Texas Children's Health Plan

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 Adaptive Aids	**CHIP**	**CHIP Perinate**	**STAR**	**STAR Kids**	**STAR Kids MDCP** ✓
Adult Day Care/ Day Activity and Health Services (more than 1 unit per day)				✓	✓
Augmentative Communication Device and accessories	✓		✓	✓	✓
Bariatric Surgery			✓	✓	✓
Case by Case Added Services (Codes not listed in the TMHP Fee Schedule)	✓		✓	✓	✓
Circumcision (members one year of age and older)	✓		✓	✓	✓
Clinician Administered Drugs that Require Authorization	✓	✓	✓	✓	✓
Cosmetic Surgery	✓		✓	✓	✓
Controlled dose Inhalation drug delivery system	✓		✓	✓	✓
Cranial Molding Orthosis	✓		✓	✓	✓
DME/Equipment/Supplies (In excess of benefit limitations for members 20 years of age and under)	✓		✓	✓	✓
DME Repair (K0739) when greater than 35 units	✓		✓	✓	✓
Electrical Bone Growth Stimulator	✓		✓	✓	✓
Employment Assistance					✓
Emergency Response Services (Community First Choice)				✓	✓
Flexible Family Support Services					✓
Financial Management Services				✓	✓
Gait Trainers and Standers	✓		✓	✓	✓
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under			✓	✓	✓
Genetic Testing	✓	✓	✓	✓	✓
Habilitation (Community First Choice)				✓	✓
Hearing Devices (excluding batteries)	✓		✓	✓	✓
Home Health Care	✓		✓	✓	✓
Home Modifications Maintenance					✓
Home Tele monitoring Services	✓		✓	✓	✓
Hospital Beds and accessories	✓		✓	✓	✓
Hospital Inpatient care	✓		✓	✓	✓
Incontinence supplies	✓		✓	✓	✓
Minor Home Modifications					✓
Miscellaneous DME (E1399) (A9900) for billed amount >$500	✓		✓	✓	✓
Mobility Aids	✓		✓	✓	✓
Non-Emergency Ambulance Transport	✓	✓	✓	✓	✓
Nutritional Supplements for oral nutrition and adults	✓		✓	✓	✓

Medical Services Oral Surgery and Medically Necessary Dental Procedures	**CHIP** ✓	**CHIP Perinate**	**STAR** ✓	**STAR Kids** ✓	**STAR Kids MDCP** ✓
Orthotics (Custom)	✓		✓	✓	✓
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)				✓	✓
Positron Emission tomography (PET) scans	✓		✓	✓	✓
Positive Airway Pressure Device (CPAP/BiPAP)	✓		✓	✓	✓
Prescribed Pediatric Extended Care Centers			✓	✓	✓
Private Duty Nursing in Home	✓		✓	✓	✓
Prosthetics	✓		✓	✓	✓
Respite Care					✓
Secretion and Mucous Clearance Devices	✓		✓	✓	✓
Skilled Nursing facility	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	✓		✓	✓	✓
Single Photon Emission Computed Tomography (SPECT) Scans	✓		✓	✓	✓
Supported Employment					✓
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations, and Initial Evaluations for in network providers)	✓		✓	✓	✓
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations, and Initial Evaluations for in network providers)	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Initial Evaluations for in network providers)	✓		✓	✓	✓
Therapeutic Continuous Glucose Monitors	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	✓		✓	✓	✓
Temporomandibular joint (TMJ) diagnosis and treatment	✓		✓	✓	✓
Transition Assistance Services					✓
Transplants including Solid Organ and Bone Marrow	✓		✓	✓	✓
Wheelchairs and accessories	✓		✓	✓	✓

Behavioral Health Services Psychological/Neuropsychological Testing	**CHIP** ✓	**CHIP Perinate**	**STAR** ✓	**STAR Kids** ✓	**STAR Kids MDCP** ✓
Out of Network Services	✓		✓	✓	✓
Mental Health:					
- Inpatient Care	✓		✓	✓	✓
- Residential Treatment	✓		✓	✓	✓
- Partial Hospitalization Program	✓		✓	✓	✓
- Intensive Outpatient Program (Chemical Dependency Treatment Facility)	✓		✓	✓	✓
- Outpatient Psychotherapy Visits (Greater than 30 Visits per year)	✓		✓	✓	✓
- Mental Health Rehabilitation Services and Targeted Case Management (TCM)			✓	✓	✓
- Skills Training and Development	✓		✓	✓	✓
Substance Abuse Disorder Treatment:					
- Inpatient Detoxification	✓		✓	✓	✓
- Residential Treatment	✓		✓	✓	✓
- Partial Hospitalization Program	✓		✓	✓	✓
- Intensive Outpatient Program	✓		✓	✓	✓
- Outpatient Services	✓		✓	✓	✓