

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

ADMIN MISC & INVESTIGATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A9150	NONPRESCRIPTION DRUG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OT	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9155	ARTIFICIAL SALIVA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A9180	PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMIN	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A9270	NONCOVERED ITEM OR SERVICE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER W/FREQUENCY/DURATION, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

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<b>A9274</b>	EXT AMB INSULIN DELIVERY SYS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A9275</b>	DISP HOME GLUCOSE MONITOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A9276</b>	DISPOSABLE SENSOR, CGM SYS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A9277</b>	EXTERNAL TRANSMITTER, CGM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A9278</b>	EXTERNAL RECEIVER, CGM SYS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A9279</b>	MONITORING FEATURE/DEVICENOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>A9284</b>	NON-ELECTRONIC SPIROMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A9500</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

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<b>A9501</b>	TECHNETIUM TC-99M TEBOROXIME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9502</b>	SUPPLY OF RADIOPHARMACEUTICA L DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9503</b>	SUPPLY OF RADIOPHARMACEUTICA L DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9504</b>	SUPPLY OF RADIOPHARMACEUTICA L DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9505</b>	SUPPLY OF RADIOPHARMACEUTICA L DIAGNOSTIC IMAGING AGENT, THAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9507</b>	SUPPLY OF RADIOPHARMACEUTICA L DIAGNOSTIC IMAGING AGENT, INDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9508</b>	SUPPLY OF RADIOPHARMACEUTICA L DIAGNOSTIC IMAGING AGENT, IOBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9509</b>	IODINE I-123 SOD IODIDE MIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

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<b>A9510</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9512</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9513</b>	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MCI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9515</b>	CHOLINE C-11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9516</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, I-12	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9517</b>	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, I-1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9520</b>	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9521</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

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<b>A9524</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IODI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9526</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9527</b>	IODINE I-125 SODIUM IODIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9528</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9529</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9530</b>	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I-131 SODIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9531</b>	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9532</b>	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, IODINATED I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

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A9536	TC99M DEPREOTIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9537	TC99M MEBROFENIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9538	TC99M PYROPHOSPHATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9539	TC99M PENTETATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9540	TC99M MAA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9541	TC99M SULFUR COLLOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9542	IN111 IBRITUMOMAB, DX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9543	Y90 IBRITUMOMAB, RX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

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A9546	CO57/58	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9547	IN111 OXYQUINOLINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9548	IN111 PENTETATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9550	TC99M GLUCEPTATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9551	TC99M SUCCIMER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9552	F18 FDG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9553	CR51 CHROMATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A9554	I125 IOTHALAMATE, DX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021



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<b>A9555</b>	RB82 RUBIDIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9556</b>	GA67 GALLIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9557</b>	TC99M BICISATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9558</b>	XE133 XENON 10MCI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9559</b>	CO57 CYANO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9560</b>	TC99M LABELED RBC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9561</b>	TC99M OXIDRONATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9562</b>	TC99M MERTIATIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

ADMIN MISC & INVESTIGATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A9563</b>	P32 NA PHOSPHATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9564</b>	P32 CHROMIC PHOSPHATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9566</b>	TC99M FANOLESOMAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9567</b>	TECHNETIUM TC-99M AEROSOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9568</b>	TECHNETIUM TC99M ARCITUMOMAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9569</b>	TECHNETIUM TC-99M AUTO WBC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9570</b>	INDIUM IN-111 AUTO WBC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9571</b>	INDIUM IN-111 AUTO PLATELET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

ADMIN MISC & INVESTIGATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A9572</b>	INDIUM IN-111 PENTETREOTIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9575</b>	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9576</b>	INJ PROHANCE MULTIPACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9577</b>	INJ MULTIHANCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9578</b>	INJ MULTIHANCE MULTIPACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9579</b>	GAD-BASE MR CONTRAST NOS,1ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9580</b>	SODIUM FLUORIDE F-18	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9581</b>	GADOXETATE DISODIUM INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ADMIN MISC & INVESTIGATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A9582</b>	IODINE I-123 IOBENGUANE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9583</b>	GADOFOSESET TRISODIUM INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9584</b>	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9585</b>	INJECTION, GADOBUTROL, 0.1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9586</b>	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9587</b>	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9588</b>	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9590</b>	IODINE I-131, IOBENGUANE, 1 MCI	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ADMIN MISC & INVESTIGATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A9597</b>	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9598</b>	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9600</b>	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9604</b>	SM 153 LEXIDRONAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9606</b>	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9698</b>	NON-RAD CONTRAST MATERIALNOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9699</b>	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, NOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A9700</b>	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ADMIN MISC & INVESTIGATION						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
SERVICE CATEGORY						
ANESTHESIA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AS PREVENTIVE AGE 0-6 YEARS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, CRITERIA FOR DENTAL THERAPY UNDER GENERAL ANESTHESIA FORM, DMO APPROVAL REQUIRED FOR STAR ONLY	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00211	ANESTH, CRAN SURG, HEMOTOMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE L	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00567	ANESTH, CRAN SURG, HEMOTOMA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHEC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR TH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (E	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00731	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00732	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND V	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

SERVICE CATEGORY						
ANESTHESIA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00811	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00812	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00813	ANESTHESIA FOR COMBINED UPPER AND LOWER GASTROINTESTINAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ANESTHESIA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00906	ANESTHESIA FOR; VULVECTOMY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00932	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00934	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00936	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00938	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON K	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01402	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON K	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01404	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON K	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL ARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL ARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NEC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01634	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01636	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01638	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01756	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ANESTHESIA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01935	ANESTH, PERC IMG DX SP PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01936	ANESTH, PERC IMG TX SP PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES.	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES.	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ANESTHESIA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DEL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
01990	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
01999	UNLISTED ANESTHESIA PROCEDURE(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### APPENDIX Q

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0001A	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/08/2020	08/01/2021
0002A	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION – SECOND DOS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/08/2020	08/01/2021
0011A	MODERNA COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/08/2020	08/01/2021
0012A	MODERNA COVID-19 VACCINE ADMINISTRATION – SECOND DOSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/08/2020	08/01/2021
0031A	JANSSEN COVID-19 VACCINE ADMINISTRATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/19/2021	08/01/2021
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/08/2020	08/01/2021
91301	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/08/2020	08/01/2021
91303	JANSSEN COVID-19 VACCINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/19/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0007	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIEN	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0008	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSP	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0012	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0013	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDIAL, NON-AC	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/O	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE (FOR STAFF AND PERSONNE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROACH TO REAC	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0024	BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
BEHAVIORAL H /SUBSTANCE ABUSE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0026	ALCOHOL AND/OR DRUG PREVENTION PROCESS SERVICE, COMMUNITY-BA	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0027	ALCOHOL AND/OR DRUG PREVENTION ENVIRONMENTAL SERVICE (BROAD	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0028	ALCOHOL AND/OR DRUG PREVENTION PROBLEM IDENTIFICATION AND RE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATIVES SERVICE (SERVICE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM, CANS/ANSA	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
H0039	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0041	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0042	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0043	SUPPORTED HOUSING, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0044	SUPPORTED HOUSING, PER MONTH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0045	RESPIRE CARE SERVICES, NOT IN THE HOME, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
H0048	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING O	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H0049	ALCOHOL/DRUG SCREENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL		STAR, CHIP	09/01/2020	08/01/2021
H0050	ALCOHOL/DRUG SERVICE 15 MIN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H1000	PRENATAL CARE, AT-RISK ASSESSMENT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H1004	PRENATAL CARE, AT-RISK ENHANCED SERVICE; FOLLOW-UP HOME VISI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H1005	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H1011	FAMILY ASSESSMENT BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2001	REHABILITATION PROGRAM, PER 1/2 DAY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM, CANS/ANSA	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM, CANS/ANSA	STAR, CHIP	09/01/2020	08/01/2021
H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
BEHAVIORAL H /SUBSTANCE ABUSE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H2024	SUPPORTED EMPLOYMENT, PER DIEM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

BEHAVIORAL H /SUBSTANCE ABUSE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2032	ACTIVITY THERAPY, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2034	ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	BEHAVIORAL HEALTH PRIOR AUTHORIZATION FORM, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
H2037	DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDENT CHILD O	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY CATEGORY III CODES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>4324T</b>	PT INSTR NO BD REST 4 DAYS/>	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### SERVICE CATEGORY CHEMO DRUGS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>J9000</b>	DOXORUBICIN HCL, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>J9015</b>	ALDESLEUKIN, PER SINGLE USE VIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>J9017</b>	ARSENIC TRIOXIDE, 1 MG (TRISENOX)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>J9019</b>	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>J9020</b>	ASPARAGINASE, 10,000 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>J9022</b>	INJECTION, ATEZOLIZUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9023	INJECTION, AVELUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9025	AZACITIDINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9027	CLOFARABINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
J9032	INJECTION, BELINOSTAT, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9035	INJECTION, BEVACIZUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9037	INJ BELANTAMAB MAFODONT BLMF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9040	BLEOMYCIN SULFATE, 15 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9041	INJECTION, BORTEZOMIB, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9042	INJECTION, BRENTUXINMAB VEDOTIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9043	INJECTION, CABAZITAXEL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9045	CARBOPLATIN, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9047	INJECTION, CARFILZOMIB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9050	CARMUSTINE, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9055	INJECTION, CETUXIMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9057	INJECTION, COPANLISIB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9065	INJECTION, CLADRIBINE, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9070	CYCLOPHOSPHAMIDE, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9098	CYTARABINE LIPOSOME, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9100	CYTARABINE, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9119	INJECTION, CEMIPIMAB-RWLC, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9120	DACTINOMYCIN, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9130	DACARBAZINE, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9144	DARATUMUMAB, HYALURONIDASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9145	INJECTION, DARATUMUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9150	DAUNORUBICIN HCL, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9155	DEGARELIX INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9160	DENILEUKIN DIFTITOX, 300 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9171	DOCETAXEL INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9173	INJECTION, DURVALUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9175	ELLIOTTS B SOLUTION PER ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9176	INJECTION, ELOTUZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9181	ETOPOSIDE, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9185	FLUDARABINE PHOSPHATE, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9190	FLUOROURACIL, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9200	FLOXURIDINE, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9201	GEMCITABINE HCL, 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9204	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9206	IRINOTECAN, 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9207	IXABEPILONE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9208	IFOSFAMIDE, PER 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9209	MESNA, 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9211	IDARUBICIN HCL, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9213	INTERFERON ALFA-2A, RECOMBINANT, 3 MILLION UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9214	INTERFERON ALFA-2B, RECOMBINANT, 1 MILLION UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9215	INTERFERON ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9216	INTERFERON GAMMA-1B, 3 MILLION UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9218	LEUPROLIDE ACETATE, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9225	HISTRELIN IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9226	SUPPRELIN LA IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### CHEMO DRUGS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9228	INJECTION, IPILIMUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9230	MECHLORETHAMINE HCL, (NITROGEN MUSTARD), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9245	INJECTION, MELPHA HYDROCH NOS 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9250	METHOTREXATE SODIUM, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9260	METHOTREXATE SODIUM, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9261	NELARABINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9262	INJECTION; OMACETAXINE MEPESUCCINATE; 0.01 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9263	INJECTION, OXALIPLATIN, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9264	PACLITAXEL INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9267	PACLITAXEL INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9268	PENTOSTATIN, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9270	PLICAMYCIN, 2.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9280	MITOMYCIN, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9285	INJECTION, OLARATUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9293	INJECTION, MITOXANTRONE HCL, PER 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9295	INJECTION, NECITUMUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9299	INJECTION, NIVOLUMAB, 1MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9301	INJECTION, OBINUTUZUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9302	INJECTION, OFATUMUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9303	PANITUMUMAB INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9304	INJECTION, PEMETREXED (PEMFEXY), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9305	INJECTION, PEMETREXED, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9306	INJECTION; PERTUZUMAB; 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9307	INJECTION, PRALATREXATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9308	INJECTION, RAMUCIRUMAB, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9312	INJECTION, RITUXIMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9314	ROMIDEPSIN NON-LYOPHILIZED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9315	INJECTION, ROMIDEPSIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9316	PERTUZU, TRASTUZU, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9320	STREPTOZOCIN, 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9328	TEMOZOLOMIDE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9330	TEMSIROLIMUS INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9340	THIOTEPA, 15 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9348	INJ. NAXITAMAB-GQGK, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	05/18/2021	08/01/2021
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9351	INJECTION, TOPOTECAN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9352	INJECTION, TRABECTEDIN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9360	VINBLASTINE SULFATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CHEMO DRUGS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J9370	VINCISTINE SULFATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9371	INJECTION, VINCISTINE SULFATE LIPOSOME, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9390	VINOELBINE TARTRATE, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9395	INJECTION, FULVESTRANT, 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9400	INJECTION; ZIV-AFLIBERCEPT; 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9600	PORFIMER SODIUM, 75 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
J9999	NOC, ANTINEOPLASTIC DRUG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
SERVICE CATEGORY						
CMS HOSPITAL OUTPATIENT PAYMEN						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

CMS HOSPITAL OUTPATIENT PAYMEN

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>C1713</b>	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BON	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>C1780</b>	LENS, INTRAOCULAR (NEW TECHNOLOGY)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>C1781</b>	MESH (IMPLANTABLE)	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>C1788</b>	PORT, INDWELLING (IMPLANTABLE)	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>C1840</b>	LENS, INTRAOCULAR (TELESCOPIC) (EFFECTIVE 10/01/11)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>C1883</b>	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300 UNLESS ORTHOTICS/PROSTHETICS WHICH IS OVER \$200	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>C1897</b>	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300 UNLESS ORTHOTICS/PROSTHETICS WHICH IS OVER \$200	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>C9075</b>	INJECTION, CASIMERSEN, 10 MG	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	05/18/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
CMS HOSPITAL OUTPATIENT PAYMEN						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
C9077	INJ CABOTEGRAVIR/RILPIVIRINE	NO AUTHORIZATION REQUIRED		STAR	05/18/2021	08/01/2021
C9078	INJ, TRILACICLIB, 1 MG	NO AUTHORIZATION REQUIRED		STAR	05/18/2021	08/01/2021
C9079	INJ, EVINACUMAB-DGNB, 5 MG	NO AUTHORIZATION REQUIRED		STAR, CHIP	05/18/2021	08/01/2021
C9250	ARTISS FIBRIN SEALANT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
C9254	INJECTION, LACOSAMIDE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
C9257	BEVACIZUMAB INJECTION	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
C9290	INJECTION BUPIVACINE LIPOSOME	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
C9359	IMPLNT,BON VOID FILLER-PUTTY	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

CMS HOSPITAL OUTPATIENT PAYMEN

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>C9360</b>	SURGIMEND, NEONATAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>C9361</b>	NEUROMEND NERVE WRAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>C9362</b>	IMPLNT,BON VOID FILLER-STRIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>C9399</b>	UNCLASSIFIED DRUGS OR BIOLOGICALS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>C9772</b>	REVASC LITHOTRIP TIBI/PERONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		CHIP	07/30/2021	08/01/2021
<b>C9773</b>	REVASC LITHOTR-STENT TIB/PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		CHIP	07/30/2021	08/01/2021
<b>C9774</b>	REVASC LITHOTR-ATHER TIB/PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		CHIP	07/30/2021	08/01/2021
<b>C9775</b>	REVASC LITH-STEN-ATH TIB/PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

CMS HOSPITAL OUTPATIENT PAYMEN

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
C9778	COLPOPEXY, MIN/INV, EX-PERIT	NO AUTHORIZATION REQUIRED		STAR, CHIP	05/18/2021	08/01/2021
C9803	HOPD COVID-19 SPEC COLLECT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/27/2020	08/01/2021

### SERVICE CATEGORY

CORONAVIRUS DIAGNOSTIC PANEL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
U0001	CORONAVIRUS LAB TEST SARS-COV-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/18/2021	08/01/2021
U0002	NON-CDC LABORATORY TESTS FOR SARS-COV-2/2019-NCOV (COVID-19)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/18/2021	08/01/2021
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/18/2021	08/01/2021
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/18/2021	08/01/2021
U0005	INFEC AGEN DETEC AMPLI PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/18/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### DENTAL PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D0330	PANORAMIC FILM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D1110	PROPHYLAXIS - ADULT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUC	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### DIAGNOSTIC RADIOLOGY SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### SERVICE CATEGORY

#### DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0105	CANE, QUAD OR THREE-PRONG, INCLUDES CANES OF ALL MATERIALS,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, A	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJ	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0112</b>	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0113</b>	CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0114</b>	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0116</b>	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0117</b>	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0118</b>	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0130</b>	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0135</b>	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0140</b>	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0141</b>	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0143</b>	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0144</b>	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0147</b>	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0148</b>	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0149</b>	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0153</b>	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0154	PLATFORM ATTACHMENT, WALKER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR SEAT ATTACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0156	SEAT ATTACHMENT, WALKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0157	CRUTCH ATTACHMENT, WALKER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0162	SITZ BATH CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0170	COMMODE CHAIR ELECTRIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0171	COMMODE CHAIR NON-ELECTRIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0172	SEAT LIFT MECHANISM TOILET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0182	PUMP FOR ALTERNATING PRESSURE PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0184	DRY PRESSURE MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0186	AIR PRESSURE MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0187	WATER PRESSURE MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0188	SYNTHETIC SHEEPSKIN PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0191	HEEL OR ELBOW PROTECTOR, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0194	AIR FLUIDIZED BED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0196	GEL PRESSURE MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0210	ELECTRIC HEAT PAD, STANDARD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0215	ELECTRIC HEAT PAD, MOIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0218</b>	WATER CIRCULATING COLD PAD WITH PUMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0221</b>	INFRARED HEATING PAD SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0225</b>	HYDROCOLLATOR UNIT, INCLUDES PADS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0231</b>	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0232</b>	WARMING CARD FOR USE WITH THE NON-CONTACT WOUND WARMING DEVI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0235</b>	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0236</b>	PUMP FOR WATER CIRCULATING PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0239</b>	HYDROCOLLATOR UNIT, PORTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0240	BATH/SOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E0241	BATHTUB WALL RAIL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0242	BATHTUB RAIL, FLOOR BASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0243	TOILET RAIL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0244	RAISED TOILET SEAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0245	TUB STOOL OR BENCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0246	TRANSFER TUB RAIL ATTACHMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0265</b>	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0266</b>	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0270</b>	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0271</b>	MATTRESS, INNER SPRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0272</b>	MATTRESS, FOAM RUBBER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0273</b>	BED BOARD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0274</b>	OVER-BED TABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0275</b>	BED PAN, STANDARD, METAL OR PLASTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0280	BED CRADLE, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0305</b>	BEDSIDE RAILS, HALF-LENGTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0310</b>	BEDSIDE RAILS, FULL-LENGTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0315</b>	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0316</b>	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0325</b>	URINAL; MALE, JUG-TYPE, ANY MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0326</b>	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0328</b>	PED HOSPITAL BED, MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0329</b>	PED HOSPITAL BED SEMI/ELECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0370	AIR PRESSURE ELEVATOR FOR HEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0430</b>	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0431</b>	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0433</b>	PORTABLE LIQUID OXYGEN SYS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0434</b>	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0435</b>	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0439</b>	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0440</b>	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0441</b>	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INC	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0457	CHEST SHELL (CUIRASS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0459	CHEST WRAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0462	ROCKING BED, WITH OR WITHOUT SIDE RAILS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE (E.G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0480</b>	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0481</b>	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0482</b>	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0483</b>	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0484</b>	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0485</b>	ORAL DEVICE/APPLIANCE PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0486</b>	ORAL DEVICE/APPLIANCE CUSFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0487</b>	ELECTRONIC SPIROMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0570	NEBULIZER, WITH COMPRESSOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0572</b>	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0574</b>	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0575</b>	NEBULIZER, ULTRASONIC, LARGE VOLUME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0580</b>	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0585</b>	NEBULIZER, WITH COMPRESSOR AND HEATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0600</b>	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0601</b>	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0602</b>	BREAST PUMP, MANUAL, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0603</b>	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0604</b>	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0605</b>	VAPORIZER, ROOM TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0606</b>	POSTURAL DRAINAGE BOARD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0607</b>	HOME BLOOD GLUCOSE MONITOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0610</b>	PACEMAKER MONITOR, SELF-CONTAINED, CHECKS BATTERY DEPLETION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0615</b>	PACEMAKER MONITOR, SELF-CONTAINED, CHECKS BATTERY DEPLETION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0616</b>	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0617</b>	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0618</b>	APNEA MONITOR, WITHOUT RECORDING FEATURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0619</b>	APNEA MONITOR, WITH RECORDING FEATURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0620</b>	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0621</b>	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0625</b>	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>E0627</b>	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0629</b>	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0630</b>	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0635</b>	PATIENT LIFT, ELECTRIC, WITH SEAT OR SLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
<b>E0636</b>	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0637</b>	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0638</b>	STANDING FRAME/TABLE SYSTEM, ONE POSITION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0639</b>	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0640</b>	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0641</b>	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0642</b>	DYNAMIC STANDING FRAME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0650</b>	PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0651</b>	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0652</b>	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0655</b>	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0656</b>	SEGMENTAL PNEUMATIC TRUNK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0657</b>	SEGMENTAL PNEUMATIC CHEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0660</b>	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0665	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0666	NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0676	INTER LIMB COMPRESS DEV NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN SIX FOO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0705</b>	TRANSFER BOARD OR DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0710</b>	RESTRAINT, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0720</b>	TENS, TWO LEAD, LOCALIZED STIMULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0730</b>	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0731</b>	FORM-FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0740</b>	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0744</b>	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0745</b>	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0746</b>	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0747</b>	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0748</b>	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0749</b>	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>E0755</b>	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRAORAL/NONINVASIVE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0760</b>	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0761</b>	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0762</b>	TRANS ELEC JT STIM DEV SYS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0764	FUNCTIONAL NEUROMUSCULARSTIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0770	FUNCTIONAL ELECTRIC STIM NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0776	IV POLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0781</b>	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0782</b>	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0783</b>	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES AL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0784</b>	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0785</b>	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0786</b>	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0787</b>	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0791</b>	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0830</b>	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0840</b>	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0849</b>	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0850</b>	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0855</b>	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0856</b>	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0860</b>	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0870</b>	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0880</b>	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (E.G., BUCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0890</b>	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0900</b>	TRACTION STAND, FREESTANDING, PELVIC TRACTION (E.G., BUCK S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0910</b>	TRAPEZE BARS, ALSO KNOWN AS PATIENT HELPER, ATTACHED TO BED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0911</b>	HD TRAPEZE BAR ATTACH TO BED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0912</b>	HD TRAPEZE BAR FREE STANDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0920</b>	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0930</b>	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0935	PASSIVE MOTION EXERCISE DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0936	CPM DEVICE, OTHER THAN KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0940	TRAPEZE BAR, FREESTANDING, COMPLETE WITH GRAB BAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0942	CERVICAL HEAD HARNESS/HALTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0944	PELVIC BELT/HARNESS/BOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0945	EXTREMITY BELT/HARNESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0946	FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G.,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0956</b>	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0957</b>	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0958</b>	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0959</b>	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0960</b>	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0961</b>	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0966</b>	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0967</b>	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0968</b>	COMMODE SEAT, WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0969</b>	NARROWING DEVICE, WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0970</b>	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEGREST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0971</b>	ANTI-TIPPING DEVICE, WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0973</b>	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0974</b>	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0978</b>	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0980</b>	SAFETY VEST, WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0981</b>	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0982</b>	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0983</b>	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0984</b>	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0985</b>	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0986</b>	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0988</b>	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>E0990</b>	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E0992</b>	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0994</b>	ARMREST, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E0995</b>	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1002</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1003</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1004</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1005</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1006</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1007</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1008</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1009</b>	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1010</b>	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1011</b>	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1012</b>	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1014</b>	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1015</b>	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS FIVE INCHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1036	PATIENT TRANSFER SYSTEM >300	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY LESS TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1050	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1060	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1070	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1083</b>	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1084</b>	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1085</b>	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1086</b>	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1087</b>	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1088</b>	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1089</b>	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED-LENGTH ARMS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1090</b>	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1092</b>	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1093</b>	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1100</b>	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1110</b>	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1130</b>	STANDARD WHEELCHAIR; FIXED FULL-LENGTH ARMS, FIXED OR SWING-	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1140</b>	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1150</b>	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1160</b>	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1161</b>	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1170</b>	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1171</b>	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTREST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1172</b>	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1180</b>	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1190</b>	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1195</b>	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1200</b>	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E1230	POWER OPERATED VEHICLE (THREE- OR FOUR-WHEEL NONHIGHWAY), SP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1236</b>	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1237</b>	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1238</b>	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1239</b>	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E1240</b>	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1250</b>	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1260</b>	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1270</b>	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1280	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1285	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1290	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1295	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1310	WHIRLPOOL, NONPORTABLE (BUILT-IN TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1352	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRA	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
E1353	REGULATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1354	WHEELED CART, PORT CYL/CONC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1355	STAND/RACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1356	BATT PACK/CART, PORT CONC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1357	BATTERY CHARGER, PORT CONC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1358	DC POWER ADAPTER, PORT CONC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1392	PORTABLE OXYGEN CONCENTRATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIV	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E1500	CENTRIFUGE, FOR DIALYSIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1510	KIDNEY, DIALYSATE DELIVERY SYSTEM KIDNEY MACHINE, PUMP RECIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1580</b>	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E1590</b>	HEMODIALYSIS MACHINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1592</b>	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E1594</b>	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1600</b>	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1610</b>	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E1615</b>	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E1620</b>	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1625</b>	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E1630</b>	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E1632</b>	WEARABLE ARTIFICIAL KIDNEY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E1634</b>	PERITONEAL DIALYSIS CLAMPS, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E1635</b>	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1636</b>	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E1637</b>	HEMOSTATS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1639</b>	SCALE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E1700	JAW MOTION REHABILITATION SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1806</b>	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1810</b>	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1811</b>	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1812</b>	KNEE EXT/FLEX W ACT RES CTRL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1815</b>	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION, INCLUDES SOFT IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1816</b>	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1818</b>	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1820</b>	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E1821</b>	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1825</b>	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1830</b>	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1831</b>	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1840</b>	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E1902</b>	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E2000</b>	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, EL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E2100</b>	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR E	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 2	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 2	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 2	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2207	CRUTCH AND CANE HOLDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2208	CYLINDER TANK CARRIER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2209	ARM TROUGH EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2210	WHEELCHAIR BEARINGS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2211	PNEUMATIC PROPULSION TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2212	PNEUMATIC PROP TIRE TUBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2213	PNEUMATIC PROP TIRE INSERT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2214	PNEUMATIC CASTER TIRE EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2215	PNEUMATIC CASTER TIRE TUBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2216	FOAM FILLED PROPULSION TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2217	FOAM FILLED CASTER TIRE EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2218	FOAM PROPULSION TIRE EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2219	FOAM CASTER TIRE ANY SIZE EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2221	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2225	CASTER WHEEL EXCLUDES TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2226	CASTER FORK REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2227	GEAR REDUCTION DRIVE WHEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2230	MANUAL STANDING SYSTEM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2231	SOLID SEAT SUPPORT BASE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E2292</b>	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2293</b>	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2294</b>	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2295</b>	PED DYNAMIC SEATING FRAME	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E2300</b>	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2301</b>	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E2310</b>	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2311</b>	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2312	MINI-PROP REMOTE JOYSTICK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
E2313	PWC HARNESS, EXPAND CONTROL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE J	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL,	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FO	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E2371	GR27 SEALED LEADACID BATTERY	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2372	GR27 NON-SEALED LEADACID	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2373	HAND/CHIN CTRL SPEC JOYSTICK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
E2374	HAND/CHIN CTRL STD JOYSTICK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2375	NON-EXPANDABLE CONTROLLER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2376	EXPANDABLE CONTROLLER, REPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2377	EXPANDABLE CONTROLLER, INITL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2381	PNEUM DRIVE WHEEL TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2382	TUBE, PNEUM WHEEL DRIVE TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2383	INSERT, PNEUM WHEEL DRIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2384	PNEUMATIC CASTER TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2385	TUBE, PNEUMATIC CASTER TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2386	FOAM FILLED DRIVE WHEEL TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2387	FOAM FILLED CASTER TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2388	FOAM DRIVE WHEEL TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2389	FOAM CASTER TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2390	SOLID DRIVE WHEEL TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2391	SOLID CASTER TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2392	SOLID CASTER TIRE, INTEGRATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2394	DRIVE WHEEL EXCLUDES TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2395	CASTER WHEEL EXCLUDES TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2396	CASTER FORK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2397	PWC ACC, LITH-BASED BATTERY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E2402</b>	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2500</b>	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2502</b>	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2504</b>	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2506</b>	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2508</b>	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2510</b>	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2511</b>	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E2607</b>	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2608</b>	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2609</b>	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2610</b>	WHEELCHAIR SEAT CUSHION, POWERED	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>E2611</b>	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2612</b>	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2613</b>	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>E2614</b>	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 2	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DME

