



**BlueCross BlueShield
of Texas**

Medicaid (STAR), STAR Kids and CHIP Services Requiring Prior Authorization

Effective November 1, 2016

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

PWP-9031V2-15

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Services Requiring Prior Authorization

The services listed below require authorization prior to providing services to Medicaid (STAR), STAR Kids, and CHIP Members. Blue Cross and Blue Shield of Texas (BCBSTX) also applies this Prior Authorization (PA) list when BCBSTX is the secondary coverage for Medicaid members.

This list will be updated as needed. Contact BCBSTX to verify benefits by calling Customer Service at:

Medicaid STAR and CHIP: **877-560-8055**.

STAR Kids: **877-784-6802**

STAR Kids LTSS: **877-301-4394**

All Providers are responsible for verifying eligibility and obtaining authorization for non-emergent services provided to a BCBSTX Member by out-of-network Providers prior to rendering services. The exception to this rule is services for which Members can self-refer with no authorization needed, such as family planning.

For benefits to be paid, the Member must be eligible on the date of service and the service must be a covered benefit. Failure to obtain prior authorization for the designated services below may result in a denial for reimbursement, (except in the case of an emergency). BCBSTX offers a variety of forms to use to obtain authorization prior to rendering services. You will find this toolkit on the Provider Resources webpage under Prior Authorization Requirements at: <http://www.bcbstx.com/provider/medicaid/forms.html>.

Here are some tips for getting the fastest response to your authorization request:

- Please print out forms and complete legibly prior to faxing. Unreadable forms result in mistakes and delays.
- Fill forms out completely. Unanswered questions typically result in delays.
- Access forms online when you need one, rather than pre-printing and storing them. We revise forms periodically, and outdated forms can delay your request.

To Request Prior Authorization

To request Prior Authorization (PA), report a hospital admission, or ask questions regarding PA, please contact Utilization Management at **877-560-8055**, STAR Kids at **877-784-6802**, and STAR Kids LTSS at **877-301-4394**.

Service/Request	Is Prior Authorization (PA) required for in-network Providers?
Air Ambulance	Yes
Ambulance – Ground	Yes. Non-emergent transport from facility to facility requires authorization prior to services rendered.
Behavioral/Mental Health	Yes. Please contact Magellan Behavioral Health Services at 800-327-7390 for referrals and authorizations.
Biofeedback	Yes
Cardia Rehabilitation	Yes
CHIP Perinate	Maternity benefits only
Dental Services	<p>Yes - Dental coverage through the medical plan is limited to emergency needs only. Facility services and dental anesthesia services provided in an inpatient or outpatient facility require PA from BCBSTX. For more detail, please call the member's selected dental plan:</p> <p>STAR/STAR Kids</p> <p>DentaQuest 800-516-0165</p> <p>MCNA Dental 800-494-6262</p> <p>CHIP</p> <p>DentaQuest 800-508-6775</p> <p>MCNA Dental 800-494-6262</p>

