



Texas Children's Health Plan

The best decision a family can make.

Prior Authorization Requirements

Below is a list of updated changes to the prior authorization list found in your provider manual and on the Texas Children's Health Plan website. These medical services require prior authorization. A check mark indicates the medical service is a covered benefit if medical necessity criteria are met and with prior authorization. All services will be subject to benefit limitations.

Please be sure to update your material by printing this memo and placing it in the appropriate section.

Medical Services	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Adaptive Aids					✓
Adult Day Care/ Day Activity and Health Services (more than 1 unit per day)				✓	✓
Ambulance (non-emergent transport)	✓	✓	✓	✓	✓
Augmentative Communication Device	✓		✓	✓	✓
Baclofen pump	✓		✓	✓	✓
Bariatric Surgery	✓		✓	✓	✓
Botulinum Toxin Injections	✓		✓	✓	✓
Chemotherapy non-FDA approved	✓		✓	✓	✓
Circumcision greater than 1 year of age	✓		✓	✓	✓
Cosmetic Surgery	✓		✓	✓	✓
Cranial Molding Orthosis (Helmets)	✓		✓	✓	✓
Employment Assistance					✓
Emergency Response Services (Community First Choice)				✓	✓
Flexible Family Support Services					✓
Financial Management Services				✓	✓
Gait Trainers, Standers, Walkers	✓		✓	✓	✓
Genetic Testing	✓	✓	✓	✓	✓
Habilitation (Community First Choice)				✓	✓
Home Health Care	✓		✓	✓	✓
Home Modifications Maintenance					✓
Hospital grade Blood Pressure Monitors for home use	✓		✓	✓	✓
Hospital Beds and accessories	✓		✓	✓	✓
Hospital Inpatient care	✓		✓	✓	✓
Implantable Hearing Device	✓		✓	✓	✓
Magnetoencephalography (MEG)	✓		✓	✓	✓
Minor Home Modifications					✓
Nutritional Supplements	✓		✓	✓	✓
Oral Surgery	✓		✓	✓	✓
Out of Network Services (excluding emergency services, family planning for STAR/STAR Kids only, and well child exams for all plans)	✓	✓	✓	✓	✓
Personal Care Services or Personal Assistance (Community First Choice)				✓	✓



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Medical Services	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
PET Scans	✓		✓	✓	✓
Positive Airway Pressure Device (CPAP/BiPAP)	✓		✓	✓	✓
Prescribed Pediatric Extended Care Centers			✓	✓	✓
Private Duty Nursing in Home	✓		✓	✓	✓
Progesterone Therapy	✓	✓	✓	✓	✓
Prosthetics	✓		✓	✓	✓
Respite Care					✓
Skilled Nursing facility	✓		✓	✓	✓
Sleep Studies in Children	✓		✓	✓	✓
SPECT Scans	✓		✓	✓	✓
Supported Employment					✓
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs)	✓		✓	✓	✓
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs)	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs)	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	✓		✓	✓	✓
TMJ diagnosis and treatment	✓		✓	✓	✓
Transition Assistance Services					✓
Transplant Evaluation	✓		✓	✓	✓
Vision Care, medically necessary	✓		✓	✓	✓
Wheelchairs and accessories	✓		✓	✓	✓
Behavioral Health Services	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Inpatient Care	✓		✓	✓	✓
Intensive Outpatient Treatment (Chemical Dependency Treatment Facility)	✓		✓	✓	✓
Mental Health Rehabilitation Services and Targeted Case Management			✓	✓	
Neuropsychological Testing	✓		✓	✓	✓
Out of Network Services	✓		✓	✓	✓
Outpatient Psychotherapy Visits Greater than 30 (Per Calendar Year)	✓		✓	✓	✓
Partial Hospitalization (Mental Health)	✓		✓	✓	✓
Psychological Testing (excluding initial evaluation)	✓		✓	✓	✓
Residential Treatment Facility	✓		✓	✓	✓
Skills Training and Development	✓		✓	✓	
Substance Use Disorder Treatment (excluding evaluation)	✓		✓	✓	✓