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>E2624</b>	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>E2625</b>	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>E2626</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2627</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2628</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2629</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2630</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>E2631</b>	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DME						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES AL	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATIONS MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
SERVICE CATEGORY						
DRUGS OTHER THAT CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0121	INJECTION, OMADACYCLINE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0129	ABATACEPT INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0130	INJECTION ABCIXIMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0131	INJECTION, ACETAMINOPHEN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0132	ACETYLCYSTEINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0133	ACYCLOVIR INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0135	INJECTION, ADALIMUMAB, 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0178	INJECTION, AFILBERCEPT, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0180	INJECTION, AGALSIDASE BETA, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0185	INJECTION, APREPITANT, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0202	INJECTION, ALEMTUZUMAB, 1MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0207	INJECTION, AMIFOSTINE, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0215	INJECTION, ALEFACEPT, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0220	INJECTION, AGLUCOSIDASE ALFA INJECTION, NOT OTHERWISE SPECIF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0222	INJECTION, PATISIRAN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0223	INJECTION, GIVOSIRAN, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0224	INJ. LUMASIRAN, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0256	INJECTION, ALPHA 1-PROTEINASE INHIBITOR - HUMAN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0278	AMIKACIN SULFATE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0282	INJECTION, AMIODARONE HCL, 30 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0285	INJECTION, AMPHOTERICIN B, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0291	INJECTION, PLAZOMICIN, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0348	ANADULAFUNGIN INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0364	APO MORPHINE HYDROCHLORIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0365	APROTONIN, 10,000 KIU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0390	INJECTION, CHLOROQUINE HCL, UP TO 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0400	INJECTION, TRIMETHOPHIM CAMSYLATE, UP TO 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0401	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0456	INJECTION, AZITHROMYCIN, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0461	ATROPINE SULFATE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0470	INJECTION, DIMERCAPROL, PER 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0475	INJECTION, BACLOFEN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0480	BASILIXIMAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0485	INJECTION, BELATACEPT, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0490	INJECTION, BELIMUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0517	INJECTION, BENRALIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0520	INJECTION, BETHANECHOL CHLORIDE, MYTONACHOL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0567	INJECTION, CERLIPONASE ALFA, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0570	BUPRENORPHINE IMPLANT, 74.2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0571	BUPRENORPHINE, ORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0583	INJECTION, BIVALIRUDIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0584	INJECTION, BUROSUMAB-TWZA, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J0586	ABOBOTULINUMTOXINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0594	BUSULFAN INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0596	INJECTION, C1 ESTERASE INHIBITOR, RUCONEST, 10 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0598	C1 ESTERASE INHIBITOR INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0599	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0606	INJECTION, ETELCALCETIDE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0630	INJECTION, CALCITONIN-SALMON, UP TO 400 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0636	INJECTION, CALCITRIOL, 0.1 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0638	INJECTION, CANAKINUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0641	LEVOLEUCOVORIN INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0670	INJECTION, MEPIVACAINE HCL, PER 10 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0691	INJECTION, LEFAMULIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0692	INJECTION, CEFEPIME HCL, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0693	INJ., CEFIDEROCOL, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0694	INJECTION, CEFOXITIN SODIUM, 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0698	CEFOTAXIME SODIUM, PER G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
J0706	INJECTION, CAFFEINE CITRATE, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0716	INJECTION, CENTRURIODES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR ME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0735	INJECTION, CLONIDINE HCL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0740	INJECTION, CIDOFOVIR, 375 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0743	INJECTION, CILASTATIN SODIUM IMIPENEM, PER 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0795	CORTICORELIN OVINE TRIFLUTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0834	COSYNTROPIN CORTROSYN INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0841	INJECTION, CROTALIDAE IMMUNE F(AB') <sub>2</sub> (EQUINE), 120 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0875	INJECTION, DALBAVANCIN, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0878	INJECTION, DAPTOMYCIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0881	DARBEPOETIN ALFA, NON-ESRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0882	DARBEPOETIN ALFA, ESRD USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0885	EPOETIN ALFA, NON-ESRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0887	EPOETIN BETA ESRD USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0888	EPOETIN BETA NON ESRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0894	DECITABINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0897	INJECTION, DENOSUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1071	INJ TESTOSTERONE CYPIONATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1095	INJECTION, DEXAMETHASONE 9 PERCENT, INTRAOCULAR, 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1096	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1097	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1162	DIGOXIN IMMUNE FAB (OVINE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1190	INJECTION, DEXRAZOXANE HCL, PER 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1201	INJECTION, CETIRIZINE HYDROCHLORIDE, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1250	INJECTION, DOBUTAMINE HCl, PER 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1265	DOPAMINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1267	DORIPENEM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1290	INJECTION, ECALLANTIDE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1300	ECULIZUMAB INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1322	ELOSULFASE ALFA, INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1324	ENFUVIRTIDE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1327	INJECTION, EPTIFIBATIDE, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1427	INJECTION, VILTOLARSEN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1428	INJECTION, ETEPLIRSEN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1429	INJECTION, GOLODIRSEN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/01/2020	08/01/2021
J1430	ETHANOLAMINE OLEATE 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1435	INJECTION, ESTRONE, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1437	INJ. FE DERISOMALTOSE 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1440	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
J1444	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1450	INJECTION, FLUCONAZOLE, 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1451	FOMEPIZOLE, 15 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1453	FOSAPREPITANT INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1455	INJECTION, FOSCARNET SODIUM, PER 1,000 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1457	INJECTION, GALLIUM NITRATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1458	GALSULFASE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1459	INJ IVIG PRIVIGEN 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J1556	INJECTION IMMUNE GLOBULIN INTRAVENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1561	INJECTION, IMMUNE GLOBULIN NON-LYOPHILIZED, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON LYOPHILIZED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1568	OCTAGAM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1569	GAMMAGARD LIQUID INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1571	HEPAGAM B IM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1572	FLEBOGAMMA INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1573	HEPAGAM B INTRAVENOUS, INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1610	INJECTION, GLUCAGON HCL, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1620	INJECTION, GONADORELIN HCL, PER 100 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1626	INJECTION, GRANISETRON HCL, 100 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1628	INJECTION, GUSELKUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1632	INJ., BREXANOLONE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1640	HEMIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1644	INJECTION, HEPARIN SODIUM, PER 1,000 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1675	HISTRELIN ACETATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
J1738	INJECTION, MELOXICAM, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J1745	INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1750	INJECTION, IRON DEXTRAN, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1756	INJECTION, IRON SUCROSE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1815	INJECTION, INSULIN, PER 5 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1835	INJECTION, ITRACONAZOLE, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1930	INJECTION, PROPIOMAZINE HCL, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1931	INJECTION, LARONIDASE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1943	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1944	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1945	LEPIRUDIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1951	INJ FENSOLVI 0.25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1953	LEVETIRACETAM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1955	INJECTION, LEVOCARNITINE, PER 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J1956	INJECTION, LEVOFLOXACIN, 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2020	INJECTION, LINEZOLID, 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2060	INJECTION, LORAZEPAM, 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2062	LOXAPINE FOR INHALATION, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2150	INJECTION, MANNITOL, 25% IN 50 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2170	MECASERMIN INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2175	INJECTION, MEPERIDINE HCL, PER 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2182	INJECTION, MEPOLIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2185	INJECTION, MEROPENEM, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2186	INJECTION, MEROPENEM AND VABORBACTAM, 10MG/10MG, (20MG)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2248	MICAFUNGIN SODIUM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2250	INJECTION, MIDAZOLAM HCL, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2260	INJECTION, MILRINONE LACTATE, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2274	IN MORPHINE PRESERVATIV FREE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2278	ZICONOTIDE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2280	INJECTION, MOXIFLOXACIN, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2300	INJECTION, NALBUPHINE HCL, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2310	INJECTION, NALOXONE HCL, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2315	NALTREXONE, DEPOT FORM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2323	NATALIZUMAB INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2325	NESIRITIDE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2326	INJECTION, NUSINERSEN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2350	INJECTION, OCRELIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2355	INJECTION, OPRELVEKIN, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2357	INJECTION, OMALIZUMAB, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2400	INJECTION, CHLOROPROCAINE HCL, PER 30 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2405	INJECTION, ONDANSETRON HCL, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2407	INJECTION, OXYMORPHONE HCL, UP TO 1MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2425	PALIFERMIN INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2426	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2501	INJECTION, PARICALCITOL, 1 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2503	PEGAPTANIB SODIUM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2504	PEGADEMASE BOVINE, 25 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2505	INJECTION, PEGFILGRASTIM, 6 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2507	INJECTION, PEGLOTICASE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2513	PENTASTARCH 10% SOLUTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 G/0.125	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, AD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2547	INJECTION, PERAMIVIR, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2562	PLERIXAFOR INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2675	INJECTION, PROGESTERONE, PER 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2704	INJ, PROPOFOL 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2724	PROTEIN C CONCENTRATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2725	INJECTION, PROTIRELIN, PER 250 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2778	RANIBIZUMAB INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2780	INJECTION, RANITIDINE HCL, 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2783	INJECTION, RASBURICASE, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2785	REGADENOSON INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2786	INJECTION, RESLIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
J2793	RILONACEPT INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2795	INJECTION, ROPIVACAINE HCL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2796	ROMIPLOSTIM INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2797	INJECTION, ROLAPITANT, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2798	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2805	SINCALIDE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2850	INJ SECRETIN SYNTHETIC HUMAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2860	INJECTION, SILTUXIMAB, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2940	INJECTION, SOMATREM, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2941	INJECTION, SOMATROPIN, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2993	INJECTION, RETEPLASE, 18.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3000	INJECTION, STREPTOMYCIN, UP TO 1 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3060	INJECTION; TALIGLUCERACE ALFA; 10 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3070	INJECTION, PENTAZOCINE, 30 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3095	INJECTION, TELAVANCIN, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3101	TENECTEPLASE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3110	INJECTION, TERIPARATIDE, 10 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3121	INJ TESTOSTERO ENANTHATE 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3145	TESTOSTERONE UNDECANOATE 1MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3243	TIGECYCLINE INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3245	INJECTION, TILDRAKIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3262	INJECTION, TOCILIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3265	INJECTION, TORSEMIDE, 10 MG/ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3285	TREPROSTINIL INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3300	TRIAMCINOLONE A INJ PRS-FREE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3305	INJECTION, TRIMETREXATE GLUCORONATE, PER 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3350	INJECTION, UREA, UP TO 40 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3355	UROFOLLITROPIN, 75 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3357	INJECTION, THIAMINE HCL, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3364	INJECTION, UROKINASE, 5,000 IU VIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3365	INJECTION, IV, UROKINASE, 250,000 IU VIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3380	INJECTION, VEDOLIZUMAB, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3396	INJECTION, VERTEPORFIN, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3411	INJECTION, THIAMINE HCL, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1,000 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3465	INJECTION, VORICONAZOLE, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3471	OVINE, UP TO 999 USP UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3472	OVINE, 1000 USP UNITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3473	HYALURONIDASE RECOMBINANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3475	INJECTION, MAGNESIUM SULPHATE, PER 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3485	INJECTION, ZIDOVUDINE, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3490	UNCLASSIFIED DRUGS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J3520	EDETATE DISODIUM, PER 150 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J3530	NASAL VACCINE INHALATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3570	LAETRILE, AMYGDALIN, VITAMIN B-17	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3590	UNCLASSIFIED BIOLOGICS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J3591	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7030	INFUSION, NORMAL SALINE SOLUTION, 1,000 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7070	INFUSION, D-5-W, 1,000 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7100	INFUSION, DEXTRAN 40, 500 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7110	INFUSION, DEXTRAN 75, 500 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7120	RINGER S LACTATE INFUSION, UP TO 1,000 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7168	PROTHROMBIN COMPLEX KCENTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500		STAR, CHIP	09/01/2020	08/01/2021
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7175	INJECTION, FACTOR X, (HUMAN), 1 IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7182	FACTOR VIII RECOMB NOVOEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7185	XYNTHA INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7186	ANTIHEMOPHILIC VIII/VWF COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7187	INJ VONWILLEBRAND FACTOR IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7188	INJECTION, FACTOR VIII (ANTI-HEMOPHILIC FACTOR, RECOMBINANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7189	FACTOR VIIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7191	FACTOR VIII (ANTI-HEMOPHILIC FACTOR (PORCINE)), PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7194	FACTOR IX COMPLEX, PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7197	ANTITHROMBIN III (HUMAN), PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7198	ANTI-INHIBITOR, PER IU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7203	INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7205	INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7307	ETONOGESTREL IMPLANT SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7311	FLUOCINOLONE ACETONIDE IMPLT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7314	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7315	MITOMYCIN, OPHTHALMIC, 0.2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7316	INJECTION; OCRIPLASMIN; 0.125 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7321	HYALGAN OR SUPARTZ INJ DOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7323	EUFLEXXA INJ PER DOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7324	ORTHOVISC INJ PER DOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7325	SYNVISC OR SYNVISC-ONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7327	MONOVISC INJ PER DOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7336	CAPSAICIN 8% PATCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7352	AFAMELANOTIDE IMPLANT, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7402	MOMETASONE SINUS SINUVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7500	AZATHIOPRINE, ORAL, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7502	CYCLOSPORINE, ORAL, 100 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7507	TACROLIMUS, ORAL, PER 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7509	METHYLPREDNISOLONE, ORAL, PER 4 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7510	PREDNISOLONE, ORAL, PER 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7513	DACLIZUMAB, PARENTERAL, 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7515	CYCLOSPORINE, ORAL, 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7516	CYCLOSPORINE, PARENTERAL, 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7520	SIROLIMUS, ORAL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7525	TACROLIMUS, PARENTERAL, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7599	IMMUNOSUPPRESSIVE DRUG, NOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7604	ACETYLCYSTEINE COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7605	ARFORMOTEROL NON-COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7606	FORMOTEROL FUMARATE, INH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7607	LEVALBUTEROL COMP CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7609	ALBUTEROL COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7611	ALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7612	LEVALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, UN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7614	LEVALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7615	LEVALBUTEROL COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7620	ALBUTEROL IPRATROP NON-COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7622	BECLOMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7624	BETAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7626	BUDESONIDE INHALATION SOLUTION, ADMINISTERED THROUGH DME, UN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7627	BUDESONIDE COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7632	CROMOLYN SODIUM COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7633	BUDESONIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7634	BUDESONIDE COMP CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7635	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7636	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7637	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7638	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7640	FORMOTEROL COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7641	FLUNISOLIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, U	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
DRUGS OTHER THAN CHEMOTHERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7642	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7643	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7645	IPRATROPIUM BROMIDE 0.02%, PER ML, INHALATION SOLUTION ADMIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7647	ISOETHARINE COMP CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7648	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7649	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7650	ISOETHARINE COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7657	ISOPROTERENOL COMP CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7660	ISOPROTERENOL COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7667	METAPROTERENOL COMP CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7670	METAPROTERENOL COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7676	PENTAMIDINE COMP UNIT DOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7683	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J7684	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7685	TOBRAMYCIN COMP UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
J8498	ANTIEMETIC RECTAL/SUPP NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8499	PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8501	APREPITANT, ORAL, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J8510	BULSULFAN; ORAL, 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8515	CABERGOLINE, ORAL 0.25MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8520	CAPECITABINE, ORAL, 150 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8521	CAPECITABINE, ORAL, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8530	CYCLOPHOSPHAMIDE, ORAL, 25 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8540	ORAL DEXAMETHASONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8560	ETOPOSIDE, ORAL, 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J8565	GEFITINIB, ORAL, 250 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8597	ANTIEMETIC DRUG ORAL NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8600	MELPHALAN, ORAL 2 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8610	METHOTREXATE, ORAL, 2.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8650	NABILONE ORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8655	NETUPITANT 300 MG AND PALONOSETRON, 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8670	ROLAPITANT, ORAL, 1 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8700	TEMOZOLOMIDE, ORAL, 5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### DRUGS OTHER THAN CHEMOTHERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
J8705	TOPOTECAN ORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

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#### E & M

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99174	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; EXTENDED	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99177	BILATERAL OCULAR SCREENING WITH ON SITE ANALYSIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MA	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99304	NURSING FACILITY CARE, INIT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
99305	NURSING FACILITY CARE, INIT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021
99306	NURSING FACILITY CARE, INIT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021
99307	NURSING FAC CARE, SUBSEQ	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021
99308	NURSING FAC CARE, SUBSEQ	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99309	NURSING FAC CARE, SUBSEQ	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021
99310	NURSING FAC CARE, SUBSEQ	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINU	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	08/11/2021	08/01/2021
99318	ANNUAL NURSING FAC ASSESSMNT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
99339	DOMICIL/R-HOME CARE SUPERVIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
99340	DOMICIL/R-HOME CARE SUPERVIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99354	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99355	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT OR OBSERVATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT OR OBSERVATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99366	TEAM CONF W/PAT BY HC PRO	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99367	TEAM CONF W/O PAT BY PHYS	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99368	TEAM CONF W/O PAT BY HC PRO	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
99377	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRES	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99378	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRES	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
99379	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
99380	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MAN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99406	BEHAV CHNG SMOKING 3-10 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99407	BEHAV CHNG SMOKING < 10 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
99408	AUDIT/DAST, 15-30 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2020	08/01/2021
99409	AUDIT/DAST, OVER 30 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
99415	PROLONGED CLINICAL STAFF SERVICE DURING AN OUTPATIENT EVALUA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99416	PROLONGED CLINICAL STAFF SERVICE DURING AN OUTPATIENT EVALUA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99417	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN EST	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN EST	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN EST	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
99439	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
99441	PHONE E/M BY PHYS 5-10 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99442	PHONE E/M BY PHYS 11-20 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99443	PHONE E/M BY PHYS 21-30 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99446	INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MA	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99447	INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MANAGEME	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99448	INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MANAGEME	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99449	INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MANAGEME	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99451	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECOR	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99452	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECOR	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99458	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99466	PED CRIT CARE TRANSPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99467	PED CRIT CARE TRANSPORT ADDL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99473	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CL	NO AUTHORIZATION REQUIRED		CHIP	02/12/2020	08/01/2021
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99477	INIT DAY HOSP NEONATE CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99478	SUBSEQUENT INTENSIVE CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99479	SUBSEQUENT INTENSIVE CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99480	SUBSEQUENT INTENSIVE CARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99484	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99485	SUPERVISION BY A CONTROL PHYSICIAN IF INTERFACILITY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99486	SUPERVISION BY A CONTROL PHYSICIAN IF INTERFACILITY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99487	COMPLEX CHRONIC CARE MANAGEMENT SERVICES	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99489	COMPLEX CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99490	CHRONIC CARE MANAGEMENT SERVICES	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99491	CHRONIC CARE MANAGEMENT SERVICES, PROVIDED PERSONALLY BY A P	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99495	TRANSITIONAL CARE MANAGEMENT SERVICES	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
99496	TRANSITIONAL CARES MANAGEMENT SERVICES	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99497	ADVANCED CARE PLANNING	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99498	ADVANCE CARE PLANNING	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR,	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URIN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINIST	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99512	HOME VISIT FOR HEMODIALYSIS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP T	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
E & M						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99602	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
SERVICE CATEGORY						
ENTERAL & PARENTERAL THERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
B4081	NASOGASTRIC TUBING WITH STYLET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
B4082	NASOGASTRIC TUBING WITHOUT STYLET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
B4083	STOMACH TUBE - LEVINE TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ENTERAL & PARENTERAL THERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>B4087</b>	GASTRO/JEJUNO TUBE, STD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4088</b>	GASTRO/JEJUNO TUBE, LOW-PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4100</b>	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4102</b>	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>B4103</b>	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4104</b>	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4105</b>	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>B4149</b>	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH INTACT NUTRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

ENTERAL & PARENTERAL THERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>B4150</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4152</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4153</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4154</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4155</b>	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4157</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4158</b>	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4159</b>	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ENTERAL & PARENTERAL THERAPY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>B4160</b>	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4161</b>	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4162</b>	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4164</b>	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), 50%	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4168</b>	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4172</b>	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4176</b>	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4178</b>	PARENTERAL NUTRITION SOLUTION; AMINO ACID, GREATER THAN 8.5%	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ENTERAL & PARENTERAL THERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>B4180</b>	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4185</b>	PARENTERAL SOL 10 GM LIPIDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4187</b>	OMEGAVEN, 10 G LIPIDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>B4189</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4193</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4197</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4199</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4216</b>	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ENTERAL & PARENTERAL THERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>B4220</b>	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4222</b>	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B4224</b>	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B5000</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B5100</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B5200</b>	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B9002</b>	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B9004</b>	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ENTERAL & PARENTERAL THERAPY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>B9006</b>	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B9998</b>	NOC FOR ENTERAL SUPPLIES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>B9999</b>	NOC FOR PARENTERAL SUPPLIES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>V5008</b>	HEARING SCREENING	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>V5010</b>	ASSESSMENT FOR HEARING AID	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>V5011</b>	FITTING/ORIENTATION/CHECKING OF HEARING AID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>V5014</b>	REPAIR/MODIFICATION OF A HEARING AID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5100	HEARING AID, BILATERAL, BODY WORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5110	DISPENSING FEE, BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5160	DISPENSING FEE, BINAURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
V5200	DISPENSING FEE, CROS	NO AUTHORIZATION REQUIRED - UNLESS CONDITION RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5230	HEARING AID, BICROS, GLASSES	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5240	DISPENSING FEE, BICROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CA	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
HEARING SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5248	HEARING AID, ANALOG, BINAURAL, CIC	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5249	HEARING AID, ANALOG, BINAURAL, ITC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5266	BATTERY FOR USE IN HEARING DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5267	HEARING AID SUPPLIES/ACCESSORIES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5272	ASSISTIVE LISTENING DEVICE, TDD	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5275	EAR IMPRESSION, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL,	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL,	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCT	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM. EAR LEVEL RECEIV	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIV	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTH	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSIS	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	NO AUTHORIZATION REQUIRED - UNLESS CONDITION RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### HEARING SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V5299	HEARING SERVICE, MISCELLANEOUS	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

### SERVICE CATEGORY

#### IRF HIPPS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A0101	ORIGINAL DESCRIPTION: STROKE WITH MOTOR >51.05.,WITHOUT COMO	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	07/28/2021	08/01/2021

### SERVICE CATEGORY

#### LABORATORY SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P2028	CEPHALIN FLOCCULATION, BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P2029	CONGO RED, BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P2033	THYMOL TURBIDITY, BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### LABORATORY SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9012	CRYOPRECIPITATE, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### LABORATORY SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9019	PLATELETS, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9020	PLATELET RICH PLASMA, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9021	RED BLOOD CELLS, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9032	PLATELETS, IRRADIATED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
LABORATORY SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9034	PLATELETS, PHERESIS, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
LABORATORY SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250 ML	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

**SERVICE CATEGORY**
**LABORATORY SERVICES**

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES RE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### LABORATORY SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH U	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EAC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
P9100	PATHOGEN(S) TEST FOR PLATELETS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### LABORATORY SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) (MULTIPLE PATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A4206	SYRINGE WITH NEEDLE, STERILE 1 CC, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4209	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4210</b>	NEEDLE-FREE INJECTION DEVICE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4211</b>	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4212</b>	NON CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4213</b>	SYRINGE, STERILE, 20 CC OR GREATER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4215</b>	NEEDLES ONLY, STERILE, ANY SIZE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4216</b>	STERILE WATER/SALINE, 10 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4217</b>	STERILE WATER/SALINE, 500 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4218</b>	STERILE SALINE OR WATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4220</b>	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4221</b>	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4222</b>	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4223</b>	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4224</b>	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4225</b>	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4226</b>	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4230</b>	INFUSION SET FOR EXTERNAL INSULIN PUMP, NONNEEDLE CANNULA TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4231</b>	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4232</b>	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4233</b>	ALKALIN BATT FOR GLUCOSE MON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4234</b>	J-CELL BATT FOR GLUCOSE MON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4235</b>	LITHIUM BATT FOR GLUCOSE MON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4236</b>	SILVR OXIDE BATT GLUCOSE MON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4244</b>	ALCOHOL OR PEROXIDE, PER PINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4245</b>	ALCOHOL WIPES, PER BOX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4246</b>	BETADINE OR PHISOHEX SOLUTION, PER PINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4247</b>	BETADINE OR IODINE SWABS/WIPES, PER BOX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4248</b>	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4250</b>	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4252</b>	BLOOD KETONE TEST OR STRIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4253</b>	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4255</b>	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4256</b>	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4257</b>	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4258</b>	SPRING-POWERED DEVICE FOR LANCET, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4259</b>	LANCETS, PER BOX OF 100	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4261</b>	CERVICAL CAP FOR CONTRACEPTIVE USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4262</b>	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4263</b>	PERMANENT, LONG-TERM, NONDISSOLVABLE LACRIMAL DUCT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4264</b>	INTRATUBAL OCCLUSION DEVICE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>A4265</b>	PARAFFIN, PER POUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4266</b>	DIAPHRAGM FOR CONTRACEPTIVE USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4267</b>	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4268</b>	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4269</b>	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4270</b>	DISPOSABLE ENDOSCOPE SHEATH, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4280</b>	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4281</b>	TUBING FOR BREAST PUMP, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4282</b>	ADAPTER FOR BREAST PUMP, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4283</b>	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4284</b>	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4285</b>	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4286</b>	LOCKING RING FOR BREAST PUMP, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4290</b>	SACRAL NERVE STIMULATION TEST LEAD, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4300</b>	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>A4301</b>	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4305</b>	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4306</b>	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4310</b>	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (AC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4311</b>	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4312</b>	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4313</b>	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4314</b>	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4315</b>	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4316</b>	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4320</b>	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4321</b>	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4322</b>	IRRIGATION SYRINGE, BULB OR PISTON, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4326</b>	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4327</b>	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4328</b>	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4330</b>	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4331</b>	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4332</b>	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4333</b>	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4334</b>	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4335</b>	INCONTINENCE SUPPLY; MISCELLANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4336</b>	URETHRAL INSERT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4337</b>	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A4338</b>	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4340</b>	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4344</b>	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4346</b>	INDWELLING CATHETER; FOLEY TYPE, THREE-WAY FOR CONTINUOUS IR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4349</b>	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4351</b>	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4352</b>	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4353</b>	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4354</b>	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4355</b>	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4356</b>	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4357</b>	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4358</b>	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4360</b>	DISPOSABLE EXT URETHRAL DEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4361</b>	OSTOMY FACEPLATE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4362</b>	SKIN BARRIER; SOLID, FOUR BY FOUR OR EQUIVALENT; EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4363</b>	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4364</b>	ADHESIVE, LIQUID, OR EQUAL, ANY TYPE, PER OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4366</b>	OSTOMY VENT, ANY TYPE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4367</b>	OSTOMY BELT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4368</b>	OSTOMY FILTER, ANY TYPE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4369</b>	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4371</b>	OSTOMY SKIN BARRIER, POWDER, PER OZ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4372</b>	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, WITH BUILT-IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4373</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4375</b>	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4376</b>	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4377</b>	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4378</b>	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4379</b>	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4380</b>	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4381</b>	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4382</b>	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4383</b>	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4384</b>	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4385</b>	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4387</b>	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4388</b>	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4389</b>	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4390</b>	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4391</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4392</b>	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4393</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4394</b>	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4395</b>	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4396</b>	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4397</b>	IRRIGATION SUPPLY; SLEEVE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4398</b>	OSTOMY IRRIGATION SUPPLY; BAG, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4399</b>	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4400</b>	OSTOMY IRRIGATION SET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4402</b>	LUBRICANT, PER OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4404</b>	OSTOMY RING, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4405</b>	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4406</b>	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4407</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4408</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4409</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4410</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4411</b>	OST SKN BARR EXTND =4SQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4412</b>	OST POUCH DRAIN HIGH OUTPUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4413</b>	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4414</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4415</b>	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4416</b>	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4417</b>	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4418</b>	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4419</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4420</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4421</b>	OSTOMY SUPPLY; MISCELLANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4422</b>	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4423</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4424</b>	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4425</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4426</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4427</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4428</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4429</b>	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4430</b>	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4431</b>	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4432</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4433</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4434</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4435</b>	OSTOMY POUCH DRAINABLE HIGH OUTPUT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4450</b>	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4452</b>	TAPE, WATERPROOF, PER 18 SQUARE INCHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4455</b>	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4456</b>	ADHESIVE REMOVER, WIPES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4458</b>	ENEMA BAG WITH TUBING, REUSABLE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4459</b>	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON,	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4461</b>	SURGICAL DRESS HOLD NON-REUSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4463</b>	SURGICAL DRESS HOLDER REUSE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4465</b>	NONELASTIC BINDER FOR EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4467</b>	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4481</b>	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4483</b>	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4500</b>	SURGICAL STOCKING BELOW KNEE LENGTH, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4510</b>	SURGICAL STOCKING FULL-LENGTH, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4520</b>	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A4550	SURGICAL TRAYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4554	DISPOSABLE UNDERPADS, ALL SIZES (E.G., CHUX S)	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4555	ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEV	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4556	ELECTRODES (E.G., APNEA MONITOR), PER PAIR	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4557	LEAD WIRES (E.G., APNEA MONITOR), PER PAIR	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4558	CONDUCTIVE PASTE OR GEL	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4559	COUPLING GEL OR PASTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4561</b>	PESSARY, RUBBER, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4562</b>	PESSARY, NON RUBBER, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4563</b>	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM U	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4565</b>	SLINGS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4566</b>	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4570</b>	SPLINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4580</b>	CAST SUPPLIES (E.G., PLASTER)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4590</b>	SPECIAL CASTING MATERIAL (E.G., FIBERGLASS)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4595</b>	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4600</b>	SLEEVE, INTER LIMB COMP DEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4601</b>	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4602</b>	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATI	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4604</b>	TUBING WITH HEATING ELEMENT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4605</b>	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4606</b>	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4608</b>	TRANSTRACHEAL OXYGEN CATHETER, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4611</b>	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4612</b>	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4613</b>	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4614</b>	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4615</b>	CANNULA, NASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4616</b>	TUBING (OXYGEN), PER FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4617</b>	MOUTHPIECE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4618</b>	BREATHING CIRCUITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



