



**Authorization Requirements for
STAR KIDS
Effective Date:
11/1/2016**

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 in members >7 years old
- 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)
- Psychological / Neuropsychological Testing
- Partial Hospitalization Services
- Outpatient Therapy Visits > 20 for all members. Treatment plan must be submitted prior to the 20th outpatient visit.

Chiropractic Services - > 12 visits

Durable Medical Equipment/Orthotics/Prosthetics

All custom DME, Orthotics/Prosthetics

All adaptive aids involving billed charges (for items >\$500 each purchase price)

All purchases involving billed charges (for items > \$500 each purchase price)

All rentals, including:

- Bone or Spinal Cord Stimulators
- Insulin Pumps/Continuous Glucose Monitoring Systems
- Wound Vac Rentals

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.

Experimental/Investigational Services

Genetic 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

All emergent inpatient admissions require notification by the close of the next business day. **Please note that no additional reimbursement will be provided for robotic assisted surgeries.

Includes all :

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

CFHP Health Services Management RightFax: (844) 358-6274 / (210) 358-6274

Authorization Phone Numbers: (210) 358 – 6403 or (855) 607-7827

NOTE: Authorization Requirements do not confirm covered benefits for all products.

Services considered experimental or investigational may not be covered.



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Imaging Services/ Radiology/Diagnostic Procedures

- MRI,MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (ED) Imaging
- OB ultrasounds
 - Maternal Fetal Medicine Specialists (MFM's): Follow the ACOG Guidelines.
 - Non MFM (OB-GYN Providers): 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 the following CPT Codes for up to three (3) additional gestations in conjunction with related single codes: 76802, 76810, 76812, 76814

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)

- Private Duty Nursing (PDN)
- Home Health
- Exclusion – Services performed in a residential nursing facility

Out-of -Network

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

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

➤ **Specialists:**

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

Pain Management

- Pain Management procedures including Facet Injections, Trigger Point Injections, Epidural Injections, and any additional pain management procedures
- Implantable pumps (Baclofen/fentanyl)
- Spinal Cord and other Nerve Stimulators – includes trials

Personal Care Services (PCS)

Prescribed Pediatric Extended Care Centers (PPECC)

Pharmaceuticals

Rx Medical Injectables:

- **Any injectable, billed charges > \$500 (except chemotherapy for cancer treatment) given in the outpatient setting**

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)

- **Oncology drugs when utilized for off label use.**

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<p>Physician Office-Based Surgical/Diagnostic procedures, billed charges >\$500</p>
<p>Supplies – Soft supplies, billed charges totaling >\$1000</p> <ul style="list-style-type: none"> • 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.
<p>Therapy/Rehabilitation</p> <ul style="list-style-type: none"> • Occupational and Physical - Re-Evaluation and treatment (Home or Outpatient) • Speech Therapy –Evaluation Re-Evaluation and treatment (Home or Outpatient)
<p>Transplant Services for Transplant Evaluation and/or Transplant Procedure and one (1) year post transplant.</p>
<p>Transportation Non-emergent Transport (ground and air)</p> <p>NOTE: Emergent transport subject to retrospective medical necessity review</p>
<p>Wound Care</p> <ul style="list-style-type: none"> • Facility Based • Hyperbaric Treatment • Wound Vac. and related supplies (Medicaid limit does not apply to wound care supplies) <p>NOTE: No authorization required for the initial evaluation</p>
<p>Other Services, Supplies, and Tests</p> <ul style="list-style-type: none"> • Bone Growth Stimulators • Supplies over the Medicaid benefit limit • External bone anchored hearing aids • Continuous Glucose Monitoring Systems (Type II DM) A9276, A9277, A9278, 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.

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