



### 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)				✓	✓
Augmentative Communication Device and Accessories	✓		✓	✓	✓
Autism Services			✓	✓	✓
Bariatric Surgery			✓	✓	✓
Case by Case Added Services (Codes not listed in the TMHP Fee Schedule)	✓		✓	✓	✓
Case Management for Children and Pregnant Women			✓	✓	
Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	✓		✓	✓	✓
Circumcision (members one year of age and older)	✓		✓	✓	✓
Clinician Administered Drugs that Require Authorization	✓	✓	✓	✓	✓
Continuous Glucose Monitoring	✓	✓	✓	✓	✓
Cosmetic Surgery	✓		✓	✓	✓
Cranial Molding Orthosis	✓		✓	✓	✓
DME/Equipment/Supplies (In excess of benefit limitations for members 20 years of age and under)	✓		✓	✓	✓
Electrical Bone Growth Stimulator	✓		✓	✓	✓
Employment Services					✓
Emergency Response Services (Community First Choice)				✓	✓
Fetal Magnetic Resonance Imaging	✓	✓	✓	✓	✓
Financial Management Services				✓	✓
Flexible Family Support Services					✓
Functional Endoscopic Sinus Surgery – Inpatient/Outpatient	✓		✓	✓	✓
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				✓	✓

Medical Services	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Home Telemonitoring Services	✓		✓	✓	✓
Hospital Beds and Accessories	✓		✓	✓	✓
Hospital Inpatient Care	✓		✓	✓	✓
Incontinence Supplies (For ages 0 - 3)	✓		✓	✓	✓
Laser Interstitial Thermal Therapy (LITT)	✓		✓	✓	✓
Minor Home Modifications				✓	✓
Miscellaneous DME for billed amount >\$500	✓		✓	✓	✓
Mobility Aids	✓		✓	✓	✓
Neuromuscular Electrical Stimulation (NMES)	✓		✓	✓	✓
Non-Emergency Ambulance Transport	✓	✓	✓	✓	✓
Nutritional Supplements for Oral Nutrition	✓		✓	✓	✓
Oral Surgery and Medically Necessary Dental Procedures	✓		✓	✓	✓
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 Scans	✓		✓	✓	✓
Positive Airway Pressure Device (CPAP/BiPAP)	✓		✓	✓	✓
Prescribed Pediatric Extended Care Centers	✓		✓	✓	✓
Private Duty Nursing	✓		✓	✓	✓
Prosthetics	✓		✓	✓	✓
Respite Care MDCP					✓
Secretion and Mucous Clearance Devices	✓		✓	✓	✓
Sleep Studies	✓		✓	✓	✓
Single Photon Emission Computed Tomography 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 and Reconstructive Breast Procedures (including breast prosthesis)	✓		✓	✓	✓
Transition Assistance Services					✓
Transplants including Solid Organ and Bone Marrow	✓		✓	✓	✓
Wheelchairs and accessories	✓		✓	✓	✓

Behavioral Health Services	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Psychological/Neuropsychological Testing	✓		✓	✓	✓
Out of Network Services	✓		✓	✓	✓
<b>Mental Health:</b>					
- 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	✓		✓	✓	✓
<b>Substance Abuse Disorder Treatment:</b>					
- Inpatient Care - Detoxification	✓		✓	✓	✓
- Intensive Outpatient Program	✓		✓	✓	✓
- Partial Hospitalization Program	✓		✓	✓	✓
- Residential Treatment Facility	✓		✓	✓	✓