



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	STAR	STAR Kids	STAR Kids Perinate
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	✓		✓	✓	✓
Fetal Magnetic Resonance Imaging	✓	✓	✓	✓	✓
Functional Endoscopic Sinus Surgery – Inpatient/Outpatient	✓		✓	✓	✓
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under			✓	✓	✓
Genetic Testing	✓	✓	✓	✓	✓
Hearing Devices (excluding batteries)	✓		✓	✓	✓
Home Health Care	✓		✓	✓	✓
Home Telemonitoring Services	✓		✓	✓	✓
Hospital Beds and Accessories	✓		✓	✓	✓
Hospital Inpatient Care and Inpatient Procedures	✓		✓	✓	✓
Incontinence Supplies (For 0 - 3 years)	✓		✓	✓	✓
Laser Interstitial Thermal Therapy (LITT)	✓		✓	✓	✓
Miscellaneous DME for billed amount >\$500	✓		✓	✓	✓
Mobility Aids	✓		✓	✓	✓
Neuromuscular Electrical Stimulator (NMES)	✓		✓	✓	✓
Non-Emergency Ambulance Transport	✓	✓	✓	✓	✓

Medical Services	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Nutritional Supplements for Oral Nutrition	✓		✓	✓	✓
Oral Surgery and Medically Necessary Dental Procedures	✓		✓	✓	✓
Orthotics	✓		✓	✓	✓
Out of Network Services (excluding emergency services, family planning for STAR/STAR Kids only, and well child exams for all plans)	✓	✓	✓	✓	✓
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	✓		✓	✓	✓
Single Photon Emission Computed Tomography Scans	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	✓		✓	✓	✓
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)	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	✓		✓	✓	✓
Wheelchairs and accessories	✓		✓	✓	✓

Behavioral Health Services Perinate	CHIP	CHIP	STAR	STAR Kids	STAR Kids MDCP
Mental Health:					
Inpatient Psychiatric Care	✓		✓	✓	✓
Intensive Outpatient Program (Mental Health)	✓		✓	✓	✓
Out of Network Services	✓		✓	✓	✓
Outpatient Psychotherapy Visits (PA required when greater than 30 visits per year)	✓		✓	✓	✓
Partial Hospitalization Program (Mental Health)	✓		✓	✓	✓
Psychological / Neuropsychological Testing	✓		✓	✓	✓
Targeted Case Management and Mental Health Rehabilitation (PA when over the authorization threshold)	✓		✓	✓	✓
Substance Abuse Disorder Treatment:					
Inpatient Care - Detoxification	✓		✓	✓	✓
Intensive Outpatient Program (Substance Abuse)	✓		✓	✓	✓
Outpatient Withdrawal Management	✓		✓	✓	✓
Partial Hospitalization Program (SUD)	✓		✓	✓	✓
Residential Treatment Facility	✓		✓	✓	✓

Long Term Support Services Perinate	CHIP	CHIP	STAR	STAR Kids	STAR Kids MDCP
Adaptive Aids					✓
Adult Day Care/ Day Activity and Health Services (more than 1 unit per day)				✓	✓
Emergency Response Services (Community First Choice)				✓	✓
Employment Services					✓
Financial Management Services				✓	✓
Flexible Family Support					✓
Habilitation (Community First Choice)				✓	✓
Minor Home Modifications					✓
Personal Care Services or Personal Assistance (Community First Choice)				✓	✓
Respite Care MDCP					✓
Transition Assistance Services					✓