



**Authorization Requirements for  
STAR/CHIP/HMO/HIE**

**Effective Date:  
1/1/2016**

**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 Procedures
- Dental
  - Oral maxillofacial surgery (including orthognathic surgery)
  - Dental extractions/rehabilitation in members >12 years old and all third molars (general anesthesia and facility)
- 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 / Neuropsych Testing
- Partial Hospitalization Services
- Outpatient Therapy Visits > 20 for all members. Treatment plan must be submitted prior to the 20th outpatient visit.

**Durable Medical Equipment/Orthotics/Prosthetics**

**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

**Experimental/Investigational Services**

**Genetic Testing**

**Hospice (HMO and HIE only)**

**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

**Imaging Services/ Diagnostic Procedures**

- MRI/ MRA
- 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.**

CFHP Health Services Management RightFax: (210) 358-6381 / (800) 887-7974

Authorization Phone Numbers: (210) 358 – 6050 or (800) 434 – 2347

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

**Services considered experimental or investigational may not be covered.**

*Approved by QIC October 2015*



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<p><b>Nursing Services (including initial evaluations)</b></p> <ul style="list-style-type: none"> <li>• Private duty</li> <li>• Home Health</li> </ul>
<p><b>Out of Network</b>  <b>All services - inpatient or outpatient – Letter of Agreement (LOA) may be required.</b>  <b>NOTE: Authorization is required for post-stabilization emergency room admissions.</b>  <b>Specialists:</b></p> <ul style="list-style-type: none"> <li>• Any non-urgent referral for Out-of-Network specialty office visits</li> <li>• 2nd Opinions Out-of-Network</li> </ul>
<p><b>Pain Management</b></p> <ul style="list-style-type: none"> <li>• Implantable pumps (Baclofen/fentanyl)</li> <li>• Spinal Cord and other Nerve Stimulators – includes trials</li> </ul>
<p><b>Pharmaceuticals</b>  <b>Rx Medical Injectables:</b></p> <ul style="list-style-type: none"> <li>• <b>Any injectable, billed charges &gt; \$500 (except chemotherapy for cancer treatment) given in the outpatient setting</b>  Examples include the following medications: <ul style="list-style-type: none"> <li>• Afibercept (Eylea)</li> <li>• Alpha Hydroxyprogesterone Caproate (17-P) or Makena®</li> <li>• Histrelin implant (Supprelin LA)</li> <li>• Hyaluronate (Orthovisc or Gel-One)</li> <li>• IVIG (immune globulin)</li> <li>• Natalizumab (Tysabri)</li> <li>• Omalizumab (Xolair)</li> <li>• Romiplostim (NPlate)</li> <li>• Zoledronic Acid</li> <li>• <b>Oncology drugs when utilized for off label use.</b></li> </ul> </li> </ul>
<p><b>Physician Office-Based Surgical/Diagnostic/Lab procedures, billed charges &gt;\$500</b></p>
<p><b>Therapy/Rehabilitation</b></p> <ul style="list-style-type: none"> <li>• Occupational and Physical - Re-Evaluation and treatment (Home or Outpatient)</li> <li>• Speech Therapy –Evaluation Re-Evaluation and treatment (Home or Outpatient)</li> </ul>
<p><b>Transplant</b>  Services for Transplant Evaluation and/or Transplant Procedure and one (1) year post transplant.</p>
<p><b>Transportation</b>  Non-emergent Air Transport and Non-emergent Ambulance  <b>NOTE: Emergent transport subject to medical necessity review</b></p>
<p><b>Wound Care</b></p> <ul style="list-style-type: none"> <li>• Facility Based</li> <li>• Hyperbaric Treatment</li> <li>• Wound Vac. and related supplies (Medicaid limit does not apply to wound care supplies)</li> </ul> <p><b>NOTE: No authorization required for the initial evaluation.</b></p>
<p><b>Other Services, Supplies, and Tests</b></p> <ul style="list-style-type: none"> <li>• Bone Growth Stimulators</li> <li>• Chiropractor for CHIP and HIE members only &gt; 12 visits</li> <li>• Hearing aids for Medicaid adults 21 and over</li> <li>• Nutritional supplements/Formulas</li> <li>• Supplies over the Medicaid benefit limit</li> <li>• External bone anchored hearing aids</li> <li>• Continuous Glucose Monitoring Systems (Type II DM) A9276, A9277, A9278, 95250, 95251</li> <li>• External defibrillators</li> </ul>

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