



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEMORANDUM

TO: Our Valued Providers
FROM: El Paso Health
DATE: October 12, 2018
RE: STAR/CHIP Prior Authorization Flyer

The El Paso Health STAR/CHIP prior authorization flyer has been revised and effective October 15, 2018. The Flyer can be located on our website under the Provider / Provider Forms / Health Services Forms and also on your Provider Portal account under the authorization tab.

<http://www.elpasohealth.com/>

If you have any questions regarding this notification please contact our Provider Relations Team, Monday – Friday 8am – 5pm at (915) 532-3778 x1507.

PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION ALL REQUESTS MUST BE INDIVIDUALLY FAXED

All authorization requests require 72 hour notice to allow us to review and process in a timely manner. Multiple requests should be faxed individually.

Prior authorization is based on information provided to El Paso Health at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient. Please contact El Paso Health to verify payment, eligibility and benefits.

INPATIENT ADMISSIONS

- Acute Hospital
- Behavioral Health
- Elective Admissions/Surgery
- Hospice
- Maternity and Newborn
- Rehab
- Surgical

OUTPATIENT SERVICES

(limitations may apply)

- Behavioral Health*
- Chemo/Radiation Therapy
- Chiropractic*
- Home Health (PDN, SN)*
- Occupational Therapy*
- Physical Therapy*
- Speech Therapy*

*Excludes Initial Evaluation

IMAGING/RADIOLOGY/ DIAGNOSTIC

- Fetal Echocardiography (i.e. CPT Codes 76825–76828)
- PET Scans
- Sleep Studies

TO AVOID DELAY, SUBMIT ALL PERTINENT CLINICAL INFORMATION WITH THE PRIOR AUTHORIZATION REQUEST FORM (i.e. physician order, H&P, Title XIX, Plan of Care, Diagnosis and CPT Codes, units, DOS, POS, and duration frequency when applicable, etc.)

OUT-OF-NETWORK

Services by non-participating facilities, physicians, or vendors require prior authorization.

LIMITATIONS/RESTRICTIONS

Refer to the Texas Medicaid Provider Procedures Manual at TMHP.com for additional guidance on Medicaid/CHIP benefit limitations/restrictions.

Check AUTH status by phone using HealthX at 915-225-5463 Toll Free at 866-283-2792 or electronically by visiting the provider portal at www.elpasohealth.com

OUTPATIENT PROCEDURES

- Ambulatory Surgical Center
- Cardiac Catheter Center
- Dialysis
- Endoscopy Center
- Outpatient Hospital
- Wound Clinic

PHARMACY MEDICAL

- Oral, Injectable, or IV Drug Administration over \$500 (administered in office or outpatient setting)

DURABLE MEDICAL SUPPLIES/EQUIPMENT

(over \$300, limitations may apply)

- All DME rentals exceeding 2 months require a prior authorization maximum up to 12 months.

OTHER SERVICES

- BRCA screening and Genetic Testing (excluding CPT Code 82105)
- Dental Anesthesia*
- Hearing Aids
- Nutrition Counseling
- Orthotics /Prosthetics (over \$200.00)
- Podiatry in-office surgical procedures (excluding CPT Codes 11720, 11721, 11730, 11732, 11750)
- Transfers (i.e. non-emergent facility to facility out of the El Paso service delivery area)
- Transplants and Evaluation services by Transplant Facility
- Transportation (Air transport and Non-Emergent ambulance)
- Venous Procedures (in office or outpatient)

**Dental Anesthesia*

For STAR Medicaid Members ages 0-6 years, dental anesthesia requests must be submitted by the facility performing service after approval by the Members DMO. Must include the DMO approval notice with your request.

Outpatient Fax 915-298-7866
Toll Free Fax: 844-298-7866
www.elpasohealth.com
PHONE: 915-532-3778
TOLL FREE: 877-532-3778

Inpatient Fax: 915-298-5278
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