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#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A4619	FACE TENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4620	VARIABLE CONCENTRATION MASK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4623	TRACHEOSTOMY, INNER CANNULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4629</b>	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4630</b>	REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TRANSCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4633</b>	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM,	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4634</b>	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4635</b>	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4636</b>	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4637</b>	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4638</b>	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, E	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4639</b>	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4640</b>	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4642</b>	SUPPLY OF SATUMOMAB PENDETIDE, RADIOPHARMACEUTICAL DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4648</b>	IMPLANTABLE TISSUE MARKER	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	07/30/2021	08/01/2021
<b>A4649</b>	SURGICAL SUPPLY; MISCELLANEOUS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4650</b>	CENTRIFUGE (INCLUDES CALIBRATED MICROCAPILLARY TUBES AND SEA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4651</b>	CALIBRATED MICROCAPILLARY TUBE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4652</b>	MICROCAPILLARY TUBE SEALANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4660	SPHYGMOMANOMETER/ BLOOD PRESSURE APPARATUS WITH CUFF AND STET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4663	BLOOD PRESSURE CUFF ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EAC	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4674</b>	CHEMICALS/ANTISEPTIC S SOLUTION USED TO CLEAN/STERILIZE DIALY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4680</b>	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4690</b>	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4706</b>	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4707</b>	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4708</b>	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4709</b>	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4714</b>	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4719</b>	Y SET TUBING FOR PERITONEAL DIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4720</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4721</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4722</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4723</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4724</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4725</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4726</b>	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4728</b>	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4730</b>	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4736</b>	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4737</b>	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4740</b>	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4750</b>	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4755</b>	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4760</b>	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4765</b>	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4766</b>	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4770</b>	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4771</b>	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4772</b>	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4773</b>	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4774</b>	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4802</b>	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4870</b>	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4890</b>	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMEN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A4911</b>	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4913</b>	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4918</b>	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A4927</b>	GLOVES, NON-STERILE, PER 100	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4928</b>	SURGICAL MASK, PER 20	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4929</b>	TOURNIQUET FOR DIALYSIS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A4930</b>	GLOVES, STERILE, PER PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4931</b>	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A4932</b>	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5051</b>	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (ONE PIECE), EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5052</b>	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (ONE PIECE),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5053</b>	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5054</b>	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (TWO PI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5055</b>	STOMA CAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A5056</b>	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5057</b>	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5061</b>	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (ONE PIECE),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5062</b>	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (ONE PIECE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5063</b>	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (TWO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5071</b>	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (ONE PIECE), EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5072</b>	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (ONE PIECE),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5073</b>	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (TWO P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A5081</b>	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5082</b>	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5083</b>	STOMA ABSORPTIVE COVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5093</b>	OSTOMY ACCESSORY; CONVEX INSERT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5102</b>	BEDSIDE DRAINAGE BOTTLE, WITH OR WITHOUT TUBING, RIGID OR EX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5105</b>	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5112</b>	URINARY LEG BAG; LATEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5113</b>	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A5114</b>	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5120</b>	SKIN BARRIER, WIPE OR SWAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5121</b>	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5122</b>	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5126</b>	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5131</b>	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5200</b>	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A5500</b>	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A5508</b>	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A5510</b>	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A5512</b>	MULTI DEN INSERT DIRECT FORM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A5513</b>	MULTI DEN INSERT CUSTOM MOLD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED OVER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>A6010</b>	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6021</b>	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6022</b>	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6023</b>	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICAL & SURGICAL SUPPLIES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6154	WOUND POUCH, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6205</b>	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6206</b>	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6207</b>	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6209</b>	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6210</b>	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6211</b>	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THEN 48 SQ. IN., W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6212</b>	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6213</b>	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6214</b>	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6215</b>	FOAM DRESSING, WOUND FILLER, PER GRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6216</b>	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6217</b>	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6218</b>	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6219</b>	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6220</b>	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6222</b>	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6223</b>	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6224</b>	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6229</b>	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6230</b>	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>A6231</b>	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6232</b>	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6233</b>	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6234</b>	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICAL & SURGICAL SUPPLIES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6243</b>	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6244</b>	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6245</b>	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6246</b>	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6247</b>	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6248</b>	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6250</b>	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>A6251</b>	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICAL & SURGICAL SUPPLIES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6260</b>	WOUND CLEANSERS, ANY TYPE, ANY SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6261</b>	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6262</b>	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6266</b>	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6402</b>	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6403</b>	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6404</b>	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6407</b>	PACKING STRIPS, NON-IMPREGNATED, UP TO TWO INCHES IN WIDTH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6410</b>	EYE PAD, STERILE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6411</b>	EYE PAD, NON-STERILE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6412</b>	EYE PATCH, OCCLUSIVE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6413</b>	ADHESIVE BANDAGE, FIRST-AID	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A6441</b>	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITT ED, WIDTH G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6442</b>	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6443</b>	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6444</b>	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6445</b>	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6446</b>	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6447</b>	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6448</b>	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6449</b>	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6450</b>	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6451</b>	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6452</b>	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6453</b>	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6454</b>	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6455</b>	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6456</b>	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6457</b>	TUBULAR DRESSING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6501</b>	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6502</b>	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6503</b>	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6504</b>	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6505</b>	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6506</b>	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6507</b>	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6508</b>	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6509</b>	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6510</b>	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6511</b>	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6512</b>	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6513</b>	COMPRESS BURN MASK FACE/NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6530</b>	COMPRESSION STOCKING BK18-30	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6531</b>	COMPRESSION STOCKING BK30-40	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6532</b>	COMPRESSION STOCKING BK40-50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6533</b>	GC STOCKING THIGHLNGTH 18-30	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6534</b>	GC STOCKING THIGHLNGTH 30-40	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6535</b>	GC STOCKING THIGHLNGTH 40-50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6536</b>	GC STOCKING FULL LNTH 18-30	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6537</b>	GC STOCKING FULL LNTH 30-40	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6538</b>	GC STOCKING FULL LNTH 40-50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6539</b>	GC STOCKING WAISTLNTH 18-30	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6540</b>	GC STOCKING WAISTLNTH 30-40	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6541</b>	GC STOCKING WAISTLNTH 40-50	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6544</b>	GC STOCKING GARTER BELT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A6545</b>	GRAD COMP NON-ELASTIC BK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A6549</b>	G COMPRESSION STOCKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>A6550</b>	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7000</b>	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7001</b>	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7002</b>	TUBING, USED WITH SUCTION PUMP, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7003</b>	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7004</b>	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7005</b>	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A7006</b>	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7007</b>	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AERO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7008</b>	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7009</b>	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7010</b>	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7012</b>	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7013</b>	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7014</b>	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A7015</b>	AEROSOL MASK, USED WITH DME NEBULIZER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7016</b>	DOVE AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7017</b>	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7018</b>	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7020</b>	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPON	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7025</b>	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7027</b>	COMBINATION ORAL/NASAL MASK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7028</b>	REPL ORAL CUSHION COMBO MASK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A7029</b>	REPL NASAL PILLOW COMB MASK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7030</b>	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7031</b>	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7032</b>	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7033</b>	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7034</b>	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7035</b>	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7036</b>	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A7037</b>	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7038</b>	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7039</b>	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7040</b>	ONE WAY CHEST DRAIN VALVE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7041</b>	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLAN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7044</b>	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7045</b>	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A7046</b>	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING AL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR US	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A7520	TRACHEOSTOMY/LARYN GECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORID	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A7521	TRACHEOSTOMY/LARYN GECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (P	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A7522	TRACHEOSTOMY/LARYN GECTOMY TUBE, STAINLESS STEEL OR EQUAL (ST	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICAL & SURGICAL SUPPLIES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>A7525</b>	TRACHEOSTOMY MASK, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7526</b>	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A7527</b>	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>A8000</b>	SOFT PROTECT HELMET PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A8001</b>	HARD PROTECT HELMET PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A8002</b>	SOFT PROTECT HELMET CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A8003</b>	HARD PROTECT HELMET CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>A8004</b>	REPL SOFT INTERFACE, HELMET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, TITLE XIX FORM (FOR MEDICAID ONLY), PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90284	HUMAN IG, SC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90296	DIPHThERIA ANTITOXIN, EQUINE, ANY ROUTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90375	RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90377	RABIES IMMUNE GLOBULIN, HEAT- AND SOLVENT/DETERGENT-TREATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90386	RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90389	TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR U	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90399	UNLISTED IMMUNE GLOBULIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EAC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, L	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90587	DENGUE VACCINE, QUADRIVALENT, LIVE, 3 DOSE SCHEDULE, FOR SUB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y, QUAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90621	MENB RLP VACCINE IM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90625	CHOLERA VACCINE, LIVE, ADULT DOSAGE, 1 DOSE SCHEDULE; ORAL	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90626	TICK-BORNE ENCEPHALITIS VIRUS VACCINE, INACTIVATED; 0.25 ML	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	03/29/2021	08/01/2021
90627	TICK-BORNE ENCEPHALITIS VIRUS VACCINE, INACTIVATED; 0.5 ML D	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	03/29/2021	08/01/2021
90630	INFLUENZA VIRUS VACCINE, QUADTRIVALENT (IIV4), SPLIT VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90632	HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSCULAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90634	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE-3	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HAEMOP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90647	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-OMP CONJUGA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJUGATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUADRIVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT (2VHPV)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90654	INFLUENZA VIRUS VACCINE; TRIVALENT (IIV3), SPLIT VIRUS, PRES	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90655	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRES	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRES	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90657	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS 0.25	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRAN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90661	INFLUENZA VIRUS VACCINE, TRIVALENT (CCIIV3), DERIVED FROM CE	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FRE	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90665	LYME DISEASE VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS,	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
90667	INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT V	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
90668	INFLUENZA VIRUS VACCINE (IIV) PANDEMIC FORMULATION, SPLIT VI	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR INTRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90671	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRA	NO AUTHORIZATION REQUIRED		STAR	03/29/2021	08/01/2021
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE (LAIV4), FOR INT	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90673	INFLUENZA VIRUS VACCINE, TRIVALENT (RIV3), DERIVED FROM RECO	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90680	ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE, LIVE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHEDULE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90689	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4), INACTIVATED, AD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90690	TYPHOID VACCINE, LIVE, ORAL	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INT	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVATED,	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90697	DTAP-IPV-HIB-HEPB VACCINE IM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90701	DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90702	DIPHTHERIA AND TETANUS TOXOIDS ADSORBED (DT) WHEN ADMINISTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90713	POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90716	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANEOUS USE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



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### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE, SEROGROUPS A, C, Y	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-13	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE FOR SUBCUTANEOUS INJ	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90738	INACTIVATED JE VACC IM	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
90739	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 2 DOSE SCHEDULE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90740	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90743	HEPATITIS B VACCINE (HEPB), ADOLESCENT, 2 DOSE SCHEDULE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE, 3 D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDULE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90747	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90748	HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90749	UNLISTED VACCINE/TOXOID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUV	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90756	(INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FRO	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
90758	ZAIRE EBOLAVIRUS VACCINE, LIVE, FOR INTRAMUSCULAR USE	NO AUTHORIZATION REQUIRED		STAR, CHIP	03/29/2021	08/01/2021
90785	INTERACTIVEVIEW COMPLEXITY	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	08/11/2021	08/01/2021
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH A	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH A	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH A	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
90845	PSYCHOANALYSIS	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	NO AUTHORIZATION REQUIRED		CHIP	02/12/2020	08/01/2021
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PU	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	08/11/2021	08/01/2021
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	08/11/2021	08/01/2021
90869	TCRAN MAGN STIM REDETERMINE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	08/11/2021	08/01/2021
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); S	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
90912	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90913	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL D	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL D	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90951	ESRD SERV, 4 VISITS P MO, <2	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90952	ESRD SERV, 2-3 VSTS P MO, <2	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90953	ESRD SERV, 1 VISIT P MO, <2	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90954	ESRD SERV, 4 VSTS P MO, 2-11	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90955	ESRD SRV 2-3 VSTS P MO, 2-11	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90956	ESRD SRV, 1 VISIT P MO, 2-11	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90957	ESRD SRV, 4 VSTS P MO, 12-19	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90958	ESRD SRV 2-3 VSTS P MO 12-19	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90959	ESRD SERV, 1 VST P MO, 12-19	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90960	ESRD SRV, 4 VISITS P MO, 20+	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90961	ESRD SRV, 2-3 VSTS P MO, 20+	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90962	ESRD SERV, 1 VISIT P MO, 20+	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90963	ESRD HOME PT, SERV P MO, <2	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90964	ESRD HOME PT SERV P MO, 2-11	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90965	ESRD HOME PT SERV P MO 12-19	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90966	ESRD HOME PT, SERV P MO, 20+	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90967	ESRD HOME PT SERV P DAY, <2	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90968	ESRD HOME PT SRV P DAY, 2-11	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
90969	ESRD HOME PT SRV P DAY 12-19	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90970	ESRD HOME PT SERV P DAY, 20+	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91013	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91022	DUODENAL MOTILITY STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACH	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE EN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91117	COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91122	ANORECTAL MANOMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92015	DETERMINATION OF REFRACTIVE STATE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL A	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92020	GONIOSCOPY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92071	CONTACT LENS FITTING FOR TX	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92072	FIT CONTAC LENS FOR MANAGMNT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92201	OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWING OF OPTIC NERVE OR MAC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92229	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE; PO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING), WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92260	OPHTHALMODYNAMOMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92273	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92274	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92326	REPLACEMENT OF CONTACT LENS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR AP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION,	<b>AUTHORIZATION REQUIRED</b>	TERM GOALS, CLINICAL DOCUMENTATION TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TERM GOALS, CLINICAL DOCUMENTATION TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH IN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH IN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING, WITH IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
92520	LARYNGEAL FUNCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHO	NO AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92532	POSITIONAL NYSTAGMUS TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92534	OPTOKINETIC NYSTAGMUS TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92538	CALORIC VESTIBULAR TEST WITH RECORDING, MONOTHERMAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92540	BASIC VESTIBULAR EVALUATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92545	OSCILLATING TRACKING TEST, WITH RECORDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92550	TYMPANOMETRY & REFLEX THRESH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92551	SCREENING TEST, PURE TONE, AIR ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92555	SPEECH AUDIOMETRY THRESHOLD;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92558	EVOLED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92559	AUDIOMETRIC TESTING OF GROUPS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92560	BEKESY AUDIOMETRY; SCREENING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92563	TONE DECAY TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92565	STENGER TEST, PURE TONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92567	TYMPANOMETRY (IMPEDANCE TESTING)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92568	ACOUSTIC REFLEX TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92570	ACOUSTIC IMMITTANCE TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92571	FILTERED SPEECH TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92572	STAGGERED SPONDAIC WORD TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92575	SENSORINEURAL ACUITY LEVEL TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92577	STENGER TEST, SPEECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92582	CONDITIONING PLAY AUDIOMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92583	SELECT PICTURE AUDIOMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92584	ELECTROCOCHLEOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
92588	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS;	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
92592	HEARING AID CHECK; MONAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
92593	HEARING AID CHECK; BINAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92612	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92613	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92614	FLEXIBLE ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92615	FLEXIBLE ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92616	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92617	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92626	EVAL AUD REHAB STATUS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92627	EVAL AUD STATUS REHAB ADD-ON	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92630	AUD REHAB PRE-LING HEAR LOSS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92633	AUD REHAB POSTLING HEAR LOSS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92640	AUD BRAINSTEM IMPLT PROGRAMG	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92650	AUDITORY EVOKED POTENTIALS; SCREENING OF AUDITORY POTENTIAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
92651	AUDITORY EVOKED POTENTIALS; FOR HEARING STATUS DETERMINATION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
92652	AUDITORY EVOKED POTENTIALS; FOR THRESHOLD ESTIMATION AT MULT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92653	AUDITORY EVOKED POTENTIALS; NEURODIAGNOSTIC, WITH INTERPRETA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATERECTOMY	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92938	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92953	TEMPORARY TRANSCUTANEOUS PACING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUB	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92978	(ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT) USING INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92979	(ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT) USING INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93024	ERGONOVINE PROVOCATION TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93050	NON-INVASIVE UPPER EXTREMITY ARTERIAL PRESSURE WAVEFORM ANAL	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
93224	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING UP TO 48 HOURS BY CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93225	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING UP TO 48 HOURS BY CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93226	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING UP TO 48 HOURS BY CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93227	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING UP TO 48 HOURS BY CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93241	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 48 HOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93242	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 48 HOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93243	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 48 HOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93244	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 48 HOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93245	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 7 DAYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021

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### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93246	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 7 DAYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93247	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 7 DAYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93248	EXTERNAL ELECTROCARDIOGRAPH IC RECORDING FOR MORE THAN 7 DAYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
93260	IMPLANTABLE SUBCUTANEOUS LEAD DEFIBRILLATOR SYSTEM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93261	IMPLANTABLE SUBCUTANEOUS LEAD DEFIBRILLATOR SYSTEM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93264	REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93268	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93270	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93271	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93272	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPH Y (SAECG), WITH OR WITHOUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93279	PM DEVICE PROGR EVAL, SNGL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93280	DUAL LEAD PACEMAKER SYSTEM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93281	PM DEVICE PROGR EVAL, MULTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93282	PROGRAMMING DEVICE EVALUATION, SINGLE LEAD TRANSVENOUS IMPLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93283	PROGRAMMING DEVICE EVALUATION, DUAL LEAD TRANSVENOUS IMPLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



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### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93284	PROGRAMMING DEVICE EVALUATION, MULTIPLE LEAD TRANSVENOUS IMP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93285	ILR DEVICE EVAL PROGR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93286	PRE-OP PM DEVICE EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93287	PERI-PROCEDURAL DEVICE EVALUATION, SINGLE, DUAL OR MULTIPLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93288	PM DEVICE EVAL IN PERSON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93289	SINGLE, DUAL, OR MULTIPLE LEAD TRANVENOUS IMPLANTABLE DEFIBR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93290	ICM DEVICE EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93291	ILR DEVICE INTERROGATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

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### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93292	WCD DEVICE INTERROGATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93293	PM PHONE R-STRIP DEVICE EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93294	PM DEVICE INTERROGATE REMOTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93295	INTERROGATION DEVICE EVALUATION, UP TO 90 DAYS; SINGLE, DUAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93296	INTERROGATION DEVICE EVALUATION, UP TO 90 DAYS; SINGLE, DUAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93297	ICM DEVICE INTERROGAT REMOTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93298	ILR DEVICE INTERROGAT REMOTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93306	TTE W/DOPPLER, COMPLETE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST S	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93351	ECHOCARILGRAPHY, TRANSTHORACIC, REAL TIME INCLUD PERFORMANCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93352	ADMIN ECG CONTRAST AGENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTR	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93505	ENDOMYOCARDIAL BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMALDILUTION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMALDILUTION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93564	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY (EG, ALC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93592	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93600	BUNDLE OF HIS RECORDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93602	INTRA-ATRIAL RECORDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93603	RIGHT VENTRICULAR RECORDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93610	INTRA-ATRIAL PACING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93612	INTRAVENTRICULAR PACING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT V	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT V	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER TRAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNC	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93655	INTRACARDIAC CATHETER ABLATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSIO	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93702	BIOEMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRET	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
93722	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93740	TEMPERATURE GRADIENT STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE CA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93770	DETERMINATION OF VENOUS PRESSURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93792	PATIENT/CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIO	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN, MUST	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	08/11/2021	08/01/2021
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WI	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STU	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VAS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
93922	LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS G	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93986	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94002	VENT MGMT INPAT, INIT DAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94003	VENT MGMT INPAT, SUBQ DAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94004	VENT MGMT NF PER DAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94005	HOME VENT MGMT SUPERVISION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INF	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE A	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNTIONAL RESIDUAL CAPACITY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94375	RESPIRATORY FLOW VOLUME LOOP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94610	SURFACTANT ADMIN THRU TUBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94619	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94644	CBT, 1ST HOUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94645	CBT, EACH ADDL HOUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MUL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94774	PED HOME APNEA REC, COMPL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94775	PED HOME APNEA REC, HK-UP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94776	PED HOME APNEA REC, DOWNLD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94777	PED HOME APNEA REC, REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95012	EXHALED NITRIC OXIDE MEAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95056	PHOTO TESTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95076	INGESTION CHALLENGE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95079	INGESTION CHALLENGE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AFTER THRESHOLD AS PER THE TEXAS MEDICAID PROVIDER PROCEDURES MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TIS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95250	GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	01/01/2020	08/01/2021
95251	GLUC MONITOR, CONT, PHYS I&R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	01/01/2020	08/01/2021
95700	ELECTROENCEPHALOG RAM (EEG) CONTINUOUS RECORDING, WITH VIDEO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95705	ELECTROENCEPHALOG RAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95706	ELECTROENCEPHALOG RAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95707	ELECTROENCEPHALOG RAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95708	ELECTROENCEPHALOG RAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95709	ELECTROENCEPHALOG RAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95710	ELECTROENCEPHALOG RAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95711	ELECTROENCEPHALOG RAM WITH VIDEO (VEEG), REVIEW OF DATA, TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95712	ELECTROENCEPHALOG RAM WITH VIDEO (VEEG), REVIEW OF DATA, TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95713	ELECTROENCEPHALOG RAM WITH VIDEO (VEEG), REVIEW OF DATA, TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95714	ELECTROENCEPHALOG RAM WITH VIDEO (VEEG), REVIEW OF DATA, TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95715	ELECTROENCEPHALOG RAM WITH VIDEO (VEEG), REVIEW OF DATA, TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95716	ELECTROENCEPHALOG RAM WITH VIDEO (VEEG), REVIEW OF DATA, TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
95717	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95718	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95719	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95720	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95721	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95722	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95723	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95724	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95725	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95726	ELECTROENCEPHALOG RAM (EEG), CONTINUOUS RECORDING, PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95782	POLYSOMNOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
95783	POLYSOMNOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
95803	ACTIGRAPHY TESTING	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2020	08/01/2021
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRAT	NO AUTHORIZATION REQUIRED		CHIP	02/12/2020	08/01/2021
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRAT	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2020	08/01/2021
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95812	ELECTROENCEPHALOG RAM (EEG) EXTENDED MONITORING; 41-60 MINUTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95813	ELECTROENCEPHALOG RAM (EEG) EXTENDED MONITORING; GREATER THAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95816	ELECTROENCEPHALOG RAM (EEG); INCLUDING RECORDING AWAKE AND DR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95819	ELECTROENCEPHALOG RAM (EEG); INCLUDING RECORDING AWAKE AND AS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95822	ELECTROENCEPHALOG RAM (EEG); RECORDING IN COMA OR SLEEP ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95824	ELECTROENCEPHALOG RAM (EEG); CEREBRAL DEATH EVALUATION ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95836	ELECTROCORTICOGRAM FROM AN IMPLANTED BRAIN NEUROSTIMULATOR P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95860	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT REL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

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### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95865	MUSCLE TEST, LARYNX	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95866	MUSCLE TEST, HEMIDIAPHRAGM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), U	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BIL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH Q	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95873	GUIDE NERV DESTR, ELEC STIM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95874	GUIDE NERV DESTR, NEEDLE EMG	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95905	MOTOR/SENS NRVE CONDUCT TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95907	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95908	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95909	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95910	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95911	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95912	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95913	NERVE CONDUCTION STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTI	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95939	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95955	ELECTROENCEPHALOG RAM (EEG) DURING NONINTRACRANIAL SURGERY (E	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOG RAM (EEG) (EG, FOR EPIL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95965	MAGNETOENCEPHALOG RAPHY (MEG), RECORDING AND ANALYSIS; FOR SP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95966	MAGNETOENCEPHALOG RAPHY (MEG), RECORDING AND ANALYSIS; FOR EV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95967	MAGNETOENCEPHALOG RAPHY (MEG), RECORDING AND ANALYSIS; FOR EV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95976	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95977	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95980	IO ANAL GAST N-STIM INIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95981	IO ANAL GAST N-STIM SUBSQ	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95982	IO GA N-STIM SUBSQ W/REPROG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95983	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
95984	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
95992	CANALITH REPOSITIONING PROC	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FU	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96020	FUNCTIONAL BRAIN MAPPING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96040	GENETIC COUNSELING, 30 MIN	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
96112	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96113	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96116	NEUROBEHAVIORAL STATUS EXAM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96121	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96125	COGNITIVE TEST BY HC PRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WIT	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALTH-FOC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; INIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INS	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT I	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
96164	HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96165	HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96170	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021
96171	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/20/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96360	HYDRATION IV INFUSION, INIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96361	HYDRATE IV INFUSION, ADD-ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96365	THER/PROPH/DIAG IV INF, INIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96366	THER/PROPH/DIAG IV INF ADDON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96367	INTRAVENOUS INFUSION, FOR THERAPY EACH ADDL HOUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96368	THER/DIAG CONCURRENT INF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96369	SC THER INFUSION, UP TO 1 HR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96370	SC THER INFUSION, ADDL HR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96371	SC THER INFUSION, RESET PUMP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96372	THER/PROPH/DIAG INJ, SC/IM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
96373	THER/PROPH/DIAG INJ, IA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96374	THER/PROPH/DIAG INJ, IV PUSH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96375	TX/PRO/DX INJ NEW DRUG ADDON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96376	TX/PRO/DX INJ NEW DRUG ADON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
96377	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96401	CHEMO, ANTI-NEOPL, SQ/IM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96402	CHEMO HORMON ANTINEOPL SQ/IM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUD	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96409	CHEMO, IV PUSH, SNGL DRUG	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96411	CHEMO, IV PUSH, ADDL DRUG	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96413	CHEMO, IV INFUSION, 1 HR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96415	CHEMO, IV INFUSION, ADDL HR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96416	CHEMO PROLONG INFUSE W/PUMP	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96417	CHEMO IV INFUS EACH ADDL SEQ	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNI	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNI	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNI	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING A	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQ	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96521	REFILL/MAINT, PORTABLE PUMP	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96522	REFILL/MAINT PUMP/RESVR SYST	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96523	IRRIG DRUG DELIVERY DEVICE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96549	UNLISTED CHEMOTHERAPY PROCEDURE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96902	MICROSCOPIC EXAMINATION OF HAIRS PLUCKED OR CLIPPED BY THE E	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM) OF FIRST LESION WITH I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM) OF FIRST LESION WITH I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM) OF FIRST LESION WITH I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM) OF ADDITIONAL LESION W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM) OF ADDITIONAL LESION W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM) OF ADDITIONAL LESION W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, ME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL S	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BAT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL S	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BAT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97076	INGESTION CHALLENGE TEST	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; T	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; N	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; A	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; G	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; M	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, M	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
97152	BEHAVIOR IDENTIFICATION-SUPPO RTING ASSESSMENT, ADMINISTERED	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TEC	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMI	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE,	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2020	08/01/2021
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE,	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97165	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97166	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CA	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97169	ATHLETIC TRAINING EVALUATION, LOW COMPLEXITY, REQUIRING THES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97170	ATHLETIC TRAINING EVALUATION, MODERATE COMPLEXITY,	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97171	ATHLETIC TRAINING EVALUATION, HIGH COMPLEXITY, REQUIRING THE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97172	RE-EVALUATION OF ATHLETIC TRAINING ESTABLISHED PLAN OF CARE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSP	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPA	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON SELECTIVE D	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAG	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAG	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG. VACUUM ASSISTED DRAINAG	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97608	TOTAL WOUND SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDIN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97761	PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES),	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97763	ORTHOTIC(S)/PROSTHET IC(S) MANAGEMENT AND/OR TRAINING, UPPER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATI ON SERVICE OR PROCEDU	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)),	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
97810	ACUPUNCTURE, ONE OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
97811	ACUPUNCTURE, ONE OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
97813	ACUPUNCTURE, ONE OR MORE NEEDLES, WITH ELECTRICAL STIMULATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
97814	ACUPUNCTURE, ONE OR MORE NEEDLES, WITH ELECTRICAL STIMULATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY RE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY R	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BOD	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY R	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
98960	SELF-MGMT EDUC & TRAIN, 1 PT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
98961	SELF-MGMT EDUC/TRAIN, 2-4 PT	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
98962	SELF-MGMT EDUC/TRAIN, 5-8 PT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
98966	HC PRO PHONE CALL 5-10 MIN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
98967	HC PRO PHONE CALL 11-20 MIN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
98968	HC PRO PHONE CALL 21-30 MIN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
98970	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGIT	NO AUTHORIZATION REQUIRED		STAR	12/20/2019	08/01/2021
98971	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGIT	NO AUTHORIZATION REQUIRED		STAR	12/20/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
98972	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGIT	NO AUTHORIZATION REQUIRED		STAR	12/20/2019	08/01/2021
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99026	HOSPITAL MANDATED ON CALL SERVICE; IN-HOSPITAL, EACH HOUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99027	HOSPITAL MANDATED ON CALL SERVICE; OUT-OF-HOSPITAL, EACH HOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99050	SERVICES REQUESTED AFTER POSTED OFFICE HOURS IN ADDITION TO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99051	MED SERV, EVE/WKEND/HOLIDAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99053	MED SERV 10PM-8AM, 24 HR FAC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99056	SERVICES PROVIDED AT REQUEST OF PATIENT IN A LOCATION OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99060	OUT OF OFFICE EMERG MED SERV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99071	EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99072	ADDITIONAL SUPPLIES, MATERIALS, AND CLINICAL STAFF TIME OVER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/29/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
MEDICINE						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99075	MEDICAL TESTIMONY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99078	PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG, ECG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99100	ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER 1 YEAR AND OVER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99116	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99135	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99140	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
99151	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99153	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99155	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99156	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99157	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99172	VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AUTH REQUIRED AT ANY POS OTHER THAN OFFICE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
99184	INITIATION OF SELECTIVE HEAD OR TOTAL BODY HYOTHERMIA IN THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### MEDICINE

