76816 and 76817.
    - No authorization is 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.

Long Term Support Services (LTSS) – per State benefit

- **Personal Care Services (PCS)**
- **Private Duty Nursing (PDN)**
- **Day Activity Health Services**
- **MDCP:**
    - Employment Assistance
    - Supported Employment
    - Flexible Family Support Services
    - Respite Care (in home or out of home)
    - Financial Management Services
    - Transition Assistance Services
    - Adaptive Aids
    - Minor Home Modifications
    - Vehicle Modifications
- **Community First Choice**
    - Personal Assistance Services
    - Habilitation
    - Emergency Response Services
    - Support Management
- **Prescribed Pediatric Extended Care Centers (PPECC)**

Nutritional Supplements/Formulas

Nursing Services (including initial evaluations)

- 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

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Pharmaceuticals

Rx Medical Injectables:

- **Any injectable, allowable charges> $500 given in the outpatient setting (based on Medicaid & Medicare allowable charges)**

  Examples include the following medications:
  - Eculizumab (Soliris)
  - Botulinum toxin Type A or B
  - Histrelin implant (Supprelin LA)
  - Infliximab (Remicade)
  - IVIG (immune globulin)
  - Omalizumab (Xolair)
  - Romiplostim (NPlate)
  - Tocilizumab (Actemra)
  - nusinersen (Spinraza)
  - eteplirsen (Exondys-51)
- **Oncology drugs when utilized for off label use**

Supplies – (based on Medicaid & Medicare allowable charges)

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

NOTE: Emergent transport subject to retrospective medical necessity review

Wound Care

- Facility Based
- Hyperbaric Treatment
- All 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
- External bone anchored hearing aids(procedure)
- Continuous Glucose Monitoring Systems 95250, 95251
- 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.