Service/Request	Is Prior Authorization (PA) required for in-network Providers?
<p>Durable Medical Equipment (DME) and Disposable Supplies</p> <p>For DME not listed above or any other questions regarding DME, please contact Utilization Management at 877-560-8055.</p>	<p>Yes. DME, Medical Supplies, Orthotics and Prosthetics when the cost annually will be equal to or greater than \$2500 and including the following:</p> <ul style="list-style-type: none"> • Diapers and Underpads • Diabetic Shoes • Hearing Aids V5298 and Cochlear Implant Devices • Power Wheelchairs • Specialty Beds <p>Additionally – PA is required for the following Wheelchair Components: A9276, A9277, A9278, E0181, E0184, E0185, E0271, E0637, E0641, E0642, E0651, E0652, E0660, E0667, E0668, E0700, E0705, E0935, E0936, G0151, G0248, G0249, L1904, L5629, L5631, L5637, L5645, L5647, L5649, L5650, L5652, L5661, L5665, L5666, L5668, L5670, L5671, L5700, L5701, L5781, L5785, L5910, L5920, L5940, L5950, L5962, L5968, L8400, L8410, L8420, L8430, L8440, L8460, L8470, L8480, V2623, V2627, V5130, V5140, V5160, V5180, V5200, V5220, V5240, V5241, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264 A6199, A6216, A6242, L2785</p>
<p>ECI (Early Childhood Intervention) Services</p>	<p>No. IFSP (Individual Family Service Plan) must be faxed to 855-653-8129 to initiate the authorization for payment. All services in the IFSP will be authorized. Services not on the IFSP will not be authorized. Providers do not have to wait for authorization to begin services.</p>
<p>Experimental or Investigational Procedures</p>	<p>Yes – for all Potentially cosmetic procedures including (but not limited to)</p> <ul style="list-style-type: none"> • Varicose Vein Treatment • Breast Reduction • Surgery to treat Malocclusion • Blepharoplasty • Lipectomy • Abdominoplasty • Panniculectomy • Rhinoplasty • Septoplasty • Weight Loss Surgery <p>Laminectomy (Except Codes 63030, 63056, 63057, 64999, 72275 which do not require authorization)</p> <p>Gender Reassignment Procedures</p> <p>Transplant Evaluation for the following transplant surgeries:</p> <ul style="list-style-type: none"> • Heart • Lung • Heart/Lung • Liver • Pancreas • Kidney • Bone Marrow • Corneal Transplants • Small Bowel
<p>Gene Testing</p>	<p>Yes</p>
<p>Home Health Care Services and Hospice</p>	<p>Yes for</p> <ul style="list-style-type: none"> • Private Duty Nursing (PDN) • Personal Care Services (PCS) <p>See LTSS services for CCP and PPECC services</p>
<p>Injection Therapy and Specialty Medication (not covered under Pharmacy)</p>	<p>Yes</p>
<p>Inpatient Facilities</p>	<p>Yes - for all Acute Care Facility/Hospital and all Post-Acute Facilities including LTAC, SNF and Inpatient Rehabilitation</p>

Service/Request	Is Prior Authorization (PA) required for in-network Providers?
Inpatient Hospital Services <ul style="list-style-type: none"> • Newborn Stays Beyond Mother • Inpatient Skilled Nursing Facility (SNF) • Long Term acute Care Facility (LTAC) • Rehabilitation Facility Admissions 	<p>Yes – Inpatient services require prior authorization or notification. Providers are required to get prior authorization for the following:</p> <ul style="list-style-type: none"> • All elective inpatient admissions. <ul style="list-style-type: none"> o Providers must notify BCBSTX of emergent admissions within 24 hours or the next business day of inpatient admission. • Notification is required for the following: <ul style="list-style-type: none"> o Routine vaginal or cesarean section delivery <ul style="list-style-type: none"> • Complete and send Newborn Enrollment Notification Report Form within three days of delivery.
Laboratory Services	<ul style="list-style-type: none"> • Providers are to utilize in-network hospitals/laboratories for all laboratory needs. Out-of-network lab services and tests that are potentially investigational require Prior Authorization.
Pharmacy and/or Over-the-Counter (OTC) Products	<p>Prescription drugs are covered by BCBSTX through Prime Therapeutics. For details about pharmacy Prior Authorization requirements, please contact Prime Therapeutics at:</p> <p>STAR Help Desk: 855-457-0405 CHIP Help Desk: 855-457-0403. STAR Kids Pharmacy Help Desk (Travis Service Area): 855-457-0757 STAR Kids Pharmacy Help Desk (MRSA Rural Service Area): 855-457-0758</p> <p>For information about the formulary and drugs requiring Prior Authorization, you may also visit Texas Medicaid Vendor Drug Program website at www.txvendordrug.com.</p>
Physician Services —Referrals to Specialists	<p>Required when referring Member to an out-of-network specialist.</p>
Radiology Services	<p>Prior Authorization is required for all PET/SPECT scans, CT, CTA, MRI, and MRA. PA also is required for the following:</p> <ul style="list-style-type: none"> • Codes 78459, 78491, 78492, 78608, 78609, 78844, 78812, 78813, 78814, 78815, 78816, 77058, 77059, 75571, 75572, 75573, 75574, 91110, 91111
Out of Network Provider Request	<p>All levels of Care and services</p>
Specialty Drugs	<p>The following Codes: J1459, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, 90283, 90284, J2357, J1745, J0490, Q2043, J3262, J2323, J9035, C9257, J9310, J0585, J0587, J2505, J9228, C9027, C9453, J0881, J0882</p>
Therapy Services – Physical, Occupational or Speech Therapies	<p>Initial evaluation for Therapy Services does not require prior authorization. Therapy visits following the initial evaluation and continuation of services must be authorized prior to services being rendered. Re-evaluations of therapy must be authorized prior to services being rendered.</p> <p><i>For ECI requirements see Service/Request ECI.</i></p>
Transplant Services	<p>Yes</p>
Vision Services	<p>Vision services for routine eye care: Contact Davis Vision at 1 800 773 2847 for vision benefits.</p>
Long Term Support Services	<p>YES – ALL LTSS require prior assessment and an active Service Plan for all LTSS services. Services cannot be authorized or paid without a Service Coordination and a service plan. The Service Plan is completed through The BCBSTX Service Coordinators. Please schedule assessment and service planning by calling the Service Coordinator Department at 877-301-4394. This category includes but is not limited to waiver program services including all MDCP STAR Kids Services; Community First Choice Services; Personal Care Services (PCS); Comprehensive Care Program (CCP); all Medical Home Services; and Prescribed pediatric extended care center (PPECC) services.</p>