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0113	CRANIAL CERVICAL TORTICOLLIS	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0120	CERVICAL, FLEXIBLE, NONADJUSTABLE (FOAM COLLAR)	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0621	SIO FLEX PELVISACRAL PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0622	SIO FLEX PELVISACRAL CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0623	SIO PANEL PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0624	SIO PANEL CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0625	LO FLEXIBL L1-BELOW L5 PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0626	LO SAG STAYS/PANELS PRE-FAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0627	LO SAGITT RIGID PANEL PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0628	LO FLEX W/O RIGID STAYS PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0629	LSO FLEX W/RIGID STAYS CUST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0630	LSO POST RIGID PANEL PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0631	LSO SAG-CORO RIGID FRAME PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0632	LSO SAG RIGID FRAME CUST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0633	LSO FLEXION CONTROL PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0634	LSO FLEXION CONTROL CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0635	LSO SAGIT RIGID PANEL PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0636	LSO SAGITTAL RIGID PANEL CUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0637	LSO SAG-CORONAL PANEL PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0638	LSO SAG-CORONAL PANEL CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0640	LSO S/C SHELL/PANEL CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>L0650</b>	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>L0651</b>	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>L0700</b>	CTL SO, ANTERIOR-POSTERIOR-L ATERAL CONTROL, MOLDED TO PATIENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L0710</b>	CTL SO, ANTERIOR-POSTERIOR-L ATERAL CONTROL, MOLDED TO PATIENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L0810</b>	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L0820</b>	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L0830</b>	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L0861</b>	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0970	TLSO, CORSET FRONT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0972	LSO, CORSET FRONT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0974	TLSO, FULL CORSET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0976	LSO, FULL CORSET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0978	AXILLARY CRUTCH EXTENSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0980	PERONEAL STRAPS, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L0984	PROTECTIVE BODY SOCK, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L0999	ADDITION TO SPINAL ORTHOSIS, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1000	CTL SO (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1001	CTL SO INFANT IMMOBILIZER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1010	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, AXILLA SLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1020	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1025	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1030	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1200	TLSO, INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1310	OTHER SCOLIOSIS PROCEDURE, POSTOPERATIVE BODY JACKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L1600	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE (ILF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1680	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1810	KO, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1832	KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYGEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L1834	KO, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1840	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1845	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1847	KO, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1850	KO, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1860	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1900	AFO, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT J	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT J	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1906	ANKLE FOOT ORTHOSIS, MULTILAGAMENTOUS ANKLE SUPPORT, PREFABR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1940	AFO, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1950	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L1951	AFO, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1960	AFO, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1970	AFO, PLASTIC, WITH ANKLE JOINT, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2000	KAFO, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2006	KNEE-ANKLE-FOOT (KAF) DEVICE, ANY MATERIAL, SINGLE OR DOUBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2010	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2020	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2030	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITHOUT KNEE JOINT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2040	HKAFO, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2106	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2340	ADDITION TO LOWER EXTREMITY, PRETIBIAL SHELL, MOLDED TO PATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2405	ADDITION TO KNEE JOINT, LOCK; DROP, STANCE OR SWING PHASE, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2530	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, NO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NONCORROSIVE FINISH, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2861	TORSION MECHANISM KNEE/ANKLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L2999	LOWER EXTREMITY ORTHOSES, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L3000	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, UCB TYPE, B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3001	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3002	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3003	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3010	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3020	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3030	FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3070	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, LONGITUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3080	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, METATARS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3090	FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, LONGITUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3170	FOOT, PLASTIC HEEL STABILIZER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3208	SURGICAL BOOT, EACH, INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3209	SURGICAL BOOT, EACH, CHILD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3211	SURGICAL BOOT, EACH, JUNIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3212	BENESCH BOOT, PAIR, INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3213	BENESCH BOOT, PAIR, CHILD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3215	ORTHOPEDIC FOOTWEAR, WOMAN S SHOES, OXFORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3216	ORTHOPEDIC FOOTWEAR, WOMAN S SHOES, DEPTH INLAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3217	ORTHOPEDIC FOOTWEAR, WOMAN S SHOES, HIGHTOP, DEPTH INLAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3219	ORTHOPEDIC FOOTWEAR, MAN S SHOES, OXFORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3221	ORTHOPEDIC FOOTWEAR, MAN S SHOES, DEPTH INLAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3222	ORTHOPEDIC FOOTWEAR, MAN S SHOES, HIGHTOP, DEPTH INLAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3224	ORTHOPEDIC FOOTWEAR, WOMAN S SHOE, OXFORD, USED AS AN INTEGR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3254	NONSTANDARD SIZE OR WIDTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3255	NONSTANDARD SIZE OR LENGTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3260	SURGICAL BOOT/SHOE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3265	PLASTAZOTE SANDAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3334	LIFT, ELEVATION, HEEL, PER INCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3340	HEEL WEDGE, SACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3350	HEEL WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3360	SOLE WEDGE, OUTSIDE SOLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3370	SOLE WEDGE, BETWEEN SOLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3380	CLUBFOOT WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3390	OUTFLARE WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3400	METATARSAL BAR WEDGE, ROCKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3430	HEEL, COUNTER, PLASTIC REINFORCED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3440	HEEL, COUNTER, LEATHER REINFORCED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3450	HEEL, SACH CUSHION TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3455	HEEL, NEW LEATHER, STANDARD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3460	HEEL, NEW RUBBER, STANDARD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3465	HEEL, THOMAS WITH WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3470	HEEL, THOMAS EXTENDED TO BALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3485	HEEL, PAD, REMOVABLE FOR SPUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
ORTHOTIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3650	SO, FIGURE OF EIGHT DESIGN ABDUCTION RE-STRAINER, PREFABRIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3660	SO, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3702	EO W/O JOINTS CF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
L3710	EO, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3763	EWHO RIGID W/O JNTS CF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3766	EWHFO W/JOINT(S) CF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3806	WHFO W/JOINT(S) CUSTOM FAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3807	WHFO, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3808	WHFO, RIGID W/O JOINTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3891	TORSION MECHANISM WRIST/ELBO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3900	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3901	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3904	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL, CUSTOM FABRICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NONMOLDED, PREFABRICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3923	HFO, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3925	FO PIP/DIP WITH JOINT/SPRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3927	FO PIP/DIP W/O JOINT/SPRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3931	WHFO NONTORSION JOINT PREFAB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3933	FO W/O JOINTS CF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3962	SEWHO, ABDUCTION POSITIONING, ERB S PALSY DESIGN, PREFABRICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L3999	UPPER LIMB ORTHOSIS, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4010	REPLACE TRILATERAL SOCKET BRIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4060	REPLACE HIGH ROLL CUFF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4130	REPLACE PRETIBIAL SHELL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4360	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### ORTHOTIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L4392	REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### OTHER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
M1009	PATIENT TREATMENT AND FINAL EVALUATION COMPLETE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### OTHER MEDICAL SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
M0243	CASIRIVI AND IMDEVI INJ	NO AUTHORIZATION REQUIRED		STAR, CHIP	06/17/2021	08/01/2021
M0245	BAMLAN AND ETESEV INFUSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/19/2021	08/01/2021
M0247	SOTROVIMAB INFUSION	NO AUTHORIZATION REQUIRED		STAR, CHIP	06/17/2021	08/01/2021

### SERVICE CATEGORY

#### PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0001U	RED BLOOD CELL ANTIGEN TYPING, DNA, HUMAN ERYTHROCYTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0002U	ONCOLOGY (COLORECTAL), QUANTITATIVE ASSESSMENT OF THREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0003U	ONCOLOGY (OVARIAN) BIOCHEMICAL ASSAYS OF FIVE PROTEINS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0005U	ONCOLOGY (PROSTATE) GENE EXPRESSION PROFILE BY REAL-TIME RT-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0007U	DRUG TEST(S), PRESUMPTIVE, WITH DEFINITIVE CONFIRMATION OF P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0008U	HELICOBACTER PYLORI DETECTION AND ANTIBIOTIC RESISTANCE, DNA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0009U	ONCOLOGY (BREAST CANCER), ERBB2 (HER2) COPY NUMBER BY FISH,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0010U	INFECTIOUS DISEASE (BACTERIAL), STRAIN TYPING BY WHOLE GENOM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0011U	PRESCRIPTION DRUG MONITORING, EVALUATION OF DRUGS PRESENT BY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0012U	GERMLINE DISORDERS, GENE REARRANGEMENT DETECTION BY WHOLE GE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0013U	ONCOLOGY (SOLID ORGAN NEOPLASIA), GENE REARRANGEMENT DETECTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0014U	HEMATOLOGY (HEMATOLYMPHOID NEOPLASIA), GENE REARRANGEMENT DE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0016U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), RNA, BCR/ABL1 MAJOR AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0017U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), JAK2 MUTATION, DNA, PCR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0019U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0021U	ONCOLOGY (PROSTATE), DETECTION OF 8 AUTOANTIBODIES (ARF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0022U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0023U	ONCOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, GENOTYPING OF IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0024U	GLYCOSYLATED ACUTE PHASE PROTEINS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0025U	TENOFOVIR, BY LIQUID CHROMATOGRAPHY WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0026U	ONCOLOGY (THYROID), DNA AND MRNA OF 112	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0027U	JAK2 (JANUS KINASE 2) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE),	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0032U	COMT (CATECHOL-O-METHYLTRANSFERASE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0033U	HTR2A (5-HYDROXYTRYPTAMINE RECEPTOR 2A),	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE),	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0035U	NEUROLOGY (PRION DISEASE), CEREBROSPINAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0036U	EXOME (IE, SOMATIC MUTATIONS), PAIRED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0038U	VITAMIN D, 25 HYDROXY D2 AND D3, BY LCMS/MS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0039U	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0040U	BCR/ABL1 (T(9;22)) (EG, CHRONIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0041U	BORRELIA BURGDOFFER, ANTIBODY DETECTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0042U	BORRELIA BURGDOFFER, ANTIBODY DETECTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0043U	TICK-BORNE RELAPSING FEVER BORRELIA GROUP,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0044U	TICK-BORNE RELAPSING FEVER BORRELIA GROUP,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0045U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), MRNA, GENE EXPRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0046U	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUK	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0047U	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0048U	ONCOLOGY (SOLID ORGAN NEOPLASIA), DNA, TARGETED SEQUENCING O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0049U	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0050U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOGENOUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0051U	PRESCRIPTION DRUG MONITORING, EVALUATION OF DRUGS PRESENT BY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0052U	LIPOPROTEIN, BLOOD, HIGH RESOLUTION FRACTIONATION AND QUANTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0053U	ONCOLOGY (PROSTATE CANCER), FISH ANALYSIS OF 4 GENES (ASAP1,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0054U	PRESCRIPTION DRUG MONITORING, 14 OR MORE CLASSES OF DRUGS AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0055U	CARDIOLOGY (HEART TRANSPLANT), CELL-FREE DNA, PCR ASSAY OF 9	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0056U	HEMATOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, WHOLE GENOME N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0058U	ONCOLOGY (MERKEL CELL CARCINOMA), DETECTION OF ANTIBODIES TO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0059U	ONCOLOGY (MERKEL CELL CARCINOMA), DETECTION OF ANTIBODIES TO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0060U	TWIN ZYGOSITY, GENOMIC TARGETED SEQUENCE ANALYSIS OF CHROMOS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0061U	TRANSCUTANEOUS MEASUREMENT OF FIVE BIOMARKERS (TISSUE OXYGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0062U	AUTOIMMUNE (SYSTEMIC LUPUS ERYTHEMATOSUS), IGG AND IGM ANALY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0063U	NEUROLOGY (AUTISM), 32 AMINES BY LC-MS/MS, USING PLASMA, ALG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0064U	ANTIBODY, TREPONEMA PALLIDUM, TOTAL AND RAPID PLASMA REAGIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0065U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUALITA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0066U	PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0068U	CANDIDA SPECIES PANEL (C. ALBICANS, C. GLABRATA, C. PARAPSIL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/16/2020	08/01/2021
0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0077U	IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN), QUALITATIVE, IMMUNOP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0080U	ONCOLOGY (LUNG), MASS SPECTROMETRIC ANALYSIS OF GALECTIN-3-B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0082U	DRUG TEST(S), DEFINITIVE, 90 OR MORE DRUGS OR SUBSTANCES, D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0083U	ONCOLOGY, RESPONSE TO CHEMOTHERAPY DRUGS USING MOTILITY CONT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0084U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 10 BLOOD G	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0085U	CYTOLETHAL DISTENDING TOXIN B (CDTB) AND VINCULIN IGG ANTIBO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	05/05/2020	08/01/2021
0086U	INFECTIOUS DISEASE (BACTERIAL AND FUNGAL), ORGANISM IDENTIFI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0089U	ONCOLOGY (MELANOMA), GENE EXPRESSION PROFILING BY RTQPCR, PR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0090U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0091U	ONCOLOGY (COLORECTAL) SCREENING, CELL ENUMERATION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0092U	ONCOLOGY (LUNG), THREE PROTEIN BIOMARKERS, IMMUNOASSAY USING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0093U	PRESCRIPTION DRUG MONITORING, EVALUATION OF 65 COMMON DRUGS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0094U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0095U	INFLAMMATION (EOSINOPHILIC ESOPHAGITIS), ELISA ANALYSIS OF E	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0096U	HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (IE, 16, 18, 31,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0097U	GASTROINTESTINAL PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0102U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0103U	HEREDITARY OVARIAN CANCER (EG, HEREDITARY OVARIAN CANCER, HE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
0105U	NEPHROLOGY (CHRONIC KIDNEY DISEASE), MULTIPLEX ELECTROCHEMIL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0106U	GASTRIC EMPTYING, SERIAL COLLECTION OF 7 TIMED BREATH SPECIM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0107U	CLOSTRIDIUM DIFFICILE TOXIN(S) ANTIGEN DETECTION BY IMMUNOAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0108U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), WHOLE SLIDE-DIGITAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0109U	INFECTIOUS DISEASE (ASPERGILLUS SPECIES), REAL-TIME PCR FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0110U	PRESCRIPTION DRUG MONITORING, ONE OR MORE ORAL ONCOLOGY DRUG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0111U	ONCOLOGY (COLON CANCER), TARGETED KRAS (CODONS 12, 13, AND 6	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0112U	INFECTIOUS AGENT DETECTION AND IDENTIFICATION, TARGETED SEQU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0113U	ONCOLOGY (PROSTATE), MEASUREMENT OF PCA3 AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0114U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), VIM AND CCNA1 METHYL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0115U	RESPIRATORY INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0116U	PRESCRIPTION DRUG MONITORING, ENZYME IMMUNOASSAY OF 35 OR MO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0117U	PAIN MANAGEMENT, ANALYSIS OF 11 ENDOGENOUS ANALYTES (METHYLM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0118U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0119U	CARDIOLOGY, CERAMIDES BY LIQUID CHROMATOGRAPHY-TANDEM MASS S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0120U	ONCOLOGY (B-CELL LYMPHOMA CLASSIFICATION), MRNA, GENE EXPRES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0121U	SICKLE CELL DISEASE, MICROFLUIDIC FLOW ADHESION (VCAM-1), WH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0122U	SICKLE CELL DISEASE, MICROFLUIDIC FLOW ADHESION (P-SELECTIN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0123U	MECHANICAL FRAGILITY, RBC, SHEAR STRESS AND SPECTRAL ANALYSI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0129U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0130U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0131U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0132U	HEREDITARY OVARIAN CANCER-RELATED DISORDERS (EG, HEREDITARY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0133U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, TARGETED MRNA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0134U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0135U	HEREDITARY GYNECOLOGICAL CANCER (EG, HEREDITARY BREAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0138U	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/05/2019	08/01/2021
0139U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0140U	INFECTIOUS DISEASE (FUNGI), FUNGAL PATHOGEN IDENTIFICATION,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0141U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0142U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0143U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, UR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0144U	DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, UR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0145U	DRUG ASSAY, DEFINITIVE, 65 OR MORE DRUGS OR METABOLITES, URI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0146U	DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, URI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0147U	DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, URI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0148U	DRUG ASSAY, DEFINITIVE, 100 OR MORE DRUGS OR METABOLITES, UR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0149U	DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, URI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0150U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, UR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0151U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0152U	INFECTIOUS DISEASE (BACTERIA, FUNGI, PARASITES, AND DNA VIRU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-G	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0154U	FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) GENE ANALYSIS (I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/10/2020	08/01/2021
0155U	PIK3CA (PHOSPHATIDYLINOSITO L-4,5-BISPHOSPHATE 3-KINASE, CATA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/10/2020	08/01/2021
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
0163U	ONCOLOGY (COLORECTAL) SCREENING, BIOCHEMICAL	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0164U	GASTROENTEROLOGY (IRRITABLE BOWEL SYNDROME [IBS]), IMMUNOASS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0165U	PEANUT ALLERGEN-SPECIFIC IGE AND QUANTITATIVE ASSESSMENT OF	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0166U	LIVER DISEASE, 10 BIOCHEMICAL ASSAYS (?2-MACROGLOBULIN, HAPT	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0167U	GONADOTROPIN, CHORIONIC (HCG), IMMUNOASSAY WITH DIRECT OPTIC	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0168U	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALY	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0170U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), RNA, NEXT-GENERA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0171U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOID LEUK	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/10/2020	08/01/2021
0195U	KLF1 TARGETED SEQUENCING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/16/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
0202U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	06/30/2020	08/01/2021
0223U	NFCT DS 22 TRGT SARS-COV-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/16/2020	08/01/2021
0224U	ANTIBODY SARS-COV-2 TITER(S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/16/2020	08/01/2021
0225U	NFCT DS DNA&RNA 21 SARSCOV2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/03/2020	08/01/2021
0226U	SVNT SARSCOV2 ELISA PLSM SRM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/03/2020	08/01/2021
0240U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	01/12/2021	08/01/2021
0241U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	01/12/2021	08/01/2021
80047	METABOLIC PANEL IONIZED CA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80048	BASIC METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80050	GENERAL HEALTH PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80051	ELECTROLYTE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80069	RENAL FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80074	ACUTE HEPATITIS PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80081	OBSTETRIC PANEL (INCLUDES HIV TESTING)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80143	ACETAMINOPHEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80145	ADALIMUMAB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
80150	AMIKACIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80151	AMIODARONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80155	CAFFEINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80156	CARBAMAZEPINE; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80157	CARBAMAZEPINE; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80158	CYCLOSPORINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80159	CLOZAPINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80161	CARBAMAZEPINE; -10,11-EPOXIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80162	DIGOXIN; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80163	FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80164	VALPROIC ACID (DIPROPLACETIC ACID); TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80165	FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80167	FELBAMATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80168	ETHOSUXIMIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80169	SALICYLATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80170	GENTAMICIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80171	GABAPENTIN, WHOLE BLOOD, SERUM, OR PLASMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80173	HALOPERIDOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80175	LAMOTRIGINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80176	LIDOCAINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80177	LEVETIRACETAM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80178	LITHIUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80179	SALICYLATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80181	FLECAINIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80183	OXCARBAZEPINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80184	PHENOBARBITAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80185	PHENYTOIN; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80186	PHENYTOIN; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80187	POSACONAZOLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
80188	PRIMIDONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80189	ITRACONAZOLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80190	PROCAINAMIDE;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80193	LEFLUNOMIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80194	QUINIDINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80195	ASSAY OF SIROLIMUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80197	TACROLIMUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80198	THEOPHYLLINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80199	TIAGABINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80200	TOBRAMYCIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80201	TOPIRAMATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80202	VANCOMYCIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80203	ZONISAMIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80204	METHOTREXATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80210	RUFINAMIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
80230	INFLIXIMAB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
80235	LACOSAMIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
80280	VEDOLIZUMAB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
80285	VORICONAZOLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
80299	QUANTITATION OF THERAPEUTIC DRUG, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80320	ALCOHOLS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80321	ALCOHOL BIOMARKERS; 1 OR 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80322	3 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80324	AMPHETAQMINES; 1 OR 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80325	AMPHETAMINES; 3 OR 4	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80326	AMPHETAMINES; 5 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80327	ANABOLIC STEROIDS; 1 OR 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80328	ANABOLIC STEROIDS; 3 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80329	ANALGESICS, NON-OPIOID; 1 OR 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80330	ANALGESICS, NON-OPIOID; 3-5	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80331	ANALGESICS, NON-OPIOID; 6 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 3-5	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80345	BARBITURATES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80346	BENZODIAZEPINES; 1-12	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80347	BENZODIAZEPINES; 13 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80348	BUPRENORPHINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80349	CANNABINOIDS, NATURAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80350	CANNABINOIDS, SYNTHETIC; 1-3	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80351	CANNABINOIDS, SYNTHETIC; 4-6	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80353	COCAINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80354	FENTANYL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80355	GABAPENTIN, NON-BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80356	HEROIN METABOLITE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80357	KETAMINE AND NORKETAMINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80358	METHADONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80359	METHYLENEDIOXYAMPH ETAMINES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80360	METHYLPHENIDATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80361	OPIATES, 1 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80365	OXYCODONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

## SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80366	PREGABALIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80367	PROPOXYPHENE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES )	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80371	STIMULANTS, SYNTHETIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80372	TAPENADOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80373	TRAMADOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80374	STEREISOIMER (ENANTIOMER) ANALYSIS, SINGLE DRUG CLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY THIS PANEL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY THIS P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80410	CALCITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN) THI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL THIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80414	CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERONE RESPO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80415	CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL) THIS PANE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL) THIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80418	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL THIS PANE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR THIS PANEL MUST INC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA THIS PANEL MUST INC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA THIS PANEL MU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL THIS PANEL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION) TH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL THIS PANEL MUST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80434	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY THIS PANEL M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY THIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
80436	METRAPONE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CORT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80438	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81015	URINALYSIS; MICROSCOPIC ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81020	URINALYSIS; TWO OR THREE GLASS TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81099	UNLISTED URINALYSIS PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81105	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
81106	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPRO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81107	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81108	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81109	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2 (INTEGRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81110	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W), ITGB3 (INTEGRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81111	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W), ITGA2B (INTEGRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81112	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15), CD109 (CD109	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
811294	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
81161	DMD DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81162	FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSI	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81170	ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE (ABL1) GE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81171	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81172	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81175	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81176	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81177	ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLI DOLUYSIAN ATROPHY)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81178	ATXN1 (ATAXIN 1) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81179	ATXN2 (ATAXIN 2) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81180	ATXN3 (ATAXIN 3) (EG, SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81181	ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81182	ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (EG, SP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81183	ATXN10 (ATAXIN 10) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSI	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81184	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (E	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81188	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBOR G DISEASE) GENE ANA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBOR G DISEASE) GENE ANA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBOR G DISEASE) GENE ANA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81200	ASAP (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, C	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81201	APC (ADENOMATOUS POLYPOSIS COLI)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81202	APC (ADENOMATOUS POLYPOSIS COLI)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81203	APC (ADENOMATOUS POLYPOSIS COLI)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81204	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81206	BCR/ABL1 (T(9:22)) (EG, CHRONIC NYELOGENOUS LEUKEMIA) TRANSL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81207	MINOR BREAKPOINT, QUALITATIVE OR QUANTATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81208	OTHER BREAKPOINT, QUALITATIVE OR QUANTATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81209	BLM BLOOM SYNDROME, REC0 HELICASE-LIKE) (EG, BLOOM SYNDROME	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81210	BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81212	185DELAG, 5385INSC, 6174DELT VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81215	KNOWN FAMILIAL VARIANT	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81216	BRCA2 ( BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81217	KNOWN FAMILIAL VARIANT	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81218	CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA (CEBPA) FULL G	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81219	CALRETICULIN (CALR) GENE ANALYSIS FOR DETECTION OF COMMON VA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTENCE REGULATOR) (	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81221	KNOWN FAMILIAL VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81222	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81223	FULL GENE SEQUENCE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81224	INTRON 8 POLY-T ANALYSIS (EG, MALE INFERTILITY)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81225	CYP2C19 (CYTOCHROME P450, FAMILY2, SUBFAMILY C, POLYPEPTIDE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81229	INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE N	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81233	BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUK	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81234	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBU	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBU	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQ	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81239	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81240	F2 (PROTHROMBIN, COAGY=ULATION FACTOR LL)(EG, HEREDITARY HYP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81241	F5 (COAGULATION FACTOR V)(EG, HEREDITARY HYPERCOAGULABILITY)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021

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SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81244	CHARACTERIZATION OF ALLELES (EG,EXPANDED SIZE AND METHYLATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81245	FLT3 (FMS-RLATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81246	TYROSINE KINASE DOMAIN (TKD) VARIANTS (EG, D835, I836)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81247	G6PD (GLUCOSE-6-PHOSPHAT E DEHYDROGENASE) (EG, HEMOLYTIC ANEM	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81248	G6PD (GLUCOSE-6-PHOSPHAT E DEHYDROGENASE) (EG, HEMOLYTIC ANEM	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81249	G6PD (GLUCOSE-6-PHOSPHAT E DEHYDROGENASE) (EG, HEMOLYTIC ANEM	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81250	G6PC (GLUCOSE-6-PHOSPHAT ASE, CATALYTIC SUBUNIT) (EG, GLYCOG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE)GENE ANAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81252	GJB2 (GAP JUNCTION PROTIEN, BETA2, 26KDA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81253	GJB2 (GAP JUNCTION PROTIEN, BETA2, 26KDA; CONNEXIN26)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81255	HEXA (HEXOSAMINIDASE A (ALPHA POLYPEPTIDE)) (EG, TAY SACHS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81256	HFE(EMOCHROMATOSIS ) (EG, HEREDITARY HEMOCHROMATOSIS) GENE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2)(EG, ALPHA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER I	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81261	IGH@(IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81262	DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81263	IGH@(IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81264	IGK@(IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS)(EG, LEUKEMIA AN	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81266	EACH ADDITIONAL SPECIMEN (EG, ADDITIONAL CORD BLOOD DONOR, A	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81268	WITH CELL SELECTION (EG, CO3, CO33), EACH CELL TYPE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81270	JAK2 (JANUS KINASE 2) (EG,MYELOPROLIFERATIVE DISORDER) GENE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81271	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81272	V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81273	KIT (V-KIT-HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81274	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCIN	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81276	KIRSTEN RAT SARCOMA VIRAL ONCOGENE (KRAS) GENE ANALYSIS FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	12/20/2019	08/01/2021
81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81284	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81285	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; CHARAC	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL G	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81287	MGMT (O-6-METHYLGUANINE-D NA METHYLTRANSFERASE)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81288	PROMOTER METHYLATION ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021



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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81290	MCOLN1(MUCOLIPIN 1) (EG, MUCLOIPIDOSIS, TYPE IV) GENE ANALYS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81291	MTHFR (5, 10-METHYLENETETRAHY DROFOLATE REDUCTASE) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81292	LH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81293	KNOWN FAMILIAL VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81294	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (E	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81296	KNOWN FAMILIAL VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81297	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81298	MSH6 (MUTS HOMOLOG [E COLI] (EG, HEREDITY NONPOLYPOSISCOLORE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81299	KNOWN FAMIAL VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81300	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81301	MICRODATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NONPOLYP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81302	MECP2 (METHYL CPG BINDING PROTIEEN 2) (EG, RETTSYNDROME) GENE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81303	KNOWN FAMIAL VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81304	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81305	MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG, WAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCR	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	12/20/2019	08/01/2021
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCR	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	12/20/2019	08/01/2021
81309	PIK3CA (PHOSPHATIDYLINOSITO L-4, 5-BIPHOSPHATE 3-KINASE, CATA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	12/20/2019	08/01/2021
81310	NPM1 (NUCELOPHISIM) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSI	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81311	NEUROBLASTOMA RAS VIRAL [V-RAS] (NRAS) VIRAL ONCOGENE GENE A	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81312	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3[NON-PROTEIN CODING])/KAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81314	PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOC AC	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81316	SINGLE BREAKPOINT (EG, INTRON3 AND INRTRON 6 OR EXON 6) QUAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81317	PMS2 (POSTMEIOTIC SEGRAGATION INCREASED 2[CEREVISIAEL]) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81318	KNOWN FAMIAL VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81319	DUPLICATION/DELETION VARIANTS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81320	PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG, CHRONIC LYMPHOCYTIC LEU	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81321	PTEN (PHOSOHATASE AND TENSIN HOMOLOG)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021

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81322	PTEN (PHOSOHATASE AND TENSIN HOMOLOG)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81323	PTEN (PHOSOHATASE AND TENSIN HOMOLOG)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81324	PMP22 (PERIPHERALMYLEIN PROTIEIN 22)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81325	PMP22 (PERIPHERALMYLEIN PROTIEIN 22)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81326	PMP22 (PERIPHERALMYLEIN PROTIEIN 22)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81327	SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) METHYLATION ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, ME	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81329	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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81330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (E	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTIEN POLYPEPTIDE N A	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81332	SERPINA1 (SEROIN PEPTIDASE INHIBITOR, CLADE A ALPHP-1 ANTIRO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81333	TGFB1 (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG, CORNEAL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81334	RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (EG, ACUTE MYELO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81335	TPMT (THIOPURINE S-METHYLTRANSFERAS E) (EG, DRUG METABOLISM),	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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81340	TRB@ (TCALL ANTIGEN RECEPTOR BETA) (EG, LEUKEMIA AND LYMPHOM	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81341	USING DIRECT METHODOLOGY (EG, SOUTHERN BLOT)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMP	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81343	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (EG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81344	TBP (TATA BOX BINDING PROTEIN) (EG, SPINOCEREBELLAR ATAXIA)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINO	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81350	UGT1A1 (UDP GLUCURONOSY/TRANST ERASE 1 FAMILY POLYPEPTIDE A1)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021



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81355	VKORC1 (VITAMIN K EPOCIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81370	HLA CLASS L AND LL TYPING LOW RESOLUTION (EG, ANTIGEN EQUIVA	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81371	HLA-A, -B, AND -DRB1/3/4/5,(EG, VERIFICATION TYPING)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81372	HLA CLASS L TYPING LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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81374	ONE ANTIGEN EQUIVALENT (EG, B*27) EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81375	HLA CLASS LL TYPING LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS)	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81376	ONE LOCUS (EG, HLA-DRB1/3/4/5, AND DOB1, DOA1, DPB1, OR DPA1	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81377	ONE ANTIGEN EQUIVALENT, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81378	HLA CLASS L AND LL TYPING LOW RESOLUTION (EG, ALLELES OR ALL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81379	HLA CLASS L AND LL TYPING LOW RESOLUTION (EG, ALLELES OR ALL	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81380	ONE LOCUS (EG, HLA-, -B, OR -C) EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81381	ON ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

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81382	HLA CLASS LL TYPING HIGH RESOLUTION (EG, ALLELES OR ALLEL GR	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81383	ONE ALLELE OR ALLELE GROUP (EG, HLA-DOB1*06:02P) EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 IDENTIFICATION OF SIN	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 (EG. 2-10 SNPS, 1METHY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81402	MOECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10SNPS, 2-10) NE	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SING	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 ANALYSIS OF 2-5 EXONS	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 (EG, ANALYSIS OF 6-10	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 (EG, ANALYSIS OF 11-25	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 (EG, ANALYSIS OF 26.-5	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 (EG, ANALYSIS OF >50 E	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2019	08/01/2021
81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81411	DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS GENOMIC SEQUENCE ANALY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81414	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81416	SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81417	RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81427	RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81431	DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81432	HEREDITARY BREAST CANCER RELATED DISORDERS (BRCA1, BRCA2, AT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
81433	HEREDITARY BREAST CANCER (BRCA1, BRCA2, MLH1, MSH2, STK11)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81435	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
81436	DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81437	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (MAX, SDHB, SDHC,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81438	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (SDHB, SDHC, SDHD,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81439	INHERITED CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81442	NOONAN SPECTRUM DISORDERS GENOMIC SEQUENCE ANALYSIS PANEL IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81471	DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81479	MOLECULAR PATHOLOGY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81490	ANALYSIS OF BIOMARKERS USING IMMUNOASSAY FOR AUTOIMMUNE ARTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81493	CORONARY ARTERY DISEASE (MRNA) GENE EXPRESSION ANALYSIS BY R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81500	ONCOLOGY (OVARIAN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81503	ONCOLOGY (OVARIAN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81506	ENDOCRINOLOGY(TYPE 2 DIABEATES)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81507	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALY	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL	09/01/2020	08/01/2021
81508	FETAL CONGENITAL ABNORMALITIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81509	FETAL CONGENITAL ABNORMALITIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81510	FETAL CONGENITAL ABNORMALITIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81511	FETAL CONGENITAL ABNORMALITIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81512	FETAL CONGENITAL ABNORMALITIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81513	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS, QUANTITATIVE REAL-T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
81514	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, QUANT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81519	ONCOLOGY (BREAST) MRNA, GENE EXPRESSION PROFILING BY REAL-TI	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81525	ONCOLOGY (COLORECTAL)SCREENI NG, QUANTITATIVE REAL-TIME TARGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81528	ONCOLOGY (COLORECTAL)SCREENI NG, QUANTITATIVE REAL-TIME TARGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
81535	ONCOLOGY GYNECOLOGIC LIVE TUMOR CELL CULTURE AND CHEMOTHERAP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81536	ONCOLOGY GYNECOLOGIC LIVE TUMOR CELL CULTURE AND CHEMOTHERAP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81538	ONCOLOGY LUNG CANCER PROFILING BY MASS SPECTROMETRIC 8-PROTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81540	ONCOLOGY CANCER (MRNA) GENE EXPRESSION ANALYSIS BY REAL-TIME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFIL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	12/14/2020	08/01/2021
81595	CARDIOLOGY HEART TRANSPLANT (MRNA) GENE EXPRESSION PROFILING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
81599	FETAL CONGENITAL ABNORMALITIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82009	ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82010	ACETONE OR OTHER KETONE BODIES, SERUM; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82013	ACETYLCHOLINESTERASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82040	ALBUMIN; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82042	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82045	ALBUMIN; ISCHEMIA MODIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82075	ALCOHOL (ETHANOL); BREATH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT URINE AND BREATH, IMM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021
82085	ALDOLASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



