



Effective April 1, 2011

Medical Services

How to Request an Authorization:

Current (up to 6 months), adequate patient history related to the requested services should be submitted when seeking prior authorization. Examples of information needed include:

- Physical examination that addresses the problem
- Lab or X-ray results to support the request
- PCP or Specialist progress notes or consultations
- Any other information or data specific to the request

To obtain a prior auth, please fill out form in the attachment section within Provider Manual completely and fax to number located on top of Service request form (Fax # 866-420-3639). If you have an urgent request, please mark on fax "URGENT". Urgent requests are usually processed within 24-72 hours. If it needs to be processed Stat, please call 1-866-449-6849 (Bexar, Harris, Dallas & Jefferson Service Areas) or 1-877-319-6826 (CHIP Rural Service Area).

Procedures/Services Requiring Prior Authorization:

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| <ul style="list-style-type: none"> • Referral to any Non-Participating Physician • Ambulance transfer (non-emergent) • All Admissions – elective, urgent, or emergent (i.e., Hospital, Physical Rehabilitation, Skilled Nursing Facilities, or LTAC) • Bariatric Surgery • Breast Reconstruction, Reduction, or Augmentation • Chemotherapy – Initial Therapy and Changes in Protocol • Cosmetic Procedures • Durable Medical Equipment if cost/rental is greater than \$500 per line item for Medicaid covered benefits • All Home Health Care Services including PT/OT/ST in the home • Outpatient Rehabilitation Services – Physical and Occupational, No prior authorization required for first 8 visits for Physical and Occupational Therapy. No prior authorization required for initial evaluation. • Speech Therapy Services - Prior authorization required for ALL Speech Therapy services, except for initial evaluation. • Pulmonary Rehabilitation – Initial 9 visits do not require prior authorization; additional visits require prior authorization • Cardiac Rehabilitation – Initial 18 visits do not require prior authorization; additional visits require prior authorization • Orthotics and Prosthetics • Outpatient MRI, MRA, PET, SPECT, CT Scans and Nuclear studies • OB Prenatal Care: Notification after first prenatal visit to facilitate coverage of newborn and any case management needs | <ul style="list-style-type: none"> • CHIP/CHIP Perinate Program - Prior authorization is not required for the first 20 prenatal visits and 2 post natal visits (maximum within 60 days) – visits beyond these limits require prior authorization • Pregnancy Ultrasounds > 2 regardless of diagnosis • All Outpatient and Ambulatory Surgery Center Procedures <u>except</u> bronchoscopy, colonoscopy, herniorrhaphy, myringotomy and tympanoplasty, GI endoscopy, biopsies, tonsillectomy/adenoidectomy circumcision (newborn and phimosis-20 years of age or younger), cystoscopy and sterilization (signed consent form 30 days prior to procedure is still required) • Pain Management Program and treatment • Enteral Formulas and Nutritional Supplements • Genetic Testing • Hearing Aids • Wound Vacuum Device • Hyperbaric Oxygen Therapy • Home IV Infusion • Sleep Studies • Transplant Evaluation and/or Procedures • Day Activity and Health Services* • Attendant Care/Personal Assistance Services* • Adult Foster Care* • Assisted Living/Residential Care Services* • Home Delivered Meals* • Minor Home Modifications* • Respite Care Services* • Transition Assistance Services* • Injectibles (when charges are greater than \$250 per line item) • Unlisted Procedures • Medically necessary non covered benefits |
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*For STAR+PLUS Members Only.