Service/Request

Inpatient & Outpatient Surgeries/ Procedures

Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.

Please contact

Utilization Management Medicaid (STAR) and

CHIP: 877-560-8055

STAR Kids: 877-784-6802

STAR Kids LTSS:

877-301-4394

for questions regarding Prior Authorization.

Is Prior Authorization (PA) required for in-network Providers?

YES - All elective inpatient procedures (excluding labor and delivery) and some outpatient procedures require Prior Authorization. Surgeries/procedures that are potentially cosmetic and/or investigational require Prior Authorization. Outpatient procedures include:

- Ablative Techniques as a Treatment for Barrett's Esophagus
- Adoptive Immunotherapy and Cellular Therapy
- Anterior Segment Optical Coherence Tomography
- Antineoplaston Therapy
- Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence
- Artificial Retinal Devices
- Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting
- Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer
- Automated Evacuation of Meibomian Gland
- Automated Nerve Conduction Testing
- Axial Lumbar Interbody Fusion
- Balloon Sinus Ostial Dilation
- Bariatric Surgeries
- Behavioral Health Treatments for Pervasive Developmental Disorders
- Bicompartamental Knee Arthroplasty
- Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema
- Biomagnetic Therapy
- Blepharoplasty, Blepharoptosis Repair, and Brow Lift
- Breast Ductal Examination and Fluid Cytology Analysis
- Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures
- Bronchial Thermoplasty
- Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure
- Carotid Sinus Baroreceptor Stimulation Devices
- Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement
- Coblation® Therapies for Musculoskeletal Conditions
- Cochlear Implants and Auditory Brainstem Implants
- Cognitive Rehabilitation
- Computer Analysis and Probability Assessment of Electrocardiographic-Derived Data
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures
- Convection Enhanced Delivery of Therapeutic Agents to the Brain
- Cooling Devices and Combined Cooling/Heating Devices
- Cosmetic and Reconstructive Services of the Head and Neck
- Cosmetic and Reconstructive Services of the Trunk and Groin
- Cosmetic and Reconstructive Services: Skin Related
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryopreservation of Oocytes or Ovarian Tissue
- Cryosurgical Ablation of Solid Tumors Outside the Liver
- Deep Brain Stimulation
- Dental Anesthesia
- Dental Trauma
- Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems
- Electric Tumor Treatment Field (TTF)
- Electroencephalography (EEG) Testing: Ambulatory and Video
- Electromagnetic Navigational Bronchoscopy
- Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons
- Endobronchial Valve Devices
- Endothelial Keratoplasty
- Endovascular/Endoluminal Repair of Aortic Aneurysms
- Epidural Steroid Injections
- Epiduroscopy
- Extracorporeal Shock Wave Therapy for Orthopedic Conditions
- Facet Joint Allograft Implants for Facet Disease
- Fetal Surgery for Prenatally Diagnosed Malformations
- Functional Endoscopic Sinus Surgery (FESS)
- Gastric Electrical Stimulation
- Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
- Hepatic Activation Therapy
- High Intensity Focused Ultrasound (HIFU) for the Treatment of Prostate Cancer
- High Resolution Anoscopy Screening Hip Resurfacing
- Hippotherapy
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Hyperoxemic Reperfusion Therapy
- Hyperthermia for Cancer Therapy
- Idiopathic Environmental Illness (IEI)
- Imaging Techniques for Screening and Identification of Cervical Cancer
- Injection Treatment for Morton's Neuroma
- In Vivo Analysis of Gastrointestinal Lesions
- Inhaled Nitric Oxide for the Treatment of Respiratory Failure