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SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82088	ALDOSTERONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82103	ALPHA-1-ANTITRYPSIN; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82105	ALPHA-FETOPROTEIN; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82107	ALPHA-FETOPROTEIN L3	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82108	ALUMINUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82120	AMINES, VAGINAL FLUID, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82127	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82128	AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82131	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82135	AMINOLEVULINIC ACID, DELTA (ALA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82140	AMMONIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82150	AMYLASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82154	ANDROSTANEDIOL GLUCURONIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82157	ANDROSTENEDIONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82160	ANDROSTERONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82163	ANGIOTENSIN II	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82172	APOLIPOPROTEIN, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82175	ARSENIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82180	ASCORBIC ACID (VITAMIN C), BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82232	BETA-2 MICROGLOBULIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82239	BILE ACIDS; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82240	BILE ACIDS; CHOLYLGLYCINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82247	BILIRUBIN; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82248	BILIRUBIN; DIRECT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82252	BILIRUBIN; FECES, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82261	BIOTINIDASE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82271	OCCULT BLOOD, FECES, SINGLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82272	BLOOD OCCULT PEROXIDASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82286	BRADYKININ	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82300	CADMIUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82308	CALCITONIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82310	CALCIUM; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82330	CALCIUM; IONIZED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82355	CALCULUS; QUALITATIVE ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82360	CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82365	CALCULUS; INFRARED SPECTROSCOPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82370	CALCULUS; X-RAY DIFFRACTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82374	CARBON DIOXIDE (BICARBONATE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN) ; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN) ; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82380	CAROTENE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82382	CATECHOLAMINES; TOTAL URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82383	CATECHOLAMINES; BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82384	CATECHOLAMINES; FRACTIONATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82387	CATHEPSIN-D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82390	CERULOPLASMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82397	CHEMILUMINESCENT ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82415	CHLORAMPHENICOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82435	CHLORIDE; BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82436	CHLORIDE; URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82438	CHLORIDE; OTHER SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82441	CHLORINATED HYDROCARBONS, SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82480	CHOLINESTERASE; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82482	CHOLINESTERASE; RBC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82485	CHONDROITIN B SULFATE, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82495	CHROMIUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82507	CITRATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82523	COLLAGEN CROSS LINKS, ANY METHOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82525	COPPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82528	CORTICOSTERONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82530	CORTISOL; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82533	CORTISOL; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82540	CREATINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82542	COLUMN CHROMATOGRAPHY, INCLUDES MASS SPECTROMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82550	CREATINE KINASE (CK), (CPK); TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82565	CREATININE; BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82570	CREATININE; OTHER SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82575	CREATININE; CLEARANCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82585	CRYOFIBRINOGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82600	CYANIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82607	CYANOCOBALAMIN (VITAMIN B-12);	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82610	CYSTATIN C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82615	CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82626	DEHYDROEPIANDROSTERONE (DHEA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82633	DESOXYCORTICOSTERONE, 11-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82634	DEOXYCORTISOL, 11-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82638	DIBUCAINE NUMBER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82642	DIHYDROTESTOSTERONE (DHT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82652	DIHYDROXYVITAMIN D, 1,25-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, N	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82668	ERYTHROPOIETIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82670	ESTRADIOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82671	ESTROGENS; FRACTIONATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82672	ESTROGENS; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82677	ESTRIOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82679	ESTRONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82681	ESTRADIOL; FREE, DIRECT MEASUREMENT (EG, EQUILIBRIUM DIALYSI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/14/2020	08/01/2021



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PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82693	ETHYLENE GLYCOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82696	ETIOCHOLANOLONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82705	FAT OR LIPIDS, FECES; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82725	FATTY ACIDS, NONESTERIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82726	VERY LONG CHAIN FATTY ACIDS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82728	FERRITIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82735	FLUORIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82746	FOLIC ACID; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82747	FOLIC ACID; RBC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82757	FRUCTOSE, SEMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82759	GALACTOKINASE, RBC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82760	GALACTOSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82777	GALECTIN -3	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82785	GAMMAGLOBULIN; IGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, OR 4)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82800	GASES, BLOOD, PH ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82938	GASTRIN AFTER SECRETIN STIMULATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82941	GASTRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82943	GLUCAGON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82946	GLUCAGON TOLERANCE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82948	GLUCOSE; BLOOD, REAGENT STRIP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY TH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
82963	GLUCOSIDASE, BETA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82965	GLUTAMATE DEHYDROGENASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82978	GLUTATHIONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82979	GLUTATHIONE REDUCTASE, RBC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
82985	GLYCATED PROTEIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83006	GROWTH STIMULATION EXPRESSED GENE 2 (ST2, INTERLEUKIN 1 RECE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83010	HAPTOGLOBIN; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83012	HAPTOGLOBIN; PHENOTYPES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83015	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANITOM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (E	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83030	HEMOGLOBIN; F (FETAL), CHEMICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83033	HEMOGLOBIN; F (FETAL), QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83036	HEMOGLOBIN; GLYCATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83037	GLYCOSYLATED HB, HOME DEVICE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83051	HEMOGLOBIN; PLASMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83065	HEMOGLOBIN; THERMOLABILE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83068	HEMOGLOBIN; UNSTABLE, SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83069	HEMOGLOBIN; URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83070	HEMOSIDERIN; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

## SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83080	B-HEXOSAMINIDASE, EACH ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83088	HISTAMINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83090	HOMOCYSTINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83150	HOMOVANILLIC ACID (HVA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83498	HYDROXYPROGESTERONE, 17-D	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83500	HYDROXYPROLINE; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83505	HYDROXYPROLINE; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83518	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
83519	IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY RADIOPHARMACEUTICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83520	IMMUNOASSAY, ANALYTE, QUANTITATIVE; NOT OTHERWISE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83525	INSULIN; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83527	INSULIN; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83528	INTRINSIC FACTOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83540	IRON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83550	IRON BINDING CAPACITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83570	ISOCITRIC DEHYDROGENASE (IDH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83582	KETOGENIC STEROIDS, FRACTIONATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83586	KETOSTEROIDS, 17-(17-KS); TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83593	KETOSTEROIDS, 17-(17-KS); FRACTIONATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83605	LACTATE (LACTIC ACID)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83615	LACTATE DEHYDROGENASE (LD), (LDH);	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83625	LACTATE DEHYDROGENASE (LD), (LDH); ISOENZYMES, SEPARATION AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83630	LACTOFERRIN, FECAL, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83631	LACTIC DEHYDROGENASE LDH CSF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83633	LACTOSE, URINE; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83655	LEAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83661	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83662	FETAL LUNG MATURITY ASSESSMENT; FOAM STABILITY TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83670	LEUCINE AMINOPEPTIDASE (LAP)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83690	LIPASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83695	ASSAY OF LIPOPROTEIN(A)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83698	ASSAY LIPOPROTEIN PLA2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83700	LIPIDS BLOOD TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83701	LIPOPROTEIN BLD, HR FRACTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83704	QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S)(EG, BY NUCLEA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (H	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83722	LIPOPROTEIN, DIRECT MEASUREMENT; SMALL DENSE LDL CHOLESTEROL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83727	LUTEINIZING RELEASING FACTOR (LRH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83735	MAGNESIUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83775	MALATE DEHYDROGENASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83785	MANGANESE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83825	MERCURY, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83835	METANEPHRINES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83857	METHEMALBUMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83864	MUCOPOLYSACCHARIDE S, ACID; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83873	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83874	MYOGLOBIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83876	ASSAY, MYELOPEROXIDASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83880	NATRIURETIC PEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83885	NICKEL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83915	NUCLEOTIDASE 5-	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83918	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83930	OSMOLALITY; BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83935	OSMOLALITY; URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83937	OSTEOCALCIN (BONE G1A PROTEIN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83945	OXALATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83950	ONCOPROTEIN, HER-2/NEU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
83951	ONCOPROTEIN, DCP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83970	PARATHORMONE (PARATHYROID HORMONE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83986	PH, BODY FLUID, EXCEPT BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83987	EXHALED BREATH CONDENSATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83992	PHENCYCLIDINE (PCP)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
83993	ASSAY FOR CALPROTECTIN FECAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84030	PHENYLALANINE (PKU), BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84035	PHENYLKETONES, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84060	PHOSPHATASE, ACID; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84066	PHOSPHATASE, ACID; PROSTATIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84075	PHOSPHATASE, ALKALINE;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84081	PHOSPHATIDYLGLYCEROL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84087	PHOSPHOHEXOSE ISOMERASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84105	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SEC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84119	PORPHYRINS, URINE; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84126	PORPHYRINS, FECES; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



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SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84132	POTASSIUM; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84133	POTASSIUM; URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84134	PREALBUMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84135	PREGNANEDIOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84138	PREGNANETRIOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84140	PREGNENOLONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84143	17-HYDROXYPREGNENOLONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84144	PROGESTERONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84145	PROCALCITONIN (PCT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84146	PROLACTIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84150	PROSTAGLANDIN, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84156	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84157	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84160	PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84203	PROTOPORPHYRIN, RBC; SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84206	PROINSULIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84210	PYRUVATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84220	PYRUVATE KINASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84228	QUININE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84233	RECEPTOR ASSAY; ESTROGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84234	RECEPTOR ASSAY; PROGESTERONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84238	RECEPTOR ASSAY; NON-ENDOCRINE (EG, ACETYLCHOLINE) (SPECIFY R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84244	RENIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84252	RIBOFLAVIN (VITAMIN B-2)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84255	SELENIUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84260	SEROTONIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84275	SIALIC ACID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84285	SILICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84295	SODIUM; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84300	SODIUM; URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84302	SODIUM; OTHER SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84305	SOMATOMEDIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84307	SOMATOSTATIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84315	SPECIFIC GRAVITY (EXCEPT URINE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84376	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUALITATIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84377	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUALITAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84378	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUANTITATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84379	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUANTITA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84392	SULFATE, URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84402	TESTOSTERONE; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84403	TESTOSTERONE; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84425	THIAMINE (VITAMIN B-1)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84430	THIOCYANATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84431	THROMBOXANE, URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84432	THYROGLOBULIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84436	THYROXINE; TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84439	THYROXINE; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84442	THYROXINE BINDING GLOBULIN (TBG)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

## SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84443	THYROID STIMULATING HORMONE (TSH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84446	TOCOPHEROL ALPHA (VITAMIN E)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84449	TRANCORTIN (CORTISOL BINDING GLOBULIN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84466	TRANSFERRIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84478	TRIGLYCERIDES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84480	TRIIODOTHYRONINE T3; TOTAL (TT-3)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84481	TRIIODOTHYRONINE T3; FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84482	TRIIODOTHYRONINE T3; REVERSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84484	TROPONIN, QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84485	TRYPSIN; DUODENAL FLUID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84488	TRYPSIN; FECES, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84510	TYROSINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84512	TROPONIN, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84520	UREA NITROGEN; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84540	UREA NITROGEN, URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84545	UREA NITROGEN, CLEARANCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84550	URIC ACID; BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84560	URIC ACID; OTHER SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84578	UROBILINOGEN, URINE; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84585	VANILLYLMADELIC ACID (VMA), URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84590	VITAMIN A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84591	VITAMIN, NOT OTHERWISE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84597	VITAMIN K	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84600	VOLATILES (EG, ACETIC ANHYDRIDE, DIETHYLETHER)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84630	ZINC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84681	C-PEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84704	HCG, FREE BETACHAIN TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
84999	UNLISTED CHEMISTRY PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85002	BLEEDING TIME	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85008	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85014	BLOOD COUNT; HEMATOCRIT (HCT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85044	BLOOD COUNT; RETICULOCYTE, MANUAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85046	BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85049	BLOOD COUNT; PLATELET, AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85055	RETICULATED PLATELET ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
85097	BONE MARROW, SMEAR INTERPRETATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
85130	CHROMOGENIC SUBSTRATE ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85170	CLOT RETRACTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85260	CLOTTING; FACTOR X (STUART-PROWER)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85270	CLOTTING; FACTOR XI (PTA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85280	CLOTTING; FACTOR XII (HAGEMAN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85335	FACTOR INHIBITOR TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85337	THROMBOMODULIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85345	COAGULATION TIME; LEE AND WHITE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85347	COAGULATION TIME; ACTIVATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85348	COAGULATION TIME; OTHER METHODS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85360	EUGLOBULIN LYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85384	FIBRINOGEN; ACTIVITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85385	FIBRINOGEN; ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
85396	COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BLOOD (EG, VISCOELASTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85397	CLOTTING FUNCT ACTIVITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85441	HEINZ BODIES; DIRECT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85460	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; DIFF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85461	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85475	HEMOLYSIN, ACID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85520	HEPARIN ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85525	HEPARIN NEUTRALIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85530	HEPARIN-PROTAMINE TOLERANCE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85536	IRON STAIN, PERIPHERAL BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85547	MECHANICAL FRAGILITY, RBC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85549	MURAMIDASE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85576	PLATELET, AGGREGATION (IN VITRO), EACH AGENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
85597	PHOSPHOLIPID NEUTRALIZATION; PLATELET	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85610	PROTHROMBIN TIME;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85635	REPTILASE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85660	SICKLING OF RBC, REDUCTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85670	THROMBIN TIME; PLASMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
85675	THROMBIN TIME; TITER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85705	THROMBOPLASTIN INHIBITION, TISSUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85810	VISCOSITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH	NO AUTHORIZATION REQUIRED - UNLESS CONDITION AFTER THRESHOLD AS PER THE TEXAS MEDICAID PROVIDER PROCEDURES MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AFTER THRESHOLD AS PER THE TEXAS MEDICAID PROVIDER PROCEDURES MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DI	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86008	INACTIVE CODE FOR DATE SPAN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86038	ANTINUCLEAR ANTIBODIES (ANA);	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86060	ANTISTREPTOLYSIN 0; TITER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86063	ANTISTREPTOLYSIN 0; SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION F	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86140	C-REACTIVE PROTEIN;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCR)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86148	ANTI-PHOSPHATIDYLSE RINE (PHOSPHOLIPID) ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86152	CELL ENUMERATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86153	CELL ENUMERATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86156	COLD AGGLUTININ; SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86157	COLD AGGLUTININ; TITER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86200	CCP ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86215	DEOXYRIBONUCLEASE, ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86308	HETEROPHILE ANTIBODIES; SCREENING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86309	HETEROPHILE ANTIBODIES; TITER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86320	IMMUNOELECTROPHOR ESIS; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	04/27/2020	08/01/2021
86329	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86331	IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), E	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86332	IMMUNE COMPLEX ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86336	INHIBIN A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86337	INSULIN ANTIBODIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86340	INTRINSIC FACTOR ANTIBODIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86341	ISLET CELL ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86344	LEUKOCYTE PHAGOCYTOSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86352	CELL FUNCTION ASSAY W/STIM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86355	B CELLS, TOTAL COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86356	MONONUCLEAR CELL ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86357	LYMPHOCYTES, T & B DIFFERENTIATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86359	T CELLS; TOTAL COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86361	T CELLS; ABSOLUTE CD4 COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86367	STEM CELLS, TOTAL COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86382	NEUTRALIZATION TEST, VIRAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86386	NUCLEAR MATRIX PROTIEN (NMP22), QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86408	NEUTRLZG ANTB SARSCOV2 SCR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/03/2020	08/01/2021
86409	NEUTRLZG ANTB SARSCOV2 TITER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/03/2020	08/01/2021
86413	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/29/2020	08/01/2021



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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86430	RHEUMATOID FACTOR; QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86431	RHEUMATOID FACTOR; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86485	SKIN TEST; CANDIDA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86486	SKIN TEST, NOS ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86510	SKIN TEST; HISTOPLASMOSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
86590	STREPTOKINASE, ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86593	SYPHILIS TEST; QUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86602	ANTIBODY; ACTINOMYCES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86603	ANTIBODY; ADENOVIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86606	ANTIBODY; ASPERGILLUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86611	ANTIBODY; BARTONELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86612	ANTIBODY; BLASTOMYCES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86615	ANTIBODY; BORDETELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86617	ANTIBODY; BORRELIA BURGDOFFER (LYME DISEASE) CONFIRMATORY T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86618	ANTIBODY; BORRELIA BURGDOFFER (LYME DISEASE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86622	ANTIBODY; BRUCELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86625	ANTIBODY; CAMPYLOBACTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86628	ANTIBODY; CANDIDA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86631	ANTIBODY; CHLAMYDIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86632	ANTIBODY; CHLAMYDIA, IGM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86635	ANTIBODY; COCCIDIOIDES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86638	ANTIBODY; COXIELLA BURNETII (Q FEVER)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86641	ANTIBODY; CRYPTOCOCCUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86648	ANTIBODY; DIPHTHERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86666	ANTIBODY; EHRlichia	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86668	ANTIBODY; FRANCISELLA TULARENSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86674	ANTIBODY; GIARDIA LAMBLIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86677	ANTIBODY; HELICOBACTER PYLORI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86684	ANTIBODY; HAEMOPHILUS INFLUENZA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86687	ANTIBODY; HTLV-I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86688	ANTIBODY; HTLV-II	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86692	ANTIBODY; HEPATITIS, DELTA AGENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86695	ANTIBODY; HERPES SIMPLEX, TYPE 1	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86698	ANTIBODY; HISTOPLASMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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### SERVICE CATEGORY

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86701	ANTIBODY; HIV-1	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86702	ANTIBODY; HIV-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86703	HIV-1 AND HIV-2, SINGLE RESULT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86707	HEPATITIS BE ANTIBODY (HBEAB)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86708	HEPATITIS A ANTIBODY (HAAB)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86710	ANTIBODY; INFLUENZA VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86711	ANTIBODY INFLUENZA VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
86713	ANTIBODY; LEGIONELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86717	ANTIBODY; LEISHMANIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86720	ANTIBODY; LEPTOSPIRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86723	ANTIBODY; LISTERIA MONOCYTOGENES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86732	ANTIBODY; MUCORMYCOSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86735	ANTIBODY; MUMPS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86738	ANTIBODY; MYCOPLASMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86741	ANTIBODY; NEISSERIA MENINGITIDIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86744	ANTIBODY; NOCARDIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86747	ANTIBODY; PARVOVIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86750	ANTIBODY; PLASMODIUM (MALARIA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86757	ANTIBODY; RICKETTSIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86759	ANTIBODY; ROTAVIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86762	ANTIBODY; RUBELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86765	ANTIBODY; RUBEOLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86768	ANTIBODY; SALMONELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86769	ANTIBODY; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	04/27/2020	08/01/2021
86771	ANTIBODY; SHIGELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86774	ANTIBODY; TETANUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86777	ANTIBODY; TOXOPLASMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86778	ANTIBODY; TOXOPLASMA, IGM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86780	TREPONEMA PALLIDUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86784	ANTIBODY; TRICHINELLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86787	ANTIBODY; VARICELLA-ZOSTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86788	WEST NILE VIRUS AB, IGM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86789	WEST NILE VIRUS ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86793	ANTIBODY; YERSINIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86794	ANTIBODY; ZIKA VIRUS, IGM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86800	THYROGLOBULIN ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86803	HEPATITIS C ANTIBODY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86825	HLA X-MATCH, NON-CYTOTOXIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86826	HLA X-MATCH, NON-CYT ADD-ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86828	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS(HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86829	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86830	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86831	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86832	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86833	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86834	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86835	ANTIBODY OF HUMAN LEUKOCYTE ANTIGENS (HLA)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86849	UNLISTED IMMUNOLOGY PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86900	BLOOD TYPING, SEROLOGIC; ABO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86901	BLOOD TYPING; SEROLGIC; RH (D)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86902	BLOOD TYPING, SEROLOGIC; ANTIGEN TESTING OF DONOR BLOOD USIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86904	BLOOD TYPING; SEROLOGIC; ANTIGEN SCREENING FOR COMPATIBLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86905	BLOOD TYPING; SEROLOGIC; RBC ANTIGENS, OTHER THAN ABO OR RH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86906	BLOOD TYPING; SEROLOGIC; RH PHENOTYPING, COMPLETE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86910	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH AD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86923	COMPATIBILITY TEST, ELECTRIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86931	FROZEN BLOOD, EACH UNIT; THAWING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86940	HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86941	HEMOLYSINS AND AGGLUTININS; INCUBATED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86950	LEUKOCYTE TRANSFUSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86960	VOL REDUCTION OF BLOOD/PROD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87046	CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, IS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS RE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87102	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87103	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87109	CULTURE, MYCOPLASMA, ANY SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87110	CULTURE, CHLAMYDIA, ANY SOURCE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87118	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87140	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87150	DNA/RNA, AMPLIFIED PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87153	DNA/RNA SEQUENCING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87158	CULTURE, TYPING; OTHER METHODS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87169	MACROSCOPIC EXAMINATION; PARASITE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87176	HOMOGENIZATION, TISSUE, FOR CULTURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87181	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87187	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87188	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87190	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA ST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87206	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/O	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87207	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
87209	SMEAR, COMPLEX STAIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87250	VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87305	ASPERGILLUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87320	CHLAMYDIA TACHOMATIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87324	CLOSTRIDIUM DIFFICILE TOXIN(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87327	CRYPTOCOCCUS NEOFORMANS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87328	CRYPTOSPORIDIUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87329	GIARDIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87332	CYTOMEGALOVIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87335	ESCHERICHIA COLI 0157	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87336	ENTAMOEBA HISOLYTICA DISPAR GROUP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87337	ENTAMOEBA HISOLYTICA GROUP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87338	HELICOBACTER PYLORI, STOOL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87339	HELICOBACTER PYLORI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87340	HEPATITIS B SURFACE ANTIGEN (HBSAG)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87341	HEPATITIS B SURFACE ANTIGEN (HBSAG) NEUTRALIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87350	HEPATITIS BE ANTIGEN (HBEAG)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

## SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87380	HEPATITIS, DELTA AGENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87385	HISTOPLASMA CAPSULATUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87390	HIV-1	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87391	HIV-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87400	INFLUENZA, A OR B, EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87420	RESPIRATORY SYNCYTIAL VIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87425	ROTAVIRUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87426	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/16/2020	08/01/2021
87427	SHIGA-LIKE TOXIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87428	SEVERE ACUTE RESPIRATORY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/01/2020	08/01/2021
87430	STREPTOCOCCUS, GROUP A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87451	MULTIPLE STEP METHOD, POLYVALENT FOR MULTIPLE ORGANISMS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87483	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87493	C DIFF AMPLIFIED PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87498	ENTEROVIRUS, DNA, AMP PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87500	VANOMYCIN, DNA, AMP PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87501	INFLUENZA VIRUS, INCLUDES REVERSE TRANSCRIPTION, WHEN PERFOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87502	INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES, INCLUDES M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87503	INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES, INCLUDES M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87539	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	12/20/2019	08/01/2021
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87631	RESPIRATORY VIRUS (ED, ADENOVIRUS, INFLUENZA VIRUS, CORONAVI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87632	RESPIRATORY VIRUS (ED, ADENOVIRUS, INFLUENZA VIRUS, CORONAVI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87633	RESPIRATORY VIRUS (ED, ADENOVIRUS, INFLUENZA VIRUS, CORONAVI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	03/20/2020	08/01/2021
87636	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	10/27/2020	08/01/2021
87637	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	10/27/2020	08/01/2021
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87653	STREP B, DNA, AMP PROBE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIK	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MUL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MUL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87806	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87808	TRICHOMONAS ASSAY W/OPTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87809	ADENOVIRUS ASSAY W/OPTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87810	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87811	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	10/27/2020	08/01/2021
87850	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87900	PHENOTYPE, INFECT AGENT DRUG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87905	SIALIDASE ENZYME ASSAY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
87999	UNLISTED MICROBIOLOGY PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88000	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88005	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88007	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88012	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88036	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; REGIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88037	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; SINGL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88040	NECROPSY (AUTOPSY); FORENSIC EXAMINATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88045	NECROPSY (AUTOPSY); CORONERS CALL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRET	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), R	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88148	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRET	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL L	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	09/01/2020	08/01/2021
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	09/01/2020	08/01/2021
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH B	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, AN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88299	UNLISTED CYTOGENETIC STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88318	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY EN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPEC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88329	PATHOLOGY CONSULTATION DURING SURGERY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88333	INTRAOP CYTO PATH CONSULT, 1	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88341	EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88346	IMMUNOFLUORESCENCE, PER SPECIMEN; INITIAL SINGLE ANTIBODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88350	ANTIBODY IDENTIFICATION USING IMMUNOFLUORESCENCE STAIN EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88356	MORPHOMETRIC ANALYSIS; NERVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88358	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88361	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88362	NERVE TEASING PREPARATIONS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88364	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH ADDITION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88365	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; INITIAL SINGLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88366	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH MULTIPLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION(QUANTITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION(QUANTITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION(QUANTITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION(QUANTITATIVE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88380	MICRODISSECTION (EG, MECHANICAL, LASER CAPTURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88381	MICRODISSECTION, MANUAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88387	TISS EXAM MOLECULAR STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
88388	TISS EX MOLECUL STUDY ADD-ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88720	BILIRUBIN TOTAL TRANSCUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88738	HGB QUANT TRANSCUTANEOUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88740	TRANSCUTANEOUS CARBOXYHB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88741	TRANSCUTANEOUS METHB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89049	CHCT FOR MAL HYPERTHERMIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89055	LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT P	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
89125	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89160	MEAT FIBERS, FECES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89190	NASAL SMEAR FOR EOSINOPHILS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
89230	SWEAT COLLECTION BY IONTOPHORESIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PATH/LAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89251	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89258	CRYOPRESERVATION; EMBRYO(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
89259	CRYOPRESERVATION; SPERM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89261	SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89268	INSEMINATION OF OOCYTES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89272	EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89281	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQ	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQ	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89320	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, AND DIFFE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89321	SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89322	SEMEN ANAL, STRICT CRITERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89325	SPERM ANTIBODIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
89329	SPERM EVALUATION; HAMSTER PENETRATION TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89331	RETROGRADE EJACULATION ANAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89337	CRYPRESERVATION, MATURE OOCYTE(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89342	STORAGE, (PER YEAR); EMBRYO(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89343	STORAGE, (PER YEAR); SPERM/SEMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89344	STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PATH/LAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
89346	STORAGE, (PER YEAR); OOCYTE(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89353	THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89356	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
89398	UNLISTED REPROD MED LAB PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5400	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5410	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5420	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5430	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5450	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF NONW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5460	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF NONW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5500	INITIAL, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTEM, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5510	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5520	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5530	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5535	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5540	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5595	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5600	PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5614	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, PTB BRIM DESIGN SOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTIDUROMETER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTIDUROMETER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5676	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5677	ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5678	ADDITION TO LOWER EXTREMITY, BELOW KNEE JOINT COVERS, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5711	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5840	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4-BAR LINKAGE OR MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5845	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, STANCE FLEXION FEAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, ST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5973	ANK-FOOT SYS DORS-PLANT FLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTI-AXIAL ANKLE/FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ANKLE, DYNAMIC R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX-FOOT SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION U	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT (M)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>L5999</b>	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L6000</b>	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L6010</b>	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAININ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L6020</b>	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L6026</b>	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>L6050</b>	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L6055</b>	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L6100</b>	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6110	BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6380	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6382	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6384	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6386	IMMEDIATE POSTSURGICAL OR EARLY FITTING, EACH ADDITIONAL CAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6388	IMMEDIATE POSTSURGICAL OR EARLY FITTING, APPLICATION OF RIGI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST U	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE EL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE EL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6707	TERM DEV MECH HOOK VOL CLOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6711	PED TERM DEV, HOOK, VOL OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6712	PED TERM DEV, HOOK, VOL CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6713	PED TERM DEV, HAND, VOL OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6714	PED TERM DEV, HAND, VOL CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6721	HOOK/HAND, HVY DTY, VOL OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6722	HOOK/HAND, HVY DTY, VOL CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6915	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L6970	INTERSCAPULAR-THORA CIC, EXTERNAL POWER, MOLDED INNER SOCKET,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L6975	INTERSCAPULAR-THORA CIC, EXTERNAL POWER, MOLDED INNER SOCKET,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L7008	PEDIATRIC ELECTRIC HAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L7009	ADULT ELECTRIC HOOK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7367	LITHIUM ION BATTERY, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7368	LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L7400	ADD UE PROST BE/WD, ULTLITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7403	ADD UE PROST B/E ACRYLIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7499	UPPER EXTREMITY PROSTHESIS, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7600	PROSTHETIC DONNING SLEEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L7900	MALE VACUUM ERECTION SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>L8000</b>	BREAST PROSTHESIS, MASTECTOMY BRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8001</b>	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8002</b>	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8010</b>	BREAST PROSTHESIS, MASTECTOMY SLEEVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8015</b>	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, PO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8020</b>	BREAST PROSTHESIS, MASTECTOMY FORM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8030</b>	BREAST PROSTHESIS, SILICONE OR EQUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8031</b>	BREAST PROSTHESIS W ADHESIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8032	REUSABLE NIPPLE PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8039	BREAST PROSTHESIS, NOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8300	TRUSS, SINGLE WITH STANDARD PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8310	TRUSS, DOUBLE WITH STANDARD PADS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
L8500	ARTIFICIAL LARYNX, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8501	TRACHEOSTOMY SPEAKING VALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8510	VOICE AMPLIFIER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8604	DEXTRANOMER/HYALURONIC ACID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8605	INJECTABLE BULKING AGENT DEXTRANOMER/HYALURONIC ACID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8610	OCULAR IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8612	AQUEOUS SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8613	OSSICULAR IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8614	COCHLEAR DEVICE/SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
L8628	CID EXT CONTROLLER REPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8629	CID TRANSMIT COIL AND CABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8630	METACARPOPHALANGEAL JOINT IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8641	METATARSAL JOINT IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8642	HALLUX IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
PROSTHETIC PROCEDURES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8681	PT PRGRM FOR IMPLT NEUROSTIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8682	IMPLT NEUROSTIM RADIOFQ REC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8683	RADIOFQ TRSMTR FOR IMPLT NEU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8684	RADIOF TRSMTR IMPLT SCRL NEU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8685	IMPLT NROSTM PLS GEN SNG REC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8686	IMPLT NROSTM PLS GEN SNG NON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8687	IMPLT NROSTM PLS GEN DUA REC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
L8688	IMPLT NROSTM PLS GEN DUA NON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8689	EXTERNAL RECHARGING SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8691	AUD OSSEO DEV EXT SND PROCES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8692	NON-OSSEOINTEGRATE D SND PROC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
L8695	EXTERNAL RECHARG SYS EXTERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### PROSTHETIC PROCEDURES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>L8696</b>	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L8699</b>	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>L9900</b>	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$200, RESTRICTIONS/LIMITATIONS MAY APPLY PER TEXAS MEDICAID PROVIDER PROCEDURE MANAUL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>70010</b>	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND I	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
<b>70015</b>	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
<b>70030</b>	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
<b>70100</b>	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VI	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF TH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR J	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70350	CEPHALOGRAM, ORTHODONTIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70554	FMRI BRAIN BY TECH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
70555	FMRI BRAIN BY PHYS/PSYCH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2021	08/01/2021
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72080	THORACOLUMBAR JUNCTION, MINIMUM OF 2 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72081	RADIOLOGICAL EXAM, SPINE, THORACIC AND LUMBAR; ONE VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72082	RADIOLOGICAL EXAM, SPINE, THORACIC AND LUMBAR; 2 OR 3 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72083	RADIOLOGICAL EXAM, SPINE, THORACIC AND LUMBAR; 4 OR 5 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72084	RADIOLOGICAL EXAM, SPINE, THORACIC AND LUMBAR; MINIMUM OF 6	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE V	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE V	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72270	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO V	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73501	RADIOLOGICAL EXAM, HIP, UNILATERAL, WITH PELVIS; 1 VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73502	RADIOLOGICAL EXAM, HIP, UNILATERAL, WITH PELVIS; 2-3 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73503	RADIOLOGICAL EXAM, HIP, UNILATERAL, WITH PELVIS; MIN 4 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73521	RADIOLOGICAL EXAM, HIPS BILATERAL, WITH PELVIS; 2 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73522	RADIOLOGICAL EXAM, HIPS, BILATERAL, WITH PELVIS; 3-4 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73523	RADIOLOGICAL EXAM, HIPS, BILATERAL, WITH PELVIS; MIN 5 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73551	RADIOLOGICAL EXAMINATION, FEMUR; 1 VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73552	RADIOLOGICAL EXAMINATION FEMUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VID EORADIOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY, INCLUDING M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74261	CT COLONOGRAPHY, W/O DYE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74262	CT COLONOGRAPHY, W/DYE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74263	CT COLONOGRAPHY, SCREEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



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### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RAD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, W	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74450	URETHROCYSTOGRAPH Y, RETROGRADE, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74455	URETHROCYSTOGRAPH Y, VOIDING, RADIOLOGICAL SUPERVISION AND IN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74712	MRI OF FETUS WITH PLACENTAL AND MATERNAL PELVIC IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74713	MRI OF FETUS WITH PLACENTAL AND MATERNAL PELVIC IMAGING EACH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75557	CARDIAC MRI FOR MORPH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75559	CARDIAC MRI W/STRESS IMG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75561	CARDIAC MRI FOR MORPH W/DYE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75563	CARD MRI W/STRESS IMG & DYE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75565	CARD MRI VEL FLW MAP ADD-ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75571	CT HRT W/O DYE W/CA TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75572	CT HRT W/3D IMAGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75573	CT HRT W/3D IMAGE, CONGEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



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SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERV	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
75956	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75957	XRAY, ENDOVASC THOR AO REPR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75958	XRAY, PLACE PROX EXT THOR AO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75959	XRAY, PLACE DIST EXT THOR AO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRET	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN T	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76120	CINERADIOGRAPHY/VID EORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76125	CINERADIOGRAPHY/VID EORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN RE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
76145	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE THAT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
76376	3D RENDER W/O POSTPROCESS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76377	3D RENDERING W/POSTPROCESS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76390	MAGNETIC RESONANCE SPECTROSCOPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
76506	ECHOENCEPHALOGRAHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH I	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76604	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMEN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76700	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76776	US EXAM K TRANSPL W/DOPPLER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76813	OB US NUCHAL MEAS, 1 GEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76814	OB US NUCHAL MEAS, ADD-ON	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WI	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WI	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
76830	ULTRASOUND, TRANSVAGINAL	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLO	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME W	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME W	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76870	ULTRASOUND, SCROTUM AND CONTENTS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76872	ULTRASOUND, TRANSRECTAL;	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76978	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76979	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76982	ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76998	US GUIDE, INTRAOP	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77001	FLUOROGUIDE FOR VEIN DEVICE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77011	CT SCAN FOR LOCALIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77012	CT SCAN FOR NEEDLE BIOPSY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77013	CT GUIDE FOR TISSUE ABLATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77014	CT SCAN FOR THERAPY GUIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77021	MR GUIDANCE FOR NEEDLE PLACE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77022	MRI FOR TISSUE ABLATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77053	X-RAY OF MAMMARY DUCT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77054	X-RAY OF MAMMARY DUCTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77061	DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77062	DIGITAL BREAST TOMOSYNTHESIS;BILATERAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77071	X-RAY STRESS VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77072	X-RAYS FOR BONE AGE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77073	X-RAYS, BONE LENGTH STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77074	X-RAYS, BONE SURVEY, LIMITED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77075	X-RAYS, BONE SURVEY COMPLETE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77076	X-RAYS, BONE SURVEY, INFANT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77077	JOINT SURVEY, SINGLE VIEW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77078	CT BONE DENSITY, AXIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77080	DXA BONE DENSITY, AXIAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77081	DXA BONE DENSITY/PERIPHERAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77084	MAGNETIC IMAGE, BONE MARROW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77307	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77317	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77318	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE B	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MU	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGUL	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESMEN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77338	DESIGN MLC DEVICE FOR IMRT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77372	SRS, LINEAR BASED	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77373	SBRT DELIVERY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), IN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INC	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF R	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	09/01/2019	08/01/2021
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTA	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77402	RADIATION TREATMENT DELIVERY, >1 MEV; SIMPLE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77407	RADIATION TREATMENT DELIVERY, >1 MEV; INTERMEDIATE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77412	RADIATION TREATMENT DELIVERY, >1 MEV; COMPLEX	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77423	NEUTRON BEAM TX, COMPLEX	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77424	INTRAOPERATIVE RADATION TREATMENT DELIVERY, X-RAY, SINGLE TR	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SING	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77435	SBRT MANAGEMENT	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL	02/12/2020	08/01/2021
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77525	PROTON TREATMENT DELIVERY; COMPLEX	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE,	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEP	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77768	LESION DIAMETER OVER 2.0 AND 2 OR MORE CHANNELS, OR MULTIPLE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
77771	2-12 CHANNELS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77772	OVER 12 CHANNELS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX INCLUDES	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77789	SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL	02/12/2020	08/01/2021
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
78012	THYROID UPTAKE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78013	THYROID IMAGING	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78014	THYROID IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78070	PARATHYROID IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78071	PARATHYROID PLANAR IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78072	PARATHYROID PLANAR IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78102	BONE MARROW IMAGING; LIMITED AREA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78103	BONE MARROW IMAGING; MULTIPLE AREAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78104	BONE MARROW IMAGING; WHOLE BODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE S	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78130	RED CELL SURVIVAL STUDY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78191	PLATELET SURVIVAL STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78195	LYMPHATICS AND LYMPH NODES IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78201	LIVER IMAGING; STATIC ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78202	LIVER IMAGING; WITH VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDNG GALLBLADDER WHEN PRES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTATIVE MEASUR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78230	SALIVARY GLAND IMAGING;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78232	SALIVARY GLAND FUNCTION STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78258	ESOPHAGEAL MOTILITY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78261	GASTRIC MUCOSA IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78262	GASTROESOPHAGEAL REFLUX STUDY	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	08/11/2021	08/01/2021
78264	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78265	NUCLEAR GASTRIC EMPTYING WITH SMALL BOWEL TRANSIT STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78266	NUCLEAR GASTRIC EMPTYING WITH SMALL BOWEL AND COLON TRANSIT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021



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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78282	GASTROINTESTINAL PROTEIN LOSS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78428	CARDIAC SHUNT DETECTION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), META	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMB	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) SINGLE STU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) MULTIPLE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR; SINGLE STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULTIPLE STUDIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), META	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRAC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

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78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT RES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY,	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78579	PULMINARY VENTILATION IMAGING (EG, AEROSOL, OR GAS)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78582	PULMINARY VENTILATION IMAGING (EG, AEROSOL, OR GAS) AND PERF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78597	QUANTATIVE DIFFERENTIAL PULMONARY PERFUSED AND VENTILATION (	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78598	QUANTATIVE DIFFERENTIAL PULMONARY PERFUSION AND	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

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78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTIO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78700	KIDNEY IMAGING; STATIC ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78730	URINARY BLADDER RESIDUAL STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78808	IV INJ RA DRUG DX STUDY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BAS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
RADIOLOGY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
78814	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78815	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78816	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCU	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROC	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE ARE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### RADIOLOGY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBOD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATI	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	02/12/2020	08/01/2021
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE A	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69090	EAR PIERCING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69100	BIOPSY EXTERNAL EAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69105	BIOPSY EXTERNAL AUDITORY CANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE UNILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION; UNILATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> REQUIRES AUTHORIZATION ONLY IF DONE AS STAND-ALONE PROCEDURE	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69399	UNLISTED PROCEDURE, EXTERNAL EAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED WITH RESTRICTION		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED WITH RESTRICTION		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED WITH RESTRICTION		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69450	TYMPANOLYSIS, TRANSCANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69501	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69502	MASTOIDECTOMY; COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69505	MASTOIDECTOMY; MODIFIED RADICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69511	MASTOIDECTOMY; RADICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69540	EXCISION AURAL POLYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69650	STAPES MOBILIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69666	REPAIR OVAL WINDOW FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69667	REPAIR ROUND WINDOW FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69676	TYMPANIC NEURECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69705	NASOPHARYNGOSCOPY , SURGICAL, WITH DILATION OF EUSTACHIAN TUB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69706	NASOPHARYNGOSCOPY , SURGICAL, WITH DILATION OF EUSTACHIAN TUB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69799	UNLISTED PROCEDURE, MIDDLE EAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69801	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69905	LABYRINTHECTOMY; TRANSCANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69949	UNLISTED PROCEDURE, INNER EAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY AUDITORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69970	REMOVAL OF TUMOR, TEMPORAL BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSC	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33016	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PERFORM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33017	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33018	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33019	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; (SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33202	INSERT EPICARD ELTRD, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33203	INSERT EPICARD ELTRD, ENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES;PERMANENT, PERMANENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE. PERMANENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR PERMANENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33221	WITH EXISTING MULTIPLE LEADS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33223	RELOCATION OF SKIN POCKET FOR IMPLANTABLE DEFIBRILLATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33228	DUAL LEAD SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33229	MULTIPLE LEAD SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33230	WITH EXISTING DUAL LEADS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33231	WITH EXISTING MULTIPLE LEADS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33240	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33241	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33243	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING IMPLANTABLE DEFIBRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33254	ABLATE ATRIA, LMTD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33255	ABLATE ATRIA W/O BYPASS, EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33256	ABLATE ATRIA W/BYPASS, EXTEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33257	ABLATE ATRIA, LMTD, ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33258	ABLATE ATRIA, X10SV, ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33259	ABLATE ATRIA W/BYPASS ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33262	REMOVAL OF IMPLANTABLE DEFIBRILATOR PULSE GENERATOR WITH REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33263	DUAL LEAD SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33264	MULTIPLE LEAD SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33265	ABLATE ATRIA W/BYPASS, ENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33266	ABLATE ATRIA W/O BYPASS ENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33274	TRANSCATHETER INSERTION OR REMOVAL OF PERMANENT LEADLESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33275	TRANSCATHETER REMOVAL OF PERMANENT LEADLESS PACEMAKER, RT VE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33285	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPEND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33361	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33362	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33363	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33367	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33368	TRANSCATHETER AORTIC VALVE REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33369	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33406	REPLACEMENT, AORTIC VALVE, OPEN WITH CARDIOPULMONARY BYPASS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33419	ADDITIONAL PROSTHESIS(ES) DURING SAME SESSION (LIST SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33420	VALVOTOMY, MITRAL VALVE; CLOSED HEART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33440	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33475	REPLACEMENT, PULMONARY VALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33477	PERCUTANEOUS TRANSCATHETER REPLACEMENT OF PULMONARY VALVE WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33502	REPAIR OF ANOMALOUS CORONARY ARTERY; BY LIGATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33503	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITHOUT CARDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33507	REPAIR ART, INTRAMURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33548	RESTORE/REMODEL, VENTRICLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33675	CLOSE MULT VSD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33676	CLOSE MULT VSD W/RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33677	CL MULT VSD W/REM PUL BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33690	BANDING OF PULMONARY ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33724	REPAIR VENOUS ANOMALY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33726	REPAIR PUL VENOUS STENOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33768	CAVOPULMONARY SHUNTING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33782	NIKAIDOH PROC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33783	NIKAIDOH PROC W/OSTIA IMPLT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33858	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33871	TRANSVERSE AORTIC ARCH GRAFT, WITH CARDIOPULMONARY BYPASS, W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33880	ENDOVASC TAA REPR INCL SUBCL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33881	ENDOVASC TAA REPR W/O SUBCL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33883	INSERT ENDOVASC PROSTH, TAA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33884	ENDOVASC PROSTH, TAA, ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33886	ENDOVASC PROSTH, DELAYED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33889	ARTERY TRANSPOSE/ENDOVAS TAA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33891	CAR-CAR BP GRFT/ENDOVAS TAA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33925	RPR PUL ART UNIFOCAL W/O CPB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33926	REPR PUL ART, UNIFOCAL W/CPB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33927	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33928	REMOVAL AND REPLACEMENT OF TOTAL REPLACEMENT HEART SYSTEM (A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33929	REMOVAL OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33946	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33947	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33948	DAILY MANAGEMENT, EACH DAY, VENO-VENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33949	DAILY MANAGEMENT, EACH DAY, VENO-ARTERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33951	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33952	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33953	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33954	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33955	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33956	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33957	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33958	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33959	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33962	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33963	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33964	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33965	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33966	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33969	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33981	REPLACE VAD PUMP EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33982	REPLACE VAD INTRA W/O BP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33983	REPLACE VAD INTRA W/BP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33984	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33985	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33986	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFF CONDUIT (EG CHIMNEY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33988	INSERTION OF LEFT HEART VENTBY THORACIC INCISION (EG, STERNO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33989	REMOVAL OF LEFT HEART VENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33990	INSERTION OF VENTRICULAR ASSISTED DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33991	INSERTION OF VENTRICULAR ASSISTED DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
33992	REMOVAL OF THE PERCUTANEAUS VENTRICAULAR ASSISTED DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33993	REPOSITIONING OF PERCUTANEAUS VENTRICULAR ASSIST DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34501	VALVULOPLASTY, FEMORAL VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34701	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34702	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34710	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34711	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF END	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-ILI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY, NOT ASSOCIATED WITH PLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
34841	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDO A)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34842	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDO A)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34843	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDO A)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34844	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDO A)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34845	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34846	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34847	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
34848	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35002	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35013	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35092	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35103	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35112	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35122	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35132	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35142	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35152	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35302	RECHANNELING OF ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35303	RECHANNELING OF ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35304	RECHANNELING OF ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35305	RECHANNELING OF ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35306	RECHANNELING OF ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35501	BYPASS GRAFT, WITH VEIN; CAROTID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35523	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN, AORTOINNOMINATE, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FE MORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35535	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35537	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35538	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35539	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35540	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35570	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN, AORTOIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35633	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35634	ARTERY BYPASS GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35638	BYPASS GRAFT, WITH OTHER THAN VEIN; VERTEBRAL-SUBC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FE MORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35702	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35870	REPAIR OF GRAFT-ENTERIC FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
35883	REVISE GRAFT W/NONAUTO GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35884	REVISE GRAFT W/VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35901	EXCISION OF INFECTED GRAFT; NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35905	EXCISION OF INFECTED GRAFT; THORAX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36200	INTRODUCTION OF CATHETER, AORTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36221	NON SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36222	SELECTIVE CATHERTER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36223	SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36224	SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36225	SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36226	SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36227	SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36228	SELECTIVE CATHETER PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36251	SELECTIVE CATHETER PLACEMENT(FIRST-ORDER) MAIN RENAL ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36252	BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36254	BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36400	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN/ÆS S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36405	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN/ÆS S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36406	VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN/ÆS S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING PHYSICIANS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD, PLASMA OR CRYSTALLOID N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36460	TRANSFUSION, INTRAUTERINE, FETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, FIRST VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36522	PHOTOPHERESIS, EXTRACORPOREAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36572	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36591	DRAW BLOOD OFF VENOUS DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36592	COLLECT BLOOD FROM PICC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36593	DECLOT VASCULAR DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER U	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36598	INJ W/FLUOR, EVAL CV DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36903	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37140	VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37145	VENOUS ANASTOMOSIS, OPEN; RENOPORTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37160	VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENTERIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37180	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37181	VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37185	PRIM PERC TRANS THROMB ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37186	SEC ART M-THROMBECT ADD ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37187	VENOUS MECH THROMBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37188	VENOUS M-THROMBECTOMY ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR AP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37197	TRANSCATHETER RETRIEVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37200	TRANSCATHETER BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37211	TRANSCATHETER THERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37212	TRANSCATHETER THERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37213	TRANSCATHETER THERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37214	CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37217	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37218	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37234	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37235	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S)(EXCEPT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37244	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37248	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37565	LIGATION, INTERNAL JUGULAR VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37600	LIGATION; EXTERNAL CAROTID ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37619	LIGATION OF INFERIOR VENA CAVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37650	LIGATION OF FEMORAL VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37660	LIGATION OF COMMON ILIAC VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37718	LIGATE/STRIP SHORT LEG VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37722	LIGATE/STRIP LONG LEG VEIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37761	LIGATE LEG VEINS OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY CARDIOVASCULAR SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
40490	BIOPSY OF LIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR MORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40799	UNLISTED PROCEDURE, LIPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40808	BIOPSY, VESTIBULE OF MOUTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENULECTOMY, FRENULEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40840	VESTIBULOPLASTY; ANTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40844	VESTIBULOPLASTY; ENTIRE ARCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41019	PLACE NEEDLES H&N FOR RT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

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### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
41108	BIOPSY OF FLOOR OF MOUTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41116	EXCISION, LESION OF FLOOR OF MOUTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41512	TONGUE SUSPENSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41530	TONGUE BASE VOL REDUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
41870	PERIODONTAL MUCOSAL GRAFTING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42100	BIOPSY OF PALATE, UVULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42140	UVULECTOMY, EXCISION OF UVULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42145	PALATOPHARYNGOPLASTY (EG, UVULO PALATOPHARYNGOPLASTY, UVULO PH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42260	REPAIR OF NASOLABIAL FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42299	UNLISTED PROCEDURE, PALATE, UVULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42450	EXCISION OF SUBLINGUAL GLAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42600	CLOSURE SALIVARY FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42650	DILATION SALIVARY DUCT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42665	LIGATION SALIVARY DUCT, INTRAORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42800	BIOPSY; OROPHARYNX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	02/12/2020	08/01/2021
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETRO	NO AUTHORIZATION REQUIRED - UNLESS CONDITION PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42860	EXCISION OF TONSIL TAGS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42890	LIMITED PHARYNGECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
42900	SUTURE PHARYNX FOR WOUND OR INJURY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42953	PHARYNGOESOPHAGEA L REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43030	CRICOPHARYNGEAL MYOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43194	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDING C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43200	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43201	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43206	ESOPHAGOSCOPY RIGID OR FLEXIBLE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43210	FLEXIBLE TRANSORAL ESOPHAGOGASTRODUO DENOSCOPY WITH COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43211	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43212	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43213	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43214	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43229	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43233	ESOPHAGOGASTRODUO DENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43235	ESOPHAGOGASTRODUO DENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43236	ESOPHAGOGASTRODUO DENOSCOPY, WITH DIRECTED SUBMUCOSAL INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43237	ESOPHAGOGASTRODUO DENOSCOPY, WITH ENDOSCOPIC ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43238	ESOPHAGOGASTRODUO DENOSCOPY, WITH TRANSENDOSCOPIC ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43239	ESOPHAGOGASTRODUO DENOSCOPY, WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43240	ESOPHAGOGASTRODUO DENOSCOPY, WITH TRANSMURAL DRAINAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43241	ESOPHAGOGASTRODUO DENOSCOPY, WITH INSERTION OF INTRALUMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43242	ESOPHAGOGASTRODUO DENOSCOPY, WITH TRANSENDOSCOPIC ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43243	ESOPHAGOGASTRODUO DENOSCOPY, WITH INJECTION SCLEROSIS OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43244	ESOPHAGOGASTRODUO DENOSCOPY, WITH BAND LIGATION OF ESPHAGEAL/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43245	ESOPHAGOGASTRODUO DENOSCOPY, WITH DILATION OF GASTRIC/DUODENA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43246	ESOPHAGOGASTRODUO DENOSCOPY, WITH DIRECTED PLACEMENT OF PERCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43247	ESOPHAGOGASTRODUO DENOSCOPY, WITH REMOVAL OF FOREIGN BODY(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43248	ESOPHAGOGASTRODUO DENOSCOPY, WITH INSERTION OF GUIDE WIRE FOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43249	ESOPHAGOGASTRODUO DENOSCOPY, WITH TRANSENDOSCOPIC BALLOON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43250	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, WITH REMOVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43252	UPPER GASTROINTESTINAL ENDOSCOPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43253	ESOPHAGOGASTRODUO DENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43254	ESOPHAGOGASTRODUO DENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43266	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH PLACEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43270	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ABLATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43279	LAP MYOTOMY, HELLER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43281	LAP PARAESOPHAG HERN REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43282	LAP PARAESOPH HER RPR W/MESH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43331	ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC AP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43499	UNLISTED PROCEDURE, ESOPHAGUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43605	BIOPSY OF STOMACH, BY LAPAROTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTO MY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43647	LAP IMPL ELECTRODE, ANTRUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43648	LAP REVISE/REMV ELTRD ANTRUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIANS SK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43763	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
43770	LAP, PLACE GASTR ADJUST BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43771	LAP, REVISE ADJUST GAST BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43772	LAP, REMOVE ADJUST GAST BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43773	LAP, CHANGE ADJUST GAST BAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43774	LAP REMOV ADJ GAST BAND/PORT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43775	LAP SLEEVE GASTRECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
43800	PYLOROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43810	GASTRODUODENOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43831	GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43870	CLOSURE OF GASTROSTOMY, SURGICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43880	CLOSURE OF GASTROCOLIC FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43881	IMPL/REDO ELECTRD, ANTRUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43882	REVISE/REMOVE ELECTRD ANTRUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43886	REVISE GASTRIC PORT, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43887	REMOVE GASTRIC PORT, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
43888	CHANGE GASTRIC PORT, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
43999	UNLISTED PROCEDURE, STOMACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44021	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; PARTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44135	INTESTINAL ALLOTRANSPLANTATION ; FROM CADAVER DONOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44136	INTESTINAL ALLOTRANSPLANTATION ; FROM LIVING DONOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44157	COLECTOMY W/ILEOANAL ANAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44158	COLECTOMY W/NEO-RECTUM POUCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44180	LAP, ENTEROLYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44186	LAP, JEJUNOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44187	LAP, ILEO/JEJUNO-STOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44188	LAP, COLOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44213	LAP, MOBIL SPLENIC FL ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44227	LAP, CLOSE ENTEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44381	ILEOSCOPY, THROUGH STOMA WITH TRANSENDOSCOPIC BALLOON DILATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44384	ILEOSCOPY, THROUGH STOMA WITH PLACEMENT OF ENDOSCOPIC STENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44401	SADDLE EMBOLUS ABD AORTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44402	WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND POST- D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44403	WITH ENDOSCOPIC MUCOSAL RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44404	WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44405	WITH TRANSENDOSCOPIC BALLOON DILATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44406	WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44407	WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44408	WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION), (EG, VOLVULU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44705	PREPARTATION OF FECAL MICROBIOTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44799	UNLISTED PROCEDURE, SMALL INTESTINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44800	EXCISION OF MECKELS DIVERTICULUM (DIVERTICULECTOMY) OR OMPHA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44899	UNLISTED PROCEDURE, MECKELS DIVERTICULUM AND THE MESENTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
44950	APPENDECTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45108	ANORECTAL MYOMECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45150	DIVISION OF STRICTURE OF RECTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45171	EXC RECT TUM TRANSANAL PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45172	EXC RECT TUM TRANSANAL FULL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, PO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, PO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45346	WITH ALABATION OF TUMORS, POLYPS OR OTHER LESION(S) INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45347	WITH ALABATION OF TUMORS, POLYPS OR OTHER LESION(S) INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45349	WITH ENDOSCOPIC MUCOSAL RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45350	WITH BAND LIGATION(S) (EG. HEMORRHOID(S))	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45378	COLONOSCOPY, FLEXIBLE, DIAGNOSTIC, INCLUDING COLLECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45379	COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF FOREIGN BODY (S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45380	COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45381	COLONOSCOPY, FLEXIBLE, WITH DIRECTED SUBMUCOSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45382	COLONOSCOPY, FLEXIBLE, WITH CONTROL OF BLEEDING, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45384	COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP (S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45385	COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45386	COLONOSCOPY, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45388	WITH ABLATION OF TUMOR(S), POLYP(S) OR OTHER LESION(S) INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45389	WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST DILA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45390	WITH ENDOSCOPIC MUCOSAL RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45391	COLONOSCOPY, FLEXIBLE, WITH ENDOSCOPIC ULTRASOUND EXAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45392	COLONOSCOPY, FLEXIBLE, WITH TRANSENDOSCOPIC ULTRASOUND GUIDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45393	WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG.VOLVULUS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45395	LAP, REMOVAL OF RECTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45397	LAP, REMOVE RECTUM W/POUCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45398	WITH BAND LIGATION(S) (EG. HEMORRHOIDS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
45399	UNLISTED PROCEDURE COLON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45400	LAPAROSCOPIC PROCTOPEXY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45402	LAP PROCTOPEXY W/SIG RESECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45499	LAPAROSCOPE PROC, RECTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45500	PROCTOPLASTY; FOR STENOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45540	PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45550	PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45800	CLOSURE OF RECTOVESICAL FISTULA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45820	CLOSURE OF RECTOURETHRAL FISTULA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45990	SURG DX EXAM, ANORECTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
45999	UNLISTED PROCEDURE, RECTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46020	PLACEMENT OF SETON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46030	REMOVAL OF ANAL SETON, OTHER MARKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46070	INCISION, ANAL SEPTUM (INFANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL OTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL OTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL OTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL OTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46505	CHEMODENERVATION ANAL MUSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46600	ANOSCOPY; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46601	DIAGNOSTIC WITH RESOLUTION MAGNIFICATION (HRA) (EG. COLPOSCO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46607	WITH RESOLUTION MAGNIFICATION (HRA) (EG. COLPOSCOPE, OPERATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46707	REPAIR ANORECTAL FIST W/PLUG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46710	REPR PER/VAG POUCH SNGL PROC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46712	REPR PER/VAG POUCH DBL PROC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA (CU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46930	EXCISION AND ELECTRODESICCATION OF CONDYLOMATA, ANAL EXTENSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
46999	UNLISTED PROCEDURE, ANUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47100	BIOPSY OF LIVER, WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47135	LIVER ALLOTRANSPLANTATION ; ORTHOTOPIC, PARTIAL OR WHOLE, FRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47399	UNLISTED PROCEDURE, LIVER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, OPEN, WITH EXPLORATION, D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY USING IMAGING GUIDAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY USING IMAGING GUIDAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47537	PERCUTANEOUS REMOVAL OF BILIARY DRAINAGE CATHETER WITH CHOLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47539	PERCUTANEOUS INSERTION OF BILE DUCT STENT, NEW ACCESS, WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47540	PERCUTANEOUS INSERTION OF BILE DUCT STENT WITH CHOLANGIOGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
47600	CHOLECYSTECTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47715	EXCISION OF CHOLEDOCHAL CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47720	CHOLECYSTOENTEROSTOMY; DIRECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47801	PLACEMENT OF CHOLEDOCHAL STENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47802	U-TUBE HEPATICOENTEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
47999	UNLISTED PROCEDURE, BILIARY TRACT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48020	REMOVAL OF PANCREATIC CALCULUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48105	RESECT/DEBRIDE PANCREAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48148	EXCISION OF AMPULLA OF VATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48155	PANCREATECTOMY, TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48500	MARSUPIALIZATION OF PANCREATIC CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48545	PANCREATORRHAPHY FOR INJURY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48548	FUSE PANCREAS AND BOWEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
48999	UNLISTED PROCEDURE, PANCREAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49002	REOPENING OF RECENT LAPAROTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49013	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49014	RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERPEUTIC) WITOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49083	WITH IMAGING GUIDANCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE WHEN PERFORMED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49185	PERCUTANEOUS SCLEROTHERAPY OF FLUID COLLECTION CAVITY USING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49203	EXC ABD TUM 5 CM OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49204	EXC ABD TUM OVER 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49205	EXC ABD TUM OVER 10 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49325	LAP REVISION PERM IP CATH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49326	LAP W/OMENTOPEXY ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49402	REMOVE FOREIGN BODY, ADBOMEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49407	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49426	REVISION OF PERITONEAL-VENOUS SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49435	INSERT SUBQ EXTEN TO IP CATH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49436	EMBEDDED IP CATH EXIT-SITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49450	REPLACE G/C TUBE PERC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49451	REPLACE DUOD/JEJ TUBE PERC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49452	REPLACE G-J TUBE PERC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49460	FIX G/COLON TUBE W/DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49465	FLUORO EXAM OF G/COLON TUBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 3	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 3	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49540	REPAIR LUMBAR HERNIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR V	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49590	REPAIR SPIGELIAN HERNIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY DIGESTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49652	LAP VENT/ABD HERNIA REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49653	LAP VENT/ABD HERN PROC COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49654	LAP INC HERNIA REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49655	LAP INC HERN REPAIR COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49656	LAP INC HERNIA REPAIR RECUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49657	LAP INC HERN RECUR COMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY DIGESTIVE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY ENDOCRINE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY ENDOCRINE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF IS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60240	THYROIDECTOMY, TOTAL OR COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY ENDOCRINE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60300	ASPIR/INJ THYROID CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY ENDOCRINE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY ENDOCRINE SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY EYE & OCULAR ADNEXA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65091	EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65093	EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65175	REMOVAL OF OCULAR IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY EYE & OCULAR ADNEXA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENONS CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65410	BIOPSY OF CORNEA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65756	CORNEAL TRNSPL, ENDOTHELIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65757	PREP CORNEAL ENDO ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65760	KERATOMILEUSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65765	KERATOPHAKIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65767	EPIKERATOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65770	KERATOPROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65771	RADIAL KERATOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65820	GONIOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65850	TRABECULOTOMY AB EXTERNO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65855	TRABECULOPLASTY BY LASER SURGERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66130	EXCISION OF LESION, SCLERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66179	AQUEOUS SHUNT EXTRAOCULAR EQUATORIAL PLATE RESERVOIR EXTERNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTEN, SCHOCKE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR AQUATORIAL PLATE R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR AQUATORIAL PLATE R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66700	CILIARY BODY DESTRUCTION; DIATHERMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66720	CRYOTHERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 6	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66986	EXCHANGE OF INTRAOCULAR LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67030	DISCUSSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67041	VIT FOR MACULAR PUCKER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67042	VIT FOR MACULAR HOLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67043	VIT FOR MEMBRANE DISSECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67101	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67105	PHOTOCOAGULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67113	REPAIR OF COMPLEX RETINAL DETACHMENT WITH VITRECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67229	TR RETINAL LES PRETERM INF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67311	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; ONE HO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67312	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; TWO HO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67314	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; ONE VE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67316	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; TWO OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67346	BIOPSY, EYE MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67399	UNLISTED PROCEDURE, EXTRAOCULAR MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, K	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, K	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, K	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, K	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, K	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67505	RETROBULBAR INJECTION; ALCOHOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENONS CAPSU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67599	UNLISTED PROCEDURE, ORBIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67710	SEVERING OF TARSORRHAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67715	CANTHOTOMY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67800	EXCISION OF CHALAZION; SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67810	BIOPSY OF EYELID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-M ULLERS MUSCLE-L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY EYE & OCULAR ADNEXA						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67911	CORRECTION OF LID RETRACTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67914	REPAIR OF ECTROPION; SUTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67921	REPAIR OF ENTROPION; SUTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
67999	UNLISTED PROCEDURE, EYELIDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
68100	BIOPSY OF CONJUNCTIVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68135	DESTRUCTION OF LESION, CONJUNCTIVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68200	SUBCONJUNCTIVAL INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
68399	UNLISTED PROCEDURE, CONJUNCTIVA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68440	SNIP INCISION OF LACRIMAL PUNCTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68510	BIOPSY OF LACRIMAL GLAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
68525	BIOPSY OF LACRIMAL SAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68700	PLASTIC REPAIR OF CANALICULI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY EYE & OCULAR ADNEXA