Service/Request	Is Prior Authorization (PA) required for in-network Providers?
<p><i>(Continued)</i></p> <p>Inpatient & Outpatient Surgeries/ Procedures</p> <p>Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.</p> <p><i>Please contact Utilization Management Medicaid (STAR) and CHIP: 877-560-8055 STAR Kids: 877-784-6802 STAR Kids LTSS: 877-301-4394</i></p> <p>for questions regarding Prior Authorization.</p>	<ul style="list-style-type: none"> • Intervertebral Stabilization Devices • Intracardiac Ischemia Monitoring • Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET]) • Intraocular Anterior Segment Aqueous Drainage Devices • Intraocular Epiretinal Brachytherapy • Intraocular Telescope • Intravitreal Corticosteroid Implants • Keratoprosthesis • Laparoscopic and Percutaneous MRI-Image Guided Techniques for Myolysis as a Treatment of Uterine Fibroids • Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies • Low-Frequency Ultrasound Therapy for Wound Management • Lung Volume Reduction Surgery • Lysis of Epidural Adhesions • Mandibular/Maxillary (Orthognathic) Surgery • Manipulation Under Anesthesia of the Spine and Joints other than the Knee • Mastectomy for Gynecomastia • Maze Procedure • Mechanical Embolectomy for Treatment of Acute Stroke • Mechanized Spinal Distraction Therapy for Low Back Pain • Melanoma Vaccines • Microvolt T-Wave Alternans • MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids • Nasal Surgery for the Treatment of Obstructive Sleep Apnea • Nasal Valve Suspension • Nerve Graft after Prostatectomy • Neural Therapy • Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting • Occipital Nerve Stimulation • Open Treatment of Rib Fracture(s) Requiring Internal Fixation • Ophthalmologic Techniques for Evaluating Glaucoma • Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea • Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome • Procedures Related to Temporomandibular Disorders • Termination of Pregnancy • Tonsillectomy and Adenoidectomy • Total Ankle Replacement • Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions • Transanal Radiofrequency Treatment of Fecal Incontinence • Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation • Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention • Transcatheter Heart Valves • Transcatheter Uterine Artery Embolization • Transcranial Magnetic Stimulation for Behavioral and Non-Behavioral Health Indications • Transendoscopic Therapy for Gastroesophageal Reflux Disease • Transmyocardial Revascularization • Treatment for Obstructive Sleep Apnea in Adults • Treatment of Hyperhidrosis • Treatment of Osteochondral Defects of the Knee and Ankle • Treatment of Varicose Veins (Lower Extremities) • Treatments for Urinary Incontinence and Urinary Retention • Unicondylar Interpositional Spacer • UPPP • Vagus Nerve Stimulation • Viscocanalostomy and Canaloplasty • Venous Angioplasty with or without Stent Placement for the Treatment of Multiple Sclerosis • Vertebral Body Stapling for the Treatment of Scoliosis • Wearable Cardioverter Defibrillators • Weight Loss Surgery • Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders <p>* Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.</p> <p>• Please contact the Utilization Management department at 1-877-560-8055 for information regarding PA.</p>

The services listed below DO NOT require Prior Authorization (PA) for in-network Providers:

- Texas Health Steps Program (EPSDT)
- Chiropractic Services – Limited to 12 visits per benefit period
- Dialysis
- Emergency Services – Notify BCBSTX of admissions within 24 hours or the next business day of inpatient admission
- Formulary glucometers and nebulizers
- Family Planning/Well Woman Check Up – Member may self-refer to any Medicaid Provider for the following services:
 - Alpha Hydroxyprogesterone Caproate (17P)
 - Pelvic and breast examinations
 - Lab work
 - Birth Control
 - Genetic counseling
 - FDA approved devices and supplies related to family planning (such as IUD)
 - HIV/STD screening
 - Obstetrical Care: No authorization is required for in-network physician visits and routine testing. Pregnancy and newborn deliveries require notification.
 - No PA required for physician referrals if referring member to an in-network specialist for consultation or a nonsurgical course of treatment
 - Standard x-rays and ultrasounds