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
68816	PROBE NL DUCT W/BALLOON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56420	INCISION AND DRAINAGE OF BARTHOLINS GLAND ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56440	MARSUPIALIZATION OF BARTHOLINS GLAND CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
56441	LYSIS OF LABIAL ADHESIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56442	HYMENOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56620	VULVECTOMY SIMPLE; PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56625	VULVECTOMY SIMPLE; COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
56630	VULVECTOMY, RADICAL, PARTIAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56633	VULVECTOMY, RADICAL, COMPLETE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
56740	EXCISION OF BARTHOLINS GLAND OR CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56800	PLASTIC REPAIR OF INTROITUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56805	CLITOROPLASTY FOR INTERSEX STATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56820	COLPOSCOPY OF THE VULVA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57000	COLPOTOMY; WITH EXPLORATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57120	COLPOCLEISIS (LE FORT TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57130	EXCISION OF VAGINAL SEPTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57135	EXCISION OF VAGINAL CYST OR TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVIDS FOR CLINIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57230	PLASTIC REPAIR OF URETHROCELE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57280	COLPOPEXY, ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, ST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57285	REPAIR PARAVAG DEFECT, VAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57295	CHANGE VAGINAL GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57296	REVISE VAG GRAFT, OPEN ABD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57310	CLOSURE OF URETHROVAGINAL FISTULA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57335	VAGINOPLASTY FOR INTERSEX STATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57400	DILATION OF VAGINA UNDER ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57410	PELVIC EXAMINATION UNDER ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57423	REPAIR PARAVAG DEFECT, LAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57426	REVISE PROSTH VAG GRAFT LAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A D&C.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57513	CAUTERY OF CERVIX; LASER ABLATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57530	TRACHELECTOMY (CERVICETOMY), AMPUTATION OF CERVIX (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57558	D&C OF CERVICAL STUMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58110	BX DONE W/COLPOSCOPY ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH COL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBTETRICAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58541	LSH, UTERUS 250 G OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58542	LSH W/T/O UT 250 G OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58543	LSH UTERUS ABOVE 250 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58544	LSH W/T/O UTERUS ABOVE 250 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58548	LAP RADICAL HYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58570	TLH, UTERUS 250 G OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58571	TLH W/T/O 250 G OR LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58572	TLH, UTERUS OVER 250 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58573	TLH W/T/O UTERUS OVER 250 G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR V	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> NO AUTH REQ WHEN DONE FOR FAMILY PLANNING REASONS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR V	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> NO AUTH REQ WHEN DONE FOR FAMILY PLANNING REASONS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> NO AUTH REQ WHEN DONE FOR FAMILY PLANNING REASONS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> NO AUTH REQ WHEN DONE FOR FAMILY PLANNING REASONS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> NO AUTH REQ WHEN DONE FOR FAMILY PLANNING REASONS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> NO AUTH REQ WHEN DONE FOR FAMILY PLANNING REASONS.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58720	SALPINGO-OOPHORECT OMY, COMPLETE OR PARTIAL, UNILATERAL OR BI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58750	TUBOTUBAL ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58752	TUBOUTERINE IMPLANTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58760	FIMBRIOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58825	TRANSPOSITION, OVARY(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58950	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58951	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58957	RESECT RECURRENT GYN MAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58958	RESECT RECUR GYN MAL W/LYM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58974	EMBRYO TRANSFER, INTRAUTERINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY FEMALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY GENERAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
10004	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10006	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10007	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10008	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY GENERAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
10009	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; FIRST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10010	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10011	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10012	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY HEMIC & LYMPHATIC SYST						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38220	BONE MARROW; ASPIRATION ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38241	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38243	HEMATOPOIETIC PROGENITOR CELL (HPC)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38531	OPEN, INGUINOFEMORAL NODE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38542	DISSECTION, DEEP JUGULAR NODE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
38700	SUPRAHYOID LYMPHADENECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY HEMIC & LYMPHATIC SYST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38794	CANNULATION, THORACIC DUCT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY HEMIC & LYMPHATIC SYST						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10036	EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
1107	EACH ADDITIONAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH AD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11740	EVACUATION OF SUBUNGUAL HEMATOMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11760	REPAIR OF NAIL BED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11951	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 0	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

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12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14301	SKIN TISSUE REARRANGEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
14302	SKIN TISSUE REARRANGE ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15002	WND PREP, CH/INF, TRK/ARM/LG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15003	WND PREP, CH/INF ADDL 100 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15004	WND PREP CH/INF, F/N/HF/G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15005	WND PREP, F/N/HF/G, ADDL CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15040	HARVEST CULTURED SKIN GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15100	SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15115	EPIDRM A-GRFT FACE/NCK/HF/G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15116	EPIDRM A-GRFT F/N/HF/G ADDL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15120	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15130	DERM AUTOGRAFT, TRNK/ARM/LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15131	DERM AUTOGRAFT T/A/L ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15135	DERM AUTOGRAFT FACE/NCK/HF/G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15136	DERM AUTOGRAFT, F/N/HF/G ADD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15150	CULT EPIDERM GRFT T/ARM/LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15151	CULT EPIDERM GRFT T/A/L ADDL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15152	CULT EPIDERM GRAFT T/A/L +%	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15272	EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15274	EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15276	EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15277	APPLICATION OF SKINE SUBSTITUTE GRAFT TO FACE, SCALP, EYELID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15278	EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15731	FOREHEAD FLAP W/VASC PEDICLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15740	FLAP; ISLAND PEDICLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15750	FLAP; NEUROVASCULAR PEDICLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15770	GRAFT; DERMA-FAT-FASCIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15777	IMPLANTATION OF BIOLOGICAL IMPLANT (EG, ACELLULAR DERMAL MAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15781	DERMABRASION; SEGMENTAL, FACE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15789	CHEMICAL PEEL, FACIAL; DERMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15819	CERVICOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15820	BLEPHAROPLASTY, LOWER EYELID;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15822	BLEPHAROPLASTY, UPPER EYELID;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15824	RHYTIDECTOMY; FOREHEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15830	EXC SKIN ABD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15847	EXC SKIN ABD ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYECTOMY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYECTOMY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
16035	ESCHAROTOMY; INITIAL INCISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN AD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17311	MOHS, 1 STAGE, H/N/HF/G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
17312	MOHS ADDL STAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17313	MOHS, 1 STAGE, T/A/L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17314	MOHS, ADDL STAGE, T/A/L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17315	MOHS SURG, ADDL BLOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19105	CRYOSURG ABLATE FA, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19300	REMOVAL OF BREAST TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19301	PARTICAL MASTECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19302	P-MASTECTOMY W/LN REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19303	MAST, SIMPLE, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19305	MAST, RADICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19306	MAST, RAD, URBAN TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19307	MAST, MOD RAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19316	MASTOPEXY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19318	REDUCTION MAMMAPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19328	REMOVAL OF INTACT MAMMARY IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19350	NIPPLE/AREOLA RECONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19355	CORRECTION OF INVERTED NIPPLES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY INTEGUMENTARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19364	BREAST RECONSTRUCTION WITH FREE FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19380	REVISION OF RECONSTRUCTED BREAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY INTEGUMENTARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
19499	UNLISTED PROCEDURE, BREAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY MALE GENITAL SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54015	INCISION AND DRAINAGE OF PENIS, DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54105	BIOPSY OF PENIS; DEEP STRUCTURES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54120	AMPUTATION OF PENIS; PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54125	AMPUTATION OF PENIS; COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54163	REPAIR INCOMPLETE CIRCUMCISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54164	FRENULOTOMY OF PENIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54240	PENILE PLETHYSMOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54438	COMPLETE REPLANTATION OF PENIS WITH URETHRAL REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54440	PLASTIC OPERATION OF PENIS FOR INJURY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54522	ORCHIECTOMY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54860	EPIDIDYMECTOMY; UNILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
54861	EPIDIDYMECTOMY; BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54865	EXPLORE EPIDIDYMIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFEREN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFEREN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55040	EXCISION OF HYDROCELE; UNILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55041	EXCISION OF HYDROCELE; BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
55100	DRAINAGE OF SCROTAL WALL ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55110	SCROTAL EXPLORATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55150	RESECTION OF SCROTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55175	SCROTOPLASTY; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55180	SCROTOPLASTY; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

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55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55400	VASOVASOSTOMY, VASOVASORRHAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
55600	VESICULOTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55605	VESICULOTOMY; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55650	VESICULECTOMY, ANY APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55680	EXCISION OF MULLERIAN DUCT CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55706	PROSTATE SATURATION SAMPLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY AP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY AP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55810	PROSTATECTOMY, PERINEAL RADICAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55870	ELECTROEJACULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MALE GENITAL SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55875	TRANSPERI NEEDLE PLACE, PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY MATERNITYCARE/DELIVERY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59000	AMNIOCENTESIS; DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY MATERNITYCARE/DELIVERY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59020	FETAL CONTRACTION STRESS TEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59025	FETAL NON-STRESS TEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59030	FETAL SCALP BLOOD SAMPLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MATERNITYCARE/DELIVERY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL	09/01/2020	08/01/2021
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY MATERNITYCARE/DELIVERY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
59160	CURETTAGE, POSTPARTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY MATERNITYCARE/DELIVERY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	NO AUTHORIZATION REQUIRED		STAR	09/01/2020	08/01/2021
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED - UNLESS CONDITION PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	09/01/2020	08/01/2021
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
59514	CESAREAN DELIVERY ONLY;	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

SURGERY MATERNITYCARE/DELIVERY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WIT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2020	08/01/2021
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WIT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2020	08/01/2021
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2020	08/01/2021
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED S	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

## SERVICE CATEGORY

SURGERY MATERNITYCARE/DELIVERY

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND T	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG,	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MATERNITYCARE/DELIVERY						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY MEDIASTINUM/DIAPHRAGM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MEDIASTINUM/DIAPHRAGM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39200	EXCISION OF MEDIASTINAL CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39220	EXCISION OF MEDIASTINAL TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY(IES)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39499	UNLISTED PROCEDURE, MEDIASTINUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MEDIASTINUM/DIAPHRAGM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
39599	UNLISTED PROCEDURE, DIAPHRAGM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20200	BIOPSY, MUSCLE; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20205	BIOPSY, MUSCLE; DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FACIAL CORD (IE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20555	PLACE NDL MUSC/TIS FOR RT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20604	WITH ULTRAOUND GUIDANCE, WITH PERMANENT RECORDING AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20606	WITH ULTRASOUND GUIDANCE, WITH PERMANENT RECORDING ANDS REPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20696	COMP MULTIPLANE EXT FIXATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20697	COMP EXT FIXATE STRUT CHANGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20700	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20701	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20702	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20703	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20704	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20705	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20910	CARTILAGE GRAFT; COSTOCHONDRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20912	CARTILAGE GRAFT; NASAL SEPTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20920	FASCIA LATA GRAFT; BY STRIPPER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20933	ALLOGRAFT, HEMICORTICAL INTERCALARY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20934	ALLOGRAFT, INTERCALARY, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20982	ABLATION, THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20985	CPTR-ASST DIR MS PX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21011	EXC FACE LES SC < 2 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21012	EXC FACE LES SC = 2 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21013	EXC FACE TUM DEEP < 2 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21014	EXC FACE TUM DEEP = 2 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21016	RESECT FACE TUM = 2 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21031	EXCISION OF TORUS MANDIBULARIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21032	EXCISION OF MAXILLARY TORUS PALATINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21073	MNPJ OF TMJ W/ANESTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21137	REDUCTION FOREHEAD; CONTOURING ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21282	LATERAL CANTHOPEXY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21552	EXC NECK LES SC = 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21554	EXC NECK TUM DEEP = 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21558	RESECT NECK TUM = 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21600	EXCISION OF RIB, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21602	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21603	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21615	EXCISION FIRST AND/OR CERVICAL RIB;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21616	EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21620	OSTECTOMY OF STERNUM, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21627	STERNAL DEBRIDEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21630	RADICAL RESECTION OF STERNUM;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21685	HYOID MYOTOMY AND SUSPENSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21811	1-3 RIBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21812	4-6 RIBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21813	7 AND MORE RIBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21820	CLOSED TREATMENT OF STERNUM FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21899	UNLISTED PROCEDURE, NECK OR THORAX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21931	EXC BACK LES SC = 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21932	EXC BACK TUM DEEP < 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21933	EXC BACK TUM DEEP = 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
21936	RESECT BACK TUM = 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22010	I&D, P-SPINE, C/T/CERV-THOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22015	I&D, P-SPINE, L/S/LS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22206	CUT SPINE 3 COL, THOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22207	CUT SPINE 3 COL, LUMB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22208	CUT SPINE 3 COL, ADDL SEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22634	EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22830	EXPLORATION OF SPINAL FUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22849	REINSERTION OF SPINAL FIXATION DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22856	CERV ARTIFIC DISKECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22857	LUMBAR ARTIF DISKECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22858	SECOND LEVEL, CERVICAL (LIST SEPERATELY IN ADDITION TO CODE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22861	REVISE CERV ARTIFIC DISC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22862	REVISE LUMBAR ARTIF DISC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22864	REMOVE CERV ARTIF DISC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22865	REMOVE LUMB ARTIF DISC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22899	UNLISTED PROCEDURE, SPINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
22901	EXC BACK TUM DEEP = 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22902	EXC ABD LES SC < 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22903	EXC ABD LES SC > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22904	RESECT ABD TUM < 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22905	RESECT ABD TUM > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23071	EXC SHOULDER LES SC > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23073	EXC SHOULDER TUM DEEP > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23076	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23078	RESECT SHOULDER TUM > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23120	CLAVICULECTOMY; PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23125	CLAVICULECTOMY; TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23195	RESECTION, HUMERAL HEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23335	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23430	TENODESIS OF LONG TENDON OF BICEPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23920	DISARTICULATION OF SHOULDER;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23929	UNLISTED PROCEDURE, SHOULDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24071	EXC ARM/ELBOW LES SC = 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24073	EX ARM/ELBOW TUM DEEP > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24079	RESECT ARM/ELBOW TUM > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24105	EXCISION, OLECRANON BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24130	EXCISION, RADIAL HEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24160	IMPLANT REMOVAL; ELBOW JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24164	IMPLANT REMOVAL; RADIAL HEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24332	TENOLYSIS, TRICEPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TEND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24357	REPAIR ELBOW, PERC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24358	REPAIR ELBOW W/DEB, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24359	REPAIR ELBOW DEB/ATTCH OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24365	ARTHROPLASTY, RADIAL HEAD;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL H	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCOND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLLOTINE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24935	STUMP ELONGATION, UPPER EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25071	EXC FOREARM LES SC > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25073	EXC FOREARM TUM DEEP = 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25078	RESECT FOREARM/WRIST TUM=3CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25109	EXCISE TENDON FOREARM/WRIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TEND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TEND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25210	CARPECTOMY; ONE BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25360	OSTEOTOMY; ULNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25365	OSTEOTOMY; RADIUS AND ULNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25606	TREAT FX DISTAL RADIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25607	TREAT FX RAD EXTRA-ARTICUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25608	TREAT FX RAD INTRA-ARTICUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25609	TREAT FX RADIAL 3+ FRAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25695	OPEN TREATMENT OF LUNATE DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
25915	KRUKENBERG PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25920	DISARTICULATION THROUGH WRIST;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25927	TRANSMETACARPAL AMPUTATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26040	FASCIOTOMY, PALMAR (EG, DUPUYTRENS CONTRACTURE); PERCUTANEOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26045	FASCIOTOMY, PALMAR (EG, DUPUYTRENS CONTRACTURE); OPEN, PARTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26111	EXC HAND LES SC > 1.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26113	EXC HAND TUM DEEP > 1.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26118	EXC HAND TUM RA > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26250	RADICAL RESECTION, METACARPAL (EG, TUMOR);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTRENS CORD),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26496	OPPONENSPLASTY; OTHER METHODS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26499	CORRECTION CLAW FINGER, OTHER METHODS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26550	POLLICIZATION OF A DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26565	OSTEOTOMY; METACARPAL, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26580	REPAIR CLEFT HAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26590	REPAIR MACRODACTYLIA, EACH DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27027	BUTTOCK FASCIOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27043	EXC HIP PELVIS LES SC > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27045	EXC HIP/PELV TUM DEEP > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27057	BUTTOCK FASCIOTOMY W/DBRDMT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27059	RESECT HIP/PELV TUM > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27060	EXCISION; ISCHIAL BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27070	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27071	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27076	RADICAL RESECTION OF TUMOR OR INFECTION; ILIUM, INCLUDING AC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27077	RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27078	RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27080	COCCYGECTOMY, PRIMARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27097	RELEASE OR RESECTION, HAMSTRING, PROXIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27098	TRANSFER, ADDUCTOR TO ISCHIUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR IL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27245	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27267	CLTX THIGH FX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27268	CLTX THIGH FX W/MNPJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27269	OPTX THIGH FX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27279	ARTHRODESIS SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLYINVAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27286	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27295	DISARTICULATION OF HIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27325	NEURECTOMY, HAMSTRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27326	NEURECTOMY, POPLITEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27337	EXC THIGH/KNEE LES SC > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27339	EXC THIGH/KNEE TUM DEEP >5CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27340	EXCISION, PREPATELLAR BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKERS CYS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27350	PATELLECTOMY OR HEMIPATELLECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27364	RESECT THIGH/KNEE TUM >5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27369	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGERS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27425	LATERAL RETINACULAR RELEASE, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27466	OSTEOPLASTY, FEMUR; LENGTHENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PART	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27598	DISARTICULATION AT KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27616	RESECT LEG/ANKLE TUM > 5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27632	EXC LEG/ANKLE LES SC > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27634	EXC LEG/ANKLE TUM DEEP >5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27646	RADICAL RESECTION OF TUMOR, BONE; FIBULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27656	REPAIR, FASCIAL DEFECT OF LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27687	GASTROCNEMIUS RESECTION (EG, STRAYER PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27700	ARTHROPLASTY, ANKLE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27704	REMOVAL OF ANKLE IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27705	OSTEOTOMY; TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27707	OSTEOTOMY; FIBULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27709	OSTEOTOMY; TIBIA AND FIBULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27726	REPAIR FIBULA NONUNION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27767	CLTX POST ANKLE FX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27768	CLTX POST ANKLE FX W/MNPJ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27769	OPTX POST ANKLE FX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR POR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR POR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27870	ARTHRODESIS, ANKLE, OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (G	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27889	ANKLE DISARTICULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
27899	UNLISTED PROCEDURE, LEG OR ANKLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28001	INCISION AND DRAINAGE, BURSA, FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28008	FASCIOTOMY, FOOT AND/OR TOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28035	RELEASE, TARSA TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28039	EXC FOOT/TOE TUM SC > 1.5 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28041	EXC FOOT/TOE TUM DEEP >1.5CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28047	RESECT FOOT/TOE TUMOR > 3 CM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28055	NEURECTOMY, FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28118	OSTECTOMY, CALCANEUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28130	TALECTOMY (ASTRAGALECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28140	METATARSECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28150	PHALANGECTOMY, TOE, EACH TOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TEND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28270	CAPSULOTOMY; METATARSOPHALANGE AL JOINT, WITH OR WITHOUT TENO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28298	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28302	OSTEOTOMY; TALUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28360	RECONSTRUCTION, CLEFT FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28446	OSTEOCHONDRAL TALUS AUTOGRFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28450	TREATMENT OF TARSA L BONE FRACTURE (EXCEPT TALUS AND CALCANEU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28455	TREATMENT OF TARSA L BONE FRACTURE (EXCEPT TALUS AND CALCANEU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28630	CLOSED TREATMENT OF METATARSOPHALANGE AL JOINT DISLOCATION; W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28635	CLOSED TREATMENT OF METATARSOPHALANGE AL JOINT DISLOCATION; R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGE AL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28705	ARTHRODESIS; PANTALAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28715	ARTHRODESIS; TRIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28725	ARTHRODESIS; SUBTALAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
28805	AMPUTATION, FOOT; TRANSMETATARSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28890	HIGH ENERGY ESWT, PLANTAR F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
28899	UNLISTED PROCEDURE, FOOT OR TOES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29015	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; INCLUDING HEA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE TH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29055	APPLICATION, CAST; SHOULDER SPICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29058	APPLICATION, CAST; PLASTER VELPEAU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29130	APPLICATION OF FINGER SPLINT; STATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29200	STRAPPING; THORAX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29240	STRAPPING; SHOULDER (EG, VELPEAU)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29260	STRAPPING; ELBOW OR WRIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29280	STRAPPING; HAND OR FINGER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29358	APPLICATION OF LONG LEG CAST BRACE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29520	STRAPPING; HIP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29530	STRAPPING; KNEE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29540	STRAPPING; ANKLE AND/OR FOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29550	STRAPPING; TOES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29580	STRAPPING; UNNA BOOT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29581	APPLY MULTILAY COMPRS LWR LEG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29584	UPPER ARM, FOREARM, HAND, AND FINGERS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29720	REPAIR OF SPICA, BODY CAST OR JACKET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29730	WINDOWING OF CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29750	WEDGING OF CLUBFOOT CAST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29828	ARTHROSCOPY BICEPS TENODESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY MUSCULOSKELETAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29900	ARTHROSCOPY, METACARPOPHALANGE AL JOINT, DIAGNOSTIC, INCLUDES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29901	ARTHROSCOPY, METACARPOPHALANGE AL JOINT, SURGICAL; WITH DEBRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29902	ARTHROSCOPY, METACARPOPHALANGE AL JOINT, SURGICAL; WITH REDUC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29904	SUBTALAR ARTHRO W/FB RMVL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29905	SUBTALAR ARTHRO W/EXC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY MUSCULOSKELETAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
29906	SUBTALAR ARTHRO W/DEB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29907	SUBTALAR ARTHRO W/FUSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
29999	UNLISTED PROCEDURE, ARTHROSCOPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
SURGERY NERVOUS SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61501	CRANIECTOMY; FOR OSTEOMYELITIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY NERVOUS SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR F	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>61600</b>	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61601</b>	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61605</b>	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61606</b>	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61607</b>	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61608</b>	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61611</b>	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>61613</b>	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61630	INTRACRANIAL ANGIOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61635	INTRACRAN ANGIOPLSTY W/STENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61640	DILATE IC VASOSPASM, INIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61641	DILATE IC VASOSPASM ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61642	DILATE IC VASOSPASM ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61645	PERCUTANEOUS TRANSLUMINAL INTRACRANIAL ARTERIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61650	ENDOVASCULAR ADMINISTRATION OF PHARMACOLOGIC AGENT INTO INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61651	ENDOVASCULAR ADMINISTRATION OF PHARMACOLOGIC AGENT INTO INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/01/2021	08/01/2021
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61796	SRS, CRANIAL LESION SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61797	SRS, CRAN LES SIMPLE, ADDL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61798	SRS, CRANIAL LESION COMPLEX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61799	SRS, CRAN LES COMPLEX, ADDL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61800	APPLY SRS HEADFRAME ADD-ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/01/2021	08/01/2021
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/01/2021	08/01/2021
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/01/2021	08/01/2021
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/01/2021	08/01/2021
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTROD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	02/01/2021	08/01/2021
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNITE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62180	VENTRICULOCISTERNOS TOMY (TORKILDSEN TYPE OPERATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDU RAL-ATRIAL, -JUGULAR, -	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDU RAL-PERITONEAL, -PLEURA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62200	VENTRICULOCISTERNOTOMY, THIRD VENTRICLE;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62201	VENTRICULOCISTERNOTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62258	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62267	INTERDISCAL PERQ ASPIR, DX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY NERVOUS SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC OR CT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
62370	WITH REPROGRAMING AND REFILL (REQUIRING PHYSICIAN'S SKILL)	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	02/12/2020	08/01/2021
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL COR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL COR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63077	DISSECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63078	DISSECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY NERVOUS SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63620	SRS, SPINAL LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63621	SRS, SPINAL LESION, ADDL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES,	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
63661	REMOVE SPINE ELTRD PERQ ARAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63662	REMOVE SPINE ELTRD PLATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63663	REVISE SPINE ELTRD PERQ ARAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63664	REVISE SPINE ELTRD PLATE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	08/11/2021	08/01/2021
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63710	DURAL GRAFT, SPINAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, R	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANC	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64455	N BLOCK INJ, PLANTAR DIGIT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64461	THORACIC PARAVERTEBRAL BLOCK USING IMAGING GUIDANCE SINGLE I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64462	THORACIC PARAVERTEBRAL BLOCK USING IMAGING GUIDANCE SECOND A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64463	THORACIC PARAVERTEBRAL BLOCK BY CONTINUOUS INFUSION USING CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64486	TRANSVERSUS ABDOMINIS PLAIN (TAP) BLOCK (ABDOMINAL PLANE BLO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64487	BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE WHEN PE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK ABDOMINAL PLANE BLOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64489	BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE WHEN PE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64490	INJ PARAVERT F JNT C/T 1 LEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64491	INJ PARAVERT F JNT C/T 2 LEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64492	INJ PARAVERT F JNT C/T 3 LEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64493	INJ PARAVERT F JNT L/S 1 LEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64494	INJ PARAVERT F JNT L/S 2 LEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64495	INJ PARAVERT F JNT L/S 3 LEV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ARRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64590	INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64615	CHEMODENERVATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC J	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64632	N BLOCK INJ, COMMON DIGIT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64634	CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64635	LUMBAR OR SACRAL, SINGLE FACET JOINT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64636	LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT(LIST SEPARATEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64650	CHEMODENERV ECCRINE GLANDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64653	CHEMODENERV ECCRINE GLANDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (L	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EX	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64786	EXCISION OF NEUROMA; SCIATIC NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL N	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64795	BIOPSY OF NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64802	SYMPATHECTOMY, CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64804	SYMPATHECTOMY, CERVICOTHORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64809	SYMPATHECTOMY, THORACOLUMBAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64818	SYMPATHECTOMY, LUMBAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64821	SYMPATHECTOMY; RADIAL ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64822	SYMPATHECTOMY; ULNAR ARTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGIT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/06/2021	08/01/2021
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64840	SUTURE OF POSTERIOR TIBIAL NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64858	SUTURE OF SCIATIC NERVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64861	SUTURE OF; BRACHIAL PLEXUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64862	SUTURE OF; LUMBAR PLEXUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64910	NERVE REPAIR W/ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY NERVOUS SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
64911	NEURORRAPHY W/VEIN AUTOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY REPRODUCTIVE SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
55920	PLACE NEEDLES PELVIC FOR RT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY RESPIRATORY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30100	BIOPSY, INTRANASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30110	EXCISION, NASAL POLYP(S), SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE, ANY METH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30150	RHINECTOMY; PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30160	RHINECTOMY; TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMU COSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30560	LYSIS INTRANASAL SYNECHIA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30600	REPAIR FISTULA; ORONASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30630	REPAIR NASAL SEPTAL PERFORATIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30801	CAUTERY AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30802	CAUTERY AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30915	LIGATION ARTERIES; ETHMOIDAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
30999	UNLISTED PROCEDURE, NOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH LIGATION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH REC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31420	EPIGLOTTIDECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31505	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF LESI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31573	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31574	LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY(IES)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, WITH INDWELLING KEEL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31584	LARYNGOPLASTY; WITH OPEN REDUCTION AND FIXATION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31587	LARYNGOPLASTY, CRICOID SPLIT WITHOUT GRAFT PLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31591	LARYNGOPLASTY, MEDIALIZATION, UNILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31592	CRICOTRACHEAL RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31599	UNLISTED PROCEDURE, LARYNX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATIO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31643	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31645	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31646	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH THERAPEUTIC ASPIRATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31652	BRONCHOSCOPY WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31653	BRONCHOSCOPY WITH ENDOBRONCHIAL ULTRASOUND [EBUS] GUIDED TRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31654	BRONCHOSCOPY WITH TRANSENDOSCOPIC ULTRASOUND (EBUS) DURING B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31656	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH INJECTION OF CONTRAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31750	TRACHEOPLASTY; CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31760	TRACHEOPLASTY; INTRATHORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31766	CARINAL RECONSTRUCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31770	BRONCHOPLASTY; GRAFT REPAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31805	SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
31830	REVISION OF TRACHEOSTOMY SCAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32097	THORACOTOMY, WITH DIAGNOSTIC BIGOPSY(IES) OF LUNG NODULE(S)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BOD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32200	PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32220	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32225	DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32320	DECORTICATION AND PARIETAL PLEURECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS, INCLU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32491	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; WITH RESECTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32503	RESECT APICAL LUNG TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32504	RESECT APICAL LUNG TUM/CHEST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION(EG, MASS, NODU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32506	WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE , EACH AD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32507	WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32552	REMOVE LUNG CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32554	THORACENTESIS, NEEDLE OR CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32555	THORACENTESIS, NEEDLE OR CATHETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32556	PLERUAL DRAINAGE, PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32557	PLERUAL DRAINAGE, PERCUTANEOUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32560	TREAT LUNG LINING CHEMICALLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32561	LYSE CHEST FIBRIN INIT DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32562	LYSE CHEST FIBRIN SUBQ DAY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF THE LUNG INFILT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32608	WITH DIAGNOSTIC BIOPSY(IES) OF THE LUNG, NODULE(S) OR MASS(E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32609	WITH BIOPSY(IES)OF PLEURA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, I	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32666	WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32667	WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32668	WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32669	WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32670	WITH REMOVAL OF TWO LOBES(BILOBJECTMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32671	WITH REMOVAL OF LUNG (PNEUMONECTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32672	WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32673	WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32674	WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32701	THORACIC TARGET(S) DELINEATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY RESPIRATORY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32997	TOTAL LUNG LAVAGE (UNILATERAL)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32998	PERQ RF ABLATE TX, PUL TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDUR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50045	NEPHROTOMY, WITH EXPLORATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50120	PYELOTOMY; WITH EXPLORATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50240	NEPHRECTOMY, PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50250	ABLATION, OPEN, 1 OR MORE RENAL MASS LESION(S), CRYOSURGICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50290	EXCISION OF PERINEPHRIC CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL AL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL AL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL AL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50360	RENAL ALLOTRANSPLANTATION , IMPLANTATION OF GRAFT; WITHOUT RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50365	RENAL ALLOTRANSPLANTATION , IMPLANTATION OF GRAFT; WITH RECIPIENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50382	CHANGE URETER STENT, PERCUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50384	REMOVE URETER STENT, PERCUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50389	REMOVE RENAL TUBE W/FLUORO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND URETEROG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND URETEROG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50435	PERCUTANEOUS REPLACEMENT OF NEPHROSTOMY CATHETER TO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50436	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50437	DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOUTANEOUS FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC),	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLAS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY URINARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50592	PERC RF ABLATE RENAL TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50688	CHANGE OF URETEROSTOMY TUBE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50693	PLACEMENT OF URTERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50694	PERCUTANEOUS INSERTION OF URETERAL STENT WITH NEPHROSTOGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50695	PERCUTANEOUS INSERTION OF URETERAL STENT WITH NEPHROSTOGRAM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50760	URETEROURETEROSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND EXTERNALIZATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING A CONDUIT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, ILEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50845	CUTANEOUS APPENDICO-VESICOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50940	DELIGATION OF URETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50945	LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51060	TRANSVESICAL URETEROLITHOTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51100	DRAIN BLADDER BY NEEDLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51101	DRAIN BLADDER BY TROCAR/CATH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51102	DRAIN BL W/CATH INSERTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51550	CYSTECTOMY, PARTIAL; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TEC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT C	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51727	CYSTOMETROGRAM W/UP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51728	CYSTOMETROGRAM W/VP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51729	CYSTOMETROGRAM W/VP&UP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY , PLASTIC OPERATION ON BLAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51840	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51841	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT EN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; CO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51920	CLOSURE OF VESICOUTERINE FISTULA;	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51940	CLOSURE, EXSTROPHY OF BLADDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51980	CUTANEOUS VESICOSTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINEN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
51999	LAPAROSCOPE PROC, BLADDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL	09/01/2020	08/01/2021
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52204	CYSTOURETHROSCOPY, WITH BIOPSY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, W	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPH)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52287	CYTOUNETHROSCOPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY ME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY ME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THRO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52441	CYSTOURETHROSCOPY , WITH INSERTION OF PERMANENT ADJUSTABLE T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52442	CYSTOURETHROSCOPY WITH ISERTION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52450	TRANSURETHRAL INCISION OF PROSTATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE L	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52649	PROSTATE LASER ENUCLEATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE);	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT IN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53060	DRAINAGE OF SKENES GLAND ABSCESS OR CYST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53200	BIOPSY OF URETHRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53250	EXCISION OF BULBOURETHRAL GLAND (COWPERS GLAND)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53270	EXCISION OR FULGURATION; SKENES GLANDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR ST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53450	URETHROMEATOPLASTY , WITH MUCOSAL ADVANCEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53460	URETHROMEATOPLASTY , WITH PARTIAL EXCISION OF DISTAL URETHRAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### SURGERY URINARY SYSTEM

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (S	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INST	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
SURGERY URINARY SYSTEM						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) A	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE T	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53855	INSERT PROST URETHRAL STENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
53899	UNLISTED PROCEDURE, URINARY SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> PERFORMED AT ANY POS OTHER THAN OFFICE. EXAMPLE: ASC, HOSPITAL, ENDOSCOPY CTR, ETC.	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
SERVICE CATEGORY						
TEMP CODES ASSIG DME REGIONAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP CODES ASSIG DME REGIONAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
K0001	STANDARD WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0003	LIGHTWEIGHT WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0006	HEAVY-DUTY WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0009</b>	OTHER MANUAL WHEELCHAIR/BASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0010</b>	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0011</b>	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0012</b>	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0013</b>	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0014</b>	OTHER MOTORIZED/POWER WHEELCHAIR BASE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>K0015</b>	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0017</b>	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0018</b>	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0019</b>	ARM PAD, REPLACEMENT ONLY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0020</b>	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0037</b>	HIGH MOUNT FLIP-UP FOOTREST, REPLACEMENT ONLY; EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0038</b>	LEG STRAP, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0039</b>	LEG STRAP, H STYLE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0040</b>	ADJUSTABLE ANGLE FOOTPLATE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0041</b>	LARGE SIZE FOOTPLATE, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0042</b>	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0043</b>	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0044</b>	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0045</b>	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0046</b>	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0047</b>	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, E	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0050</b>	RATCHET ASSEMBLY, REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0051</b>	CAM RELEASE ASSEMBLY, FOOTREST OR LEGRESTS, REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0052</b>	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0053</b>	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0056</b>	SEAT HEIGHT LESS THAN 17 INCHES OR EQUAL TO OR GREATER THAN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0065</b>	SPOKE PROTECTORS, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0069</b>	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0070</b>	REAR WHEEL ASSEMBLY, COMPLETE WITH PNEUMATIC TIRE, SPOKES OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0071</b>	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLAC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0072</b>	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0073</b>	CASTER PIN LOCK, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0077</b>	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0098</b>	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0105</b>	IV HANGER, EACH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0108</b>	OTHER ACCESSORIES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0195</b>	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR)	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0455</b>	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0462</b>	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP CODES ASSIG DME REGIONAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	01/27/2021	08/01/2021
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	01/27/2021	08/01/2021
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0606</b>	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCAR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0607</b>	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0608</b>	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRIL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>K0609</b>	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIB	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0669</b>	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0730</b>	CTRL DOSE INH DRUG DELIV SYS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0733</b>	12-24HR SEALED LEAD ACID	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0738</b>	PORTABLE GAS OXYGEN SYSTEM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0739</b>	REPAIR OF NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0743</b>	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>K0744</b>	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>K0745</b>	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>K0746</b>	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>K0800</b>	POV GROUP 1 STD UP TO 300LBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0801</b>	POV GROUP 1 HD 301-450 LBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0802</b>	POV GROUP 1 VHD 451-600 LBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP CODES ASSIG DME REGIONAL						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
K0806	POV GROUP 2 STD UP TO 300LBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
K0807	POV GROUP 2 HD 301-450 LBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
K0808	POV GROUP 2 VHD 451-600 LBS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
K0812	POWER OPERATED VEHICLE NOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
K0813	PWC GP 1 STD PORT SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0814	PWC GP 1 STD PORT CAP CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0815	PWC GP 1 STD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
K0816	PWC GP 1 STD CAP CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0820</b>	PWC GP 2 STD PORT SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0821</b>	PWC GP 2 STD PORT CAP CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0822</b>	PWC GP 2 STD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0823</b>	PWC GP 2 STD CAP CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0824</b>	PWC GP 2 HD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0825</b>	PWC GP 2 HD CAP CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>K0848</b>	PWC GP 3 STD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0856</b>	PWC GP3 STD SING POW OPT S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0861</b>	PWC GP3 STD MULT POW OPT S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>K0868</b>	PWC GP 4 STD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0869</b>	PWC GP 4 STD CAP CHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0870</b>	PWC GP 4 HD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>K0871</b>	PWC GP 4 VHD SEAT/BACK	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>K0877</b>	PWC GP4 STD SING POW OPT S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0878</b>	PWC GP4 STD SING POW OPT CAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>K0879</b>	PWC GP4 HD SING POW OPT S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP CODES ASSIG DME REGIONAL

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>K0880</b>	PWC GP4 VHD SING POW OPT S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0884</b>	PWC GP4 STD MULT POW OPT S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0886</b>	PWC GP4 HD MULT POW S/B	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>K0898</b>	POWER WHEELCHAIR NOC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>K0899</b>	POW MOBIL DEV NO SADMERC	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>K0900</b>	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0012</b>	BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP NAT CODE BY PRIVATE PAYER						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0013	ESKETAMINE, NASAL SPRAY, 1 MG	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	01/08/2021	08/01/2021
S0014	TACRINE HCL, 10 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0017	INJECTION, AMINOCAPROIC ACID, 5 GRAMS	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0020	INJECTION, BUPIVICAINE HCL, 30 ML	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0021	INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0023	INJECTION, CIMETIDINE HCL, 300 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0028	INJECTION, FAMOTIDINE, 20 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0030	INJECTION, METRONIDAZOLE, 500 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP NAT CODE BY PRIVATE PAYER						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0034	INJECTION, OFLOXACIN, 400 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0039	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0040	INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0073	INJECTION, AZTREONAM, 500 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0080</b>	INJECTION, PENTAMIDINE ISETHIONATE, 300 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0081</b>	INJECTION, PIPERACILLIN SODIUM, 500 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0088</b>	IMATINIB 100 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0090</b>	SILDENAFIL CITRATE, 25 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0091</b>	GRANISETRON HYDROCHLORIDE, 1 MG (FOR CIRCUMSTANCES FALLING U	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0092</b>	INJECTION, HYDROMORPHONE HYDROCHLORIDE, 250 MG (LOADING DOSE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0093</b>	INJECTION, MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0104</b>	ZIDOVUDINE, ORAL 100 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE O	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0108	MERCAPTOPURINE, ORAL, 50 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0109	METHADONE, ORAL, 5MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0117	TRETINOIN, TOPICAL 5 GRAMS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0122	INJECTION, MENOTROPINS, 75 IU	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0128	INJECTION, FOLLITROPIN BETA, 75 IU	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0132</b>	INJECTION, GANIRELIX ACETATE, 250 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0136</b>	CLOZAPINE, 25 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0137</b>	DIDANOSINE (DDI), 25 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0138</b>	FINASTERIDE, 5 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0139</b>	MINOXIDIL, 10 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0140</b>	SAQUINAVIR, 200 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0142</b>	COLISTIMETHATE INH SOL MG	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
<b>S0145</b>	PEG INTERFERON ALFA-2A/180	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0148</b>	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0155</b>	STERILE DILUTANT FOR EPOPROSTENOL, 50 ML	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0156</b>	EXEMESTANE, 25 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0157</b>	BECAPLERMIN GEL 0.01%, 0.5 GM	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0160</b>	DEXTROAMPHETAMINE SULFATE, 5 MG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0164</b>	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0166</b>	INJECTION, OLANZAPINE, 2.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S0169</b>	CALCITROL, 0.25 MICROGRAM	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0170	ANASTROZOLE, ORAL, 1MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0171	INJECTION, BUMETANIDE, 0.5 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
S0172	CHLORAMBUCIL, ORAL, 2 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0174	DOLASETRON MESYLATE, ORAL 50 MG (FOR CIRCUMSTANCES FALLING U	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0175	FLUTAMIDE, ORAL, 125 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0176	HYDROXYUREA, ORAL, 500 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0177	LEVAMISOLE HCL, ORAL, 50 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0178	LOMUSTINE, ORAL, 10 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

**Prior Authorization Requirements STAR, CHIP and CHIP Perinatal****SERVICE CATEGORY**

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0179	MEGESTROL ACETATE, ORAL, 20 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0182	PROCARBAZINE HCL, ORAL, 50 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0183	PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLI	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0187	TAMOXIFEN CITRATE, ORAL, 10 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0189	TESTOSTERONE PELLET, 75 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0190	MITEPRISTONE, ORAL, 200 MG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0191	MISOPROSTOL, ORAL, 200 MCG	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0194	DIALYSIS/STRESS VITAMIN SUPPLEMENT, ORAL, 100 CAPSULES	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0197	PRENATAL VITAMINS 30 DAY	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION I	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DI	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0207	PARAMEDIC INTERCEPT, NON-HOSPITAL BASED ALS SERVICE (NON-VOL	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0208	PARAMEDIC INTERCEPT, HOSPITAL-BASED ALS SERVICE (NON-VOLUNTA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0209	WHEELCHAIR VAN, MILEAGE, PER MILE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0220	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

## SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0221	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0250	COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0255	HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0257	COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR EN	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0260	HISTORY AND PHYSICAL (OUTPATIENT OR OFFICE) RELATED TO SURGI	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0265	GENETIC COUNSEL 15 MINS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0270	HOME STD CASE RATE 30 DAYS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0271	HOME HOSPICE CASE 30 DAYS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0272	HOME EPISODIC CASE 30 DAYS	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0273	MD HOME VISIT OUTSIDE CAP	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0274	NURSE PRACTR VISIT OUTS CAP	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0280	MEDICAL HOME, INITIAL PLAN	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0281	MEDICAL HOME, MAINTENANCE	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0285	CNSLT BEFORE SCREEN COLONOSCOPIA	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0302	COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0310	HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FO	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S0311	COMP MGMT CARE COORD ADV ILL	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATIO	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0316	FOLLOW-UP/REASSESS MENT	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0320	TELEPHONE CALLS BY A REGISTERED NURSE TO A DISEASE MANAGEMEN	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0340	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0341	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0342	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0353</b>	TREATMENT PLANNING AND CARE COORDINATION MANGAGEMENT FOR	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0354</b>	TREATMENT PLANNING AND CARE COORDINATION MANGAGEMENT FOR	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0390</b>	ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0395</b>	IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTH	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0400</b>	GLOBAL FEE FOR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY TREATME	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0500</b>	DISPOSABLE CONTACT LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0504</b>	SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLA	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0506</b>	BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGL	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0508</b>	TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNG	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0510</b>	NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER L	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0512</b>	DAILY WEAR SPECIALTY CONTACT LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0514</b>	COLOR CONTACT LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0515</b>	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>S0516</b>	SAFETY EYEGLASS FRAMES	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0518</b>	SUNGLASSES FRAMES	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0580</b>	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S0581</b>	NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CO	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0590</b>	INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0592</b>	COMPREHENSIVE CONTACT LENS EVALUATION	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0595</b>	NEW LENSES IN PTS OLD FRAME	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0596</b>	PHAKIC INTRAOCULAR LENS FOR CORRECTION OF REFRACTIVE ERROR	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0601</b>	SCREENING PROCTOSCOPY	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0610</b>	ANNUAL GYNECOLOGICAL EXAMINATION; NEW PATIENT	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S0612</b>	ANNUAL GYNECOLOGICAL EXAMINATION; ESTABLISHED PATIENT	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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S0613	ANN BREAST EXAM	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0618	AUDIOMETRY FOR HEARING AID EVALUATION TO DETERMINE THE LEVEL	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0622	PHYSICAL EXAM FOR COLLEGE, NEW OR ESTABLISHED PATIENT (LIST	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0630	REMOVAL OF SUTURES BY A PHYSICIAN OTHER THAN THE PHYSICIAN W	NO AUTHORIZATION REQUIRED		STAR, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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<b>S0812</b>	PHOTOTHERAPEUTIC KERATECTOMY (PTK)	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1001</b>	DELUXE ITEM, PATIENT AWARE (LIST IN ADDITION TO CODE FOR BAS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1002</b>	CUSTOMIZED ITEM (LIST IN ADDITION TO CODE FOR BASIC ITEM)	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1015</b>	IV TUBING EXTENSION SET	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S1016</b>	NON-PVC (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET,	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1030</b>	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE (	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1031</b>	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL, IN	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1034</b>	ARTIFICIAL PANCREAS DEVICE SYSTEM (EG., LOW GLUCOSE SUSPEND	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021



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<b>S1035</b>	SENSOR; INVASIVE (EG, SUBCUTANEOUS), DISPOSABLE, FOR USE WIT	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1036</b>	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVI	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1037</b>	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH ARTIFICIAL PANCRE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S1040</b>	CRANIAL REMOLDING ORTHOSIS, RIGID, WITH SOFT INTERFACE MATER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S2053</b>	TRANSPLANTATION OF SMALL INTESTINE, AND LIVER ALLOGRAFTS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2066</b>	BREAST GAP FLAP RECONST	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	07/30/2021	08/01/2021
<b>S2067</b>	BREAST "STACKED" DIEP/GAP	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	07/30/2021	08/01/2021
<b>S2068</b>	BREAST DIEP FLAP RECONSTRUCT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S2079</b>	LAP ESOPHAGOMYOTOMY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2095</b>	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTIO	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2117</b>	ARTHROEREISIS, SUBTALAR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2118</b>	TOTAL HIP RESURFACING	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>S2142</b>	CORD BLOOD-DERIVED STEM-CELL TRANSPLANTATION, ALLOGENEIC	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2225</b>	MYRINGOTOMY, LASER-ASSISTED	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2230</b>	IMPLANTATION OF MAGNETIC COMPONENT OF SEMI-IMPLANTABLE HEARI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2235</b>	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S2325</b>	HIP CORE DECOMPRESSION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S2340</b>	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>S2341</b>	CHEMODENERVATION OF ADDUCTOR MUSCLE(S) OF VOCAL CORD	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>S2401</b>	REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S2402</b>	REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S2403</b>	REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PRO	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S2405</b>	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S2409</b>	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORME	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S2411</b>	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S2900</b>	ROBOTIC SURGICAL SYSTEM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
<b>S3800</b>	GENETIC TESTING ALS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3840</b>	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGEN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3841</b>	GENETIC TESTING FOR RETINOBLASTOMA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3842</b>	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3844</b>	DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILI	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3845</b>	GENETIC TESTING FOR ALPHA-THALASSEMIA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

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<b>S3846</b>	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3849</b>	GENETIC TESTING FOR NIEMANN-PICK DISEASE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3850</b>	GENETIC TESTING FOR SICKLE CELL ANEMIA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3852</b>	DNA ANALYSIS FOR APOE EPILSON 4 ALLELE FOR SUSCEPTIBILITY TO	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S3853</b>	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>S3854</b>	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S3861</b>	GENETIC TEST BRUGADA	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S3865</b>	COMP GENET TEST HYP CARDIOMY	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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S3866	SPEC GENE TEST HYP CARDIOMY	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S3870	CGH TEST DEVELOPMENTAL DELAY	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S3900	SURFACE ELECTROMYOGRAPHY (EMG)	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S3902	BALLISTOCARDIOGRAM	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S3904	MASTERS TWO STEP	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4005	INTERIM LABOR FACILITY GLOBAL (LABOR OCCURRING BUT NOT RESUL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIF	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4013	COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S4014</b>	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4015</b>	COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPECIFI	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4016</b>	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4017</b>	INCOMPLETE CYCLE, TREATMENT CANCELLED PRIOR TO STIMULATION,	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4018</b>	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER,	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4020</b>	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4021</b>	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION,	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4022</b>	ASSISTED OOCYTE FERTILIZATION, CASE RATE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021



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SERVICE CATEGORY						
TEMP NAT CODE BY PRIVATE PAYER						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S4023	DONOR EGG CYCLE, INCOMPLETE, CASE RATE	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4025	DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM OR EMBRYO),	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4030	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; INITIAL VIS	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4031	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES;	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S4037</b>	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4040</b>	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4042</b>	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4981</b>	INSERTION OF LEVONORGESTREL-REL EASING INTRAUTERINE SYSTEM	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4989</b>	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G., PROGESTACERT IUD),	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4990</b>	NICOTINE PATCHES, LEGEND	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4991</b>	NICOTINE PATCHES, NON-LEGEND	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S4993</b>	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S8030</b>	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>S8101</b>	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZ	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8185</b>	FLUTTER DEVICE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8189</b>	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>S8265</b>	HABERMAN FEEDER FOR CLEFT LIP/PALATE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>S8270</b>	ENURESIS ALARM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8301</b>	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S8415</b>	SUPPLIES FOR HOME DELIVERY OF INFANT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S8420</b>	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8421</b>	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8422</b>	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8423</b>	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8424</b>	GRADIENT PRESSURE AID (SLEEVE), READY MADE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8425</b>	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8426</b>	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8427</b>	GRADIENT PRESSURE AID (GLOVE), READY MADE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

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TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S8428</b>	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8429</b>	GRADIENT PRESSURE EXTERIOR WRAP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8450</b>	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8451</b>	SPLINT, PREFABRICATED, WRIST OR ANKLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8452</b>	SPLINT, PREFABRICATED, ELBOW	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8990</b>	PHYSICAL OR MANIPULATIVE THERAPY PERFORMED FOR MAINTENANCE R	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, ASSESSMENT/EVALUATION, THSTEPS OR PHYSICIAN CLINICAL NOTE, LONG/SHORT TERM GOALS, CLINICAL DOCUMENTATION	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S8999</b>	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/ LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S9088</b>	SERVICES PROVIDED IN AN URGENT CARE CENTER (LIST IN ADDITION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S9090</b>	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>S9110</b>	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP, CHIP PERINATAL (NB)	08/12/2021	08/01/2021
<b>S9123</b>	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (US	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>S9124</b>	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>S9152</b>	SPEECH THERAPY RE-EVAL.	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>S9213</b>	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SER	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>S9329</b>	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION;	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>S9330</b>	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	08/11/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

**SERVICE CATEGORY**  
 TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR H	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	08/11/2021	08/01/2021
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	08/11/2021	08/01/2021
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	08/11/2021	08/01/2021
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MOR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MOR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	08/11/2021	08/01/2021
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MOR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	08/11/2021	08/01/2021
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; AD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP NAT CODE BY PRIVATE PAYER

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S9441</b>	ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER, PER SESSION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S9445</b>	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN P	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>S9452</b>	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2019	08/01/2021
<b>S9470</b>	NUTRITIONAL COUNSELING, DIETITIAN VISIT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>S9542</b>	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021
<b>S9558</b>	HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021
<b>S9559</b>	HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIV	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021
<b>S9560</b>	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP NAT CODE BY PRIVATE PAYER						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>S9562</b>	HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2019	08/01/2021
SERVICE CATEGORY						
TEMP PROC/PROF (G CODES)						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0027</b>	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0101</b>	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
<b>G0103</b>	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (P	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>G0104</b>	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>G0105</b>	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HI	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>G0106</b>	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0120</b>	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
<b>G0121</b>	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		STAR, CHIP	07/30/2021	08/01/2021
<b>G0127</b>	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G0151</b>	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>G0152</b>	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, E	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0153</b>	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH S	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0155</b>	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, E	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0156</b>	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0157</b>	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0158</b>	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0159</b>	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0160</b>	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0161</b>	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIS	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0162</b>	SKILLED SERVICES BY A REGISTERED NURSE (RN) IN THE DELIVERY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0168</b>	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0176</b>	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0177</b>	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0179</b>	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0180</b>	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0181</b>	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0186</b>	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHO	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> AUTH REQUIRED AFTER THRESHOLD		CHIP	07/30/2021	08/01/2021
<b>G0279</b>	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILAT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
<b>G0283</b>	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FO	<b>NO AUTHORIZATION REQUIRED</b>		STAR	02/12/2020	08/01/2021
<b>G0299</b>	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) I	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0300</b>	DIRECT SKILLED NURSING OF A LICENSED PRACTICAL NURSE (LPN) I	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
<b>G0306</b>	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>G0307</b>	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>G0327</b>	CODE NOT VALID FOR THIS PERIOD	<b>NO AUTHORIZATION REQUIRED</b>		CHIP, CHIP PERINATAL (NB)	05/18/2021	08/01/2021
<b>G0328</b>	COLORECTALCANCER SCREENING; FECAL-OCCULT BLOOD TEST, IMMUNOA	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0339</b>	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTACTIC RA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G0340</b>	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEREOTACTIC R	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G0396</b>	ALCOHOL/SUBS INTERV 15-30MN	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0398</b>	HOME SLEEP TEST/TYPE 2 PORTA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0399</b>	HOME SLEEP TEST/TYPE 3 PORTA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0400</b>	HOME SLEEP TEST/TYPE 4 PORTA	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0402</b>	INITIAL PREVENTIVE EXAM	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
<b>G0406</b>	TELHEALTH INPT CONSULT 15MIN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
<b>g0407</b>	TELHEALTH INPT CONSULT 25MIN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
<b>G0408</b>	TELHEALTH INPT CONSULT 35MIN	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
<b>G0425</b>	TELEHEALTH CONSULTATION	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
G0426	INPT TELEHEALTH CONSULT 50M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
G0427	INPT TELEHEALTH CON 70/>M	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	02/12/2020	08/01/2021
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE,	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	08/11/2021	08/01/2021
G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN	NO AUTHORIZATION REQUIRED		CHIP PERINATAL	02/12/2020	08/01/2021
G0459	TELEHEALTH INPT PHARM MGMT	NO AUTHORIZATION REQUIRED		STAR, CHIP	02/12/2020	08/01/2021
G0466	FQHC VISIT NEW PATIENT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
G0467	FQHC VISIT, ESTAB PT	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0468</b>	FQHC VISIT, IPPE OR AWW	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>G0469</b>	FQHC VISIT, MH NEW PT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>G0470</b>	FQHC VISIT, MH ESTAB PT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
<b>G0472</b>	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0475</b>	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0480</b>	DRUG TEST DEF 1-7 CLASSES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0481</b>	DRUG TEST DEF 8-14 CLASSES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0482</b>	DRUG TEST DEF 15-21 CLASSES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G0483</b>	DRUG TEST DEF 22+ CLASSES	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G0493</b>	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVAT	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>G0498</b>	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE;	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G0500</b>	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	02/12/2020	08/01/2021
<b>G0506</b>	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS R	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
<b>G0659</b>	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METH	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G2011</b>	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTUR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	09/01/2020	08/01/2021
<b>G2023</b>	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CO	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	03/24/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMP PROC/PROF (G CODES)						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	03/31/2020	08/01/2021
G2066	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS;	NO AUTHORIZATION REQUIRED		STAR	12/20/2019	08/01/2021
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELD	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE P	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE P	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE P	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE P	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G6007</b>	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G6008</b>	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G6009</b>	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G6010</b>	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G6011</b>	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G6012</b>	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G6013</b>	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G6014</b>	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AR	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>G6015</b>	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE F	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>G6016</b>	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G6017</b>	INTRAFACTION TRACK MOTION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021
<b>G8417</b>	CALCULATED BMI ABOVE NORMAL PARAMETERS AND A FOLLOW UP PLAN	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>G8421</b>	BMI NOT CALCULATED	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>G8428</b>	CURRENT LIST OF MEDICATIONS NOT DOCUMENTED AS OBTAINED, UPDA	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>G8431</b>	SCREENING FOR DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
<b>G8476</b>	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF < 1	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
G8506	PT REC ACE/ARB	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
G8510	SCREENING FOR DEPRESSION IS DOCUMENTED AS NEGATIVE, A FOLLOW	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
G8511	SCREENING FOR DEPRESSION DOCUMENTED S POSITIVE, FOLLOW UP	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G8539	CUR FUNCT ASSESS & CARE PLN	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G8851	OBJECTIVE MEASUREMENT OF ADHERENCE TO POSITIVE AIRWAY	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G8950	PRE-HYPERTENSIVE OR HYPERTENSIVE BLOOD PRESSURE READING DOCU	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9196	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ORDERING FIRST OR	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9197	DOCUMENTATION OF ORDER FOR FIRST OR SECOND GENERATION CEPHAL	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMP PROC/PROF (G CODES)

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
G9198	ORDER FOR FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIM	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9273	BLOOD PRESSURE HAS A SYSTOLIC VALUE OF < 140 AND A DIASTOLIC	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9416	PATIENT HAD ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PE	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	NO AUTHORIZATION REQUIRED		STAR	02/12/2020	08/01/2021
G9500	RADIATION EXPOSURE INDICES, OR EXPOSURE TIME AND NUMBER OF F	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9903	PATIENT SCREENED FOR TOBACCO USE AND IDENTIFIED AS A TOBACCO	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
G9904	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT SCREENING FOR TOB	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
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## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q0081</b>	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, P	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0083</b>	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0084</b>	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0085</b>	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND O	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0091</b>	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0092</b>	SET-UP PORTABLE X-RAY EQUIPMENT	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0111</b>	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	07/30/2021	08/01/2021
<b>Q0112</b>	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q0113	PINWORM EXAMINATION	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/30/2021	08/01/2021
Q0114	FERN TEST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/30/2021	08/01/2021
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR C	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	07/30/2021	08/01/2021
Q0138	FERUMOXYTOL, NON-ESRD	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
Q0139	FERUMOXYTOL, ESRD USE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
Q0162	ONDANSETRON 1 MG, ORAL, FDA-APPROVED PRESCRIPTION ANTI-EMETI	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q0163	DIPHENHYDRAMINE HCL, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q0166</b>	GRANISETRON HCL, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0167</b>	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0169</b>	PROMETHAZINE HCL, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION A	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0173</b>	TRIMETHOBENZAMIDE HCL, 250 MG, ORAL, FDA APPROVED PRESCRIPTI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0174</b>	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIP	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0175</b>	PERPHENZAININE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EME	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0177</b>	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q0180</b>	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q0243	INJECTION, CASIRIVIMAB AND IMDEVIMAB, 2400 MG	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q0244	CASIRIVI AND IMDEVI 1200 MG	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q0245	BAMLANIVIMAB AND ETESEVIMA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q0247	INJECTION, SOTROVIMAB, 500 MG	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q0480	DRIVER PNEUMATIC VAD, REP	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
Q0481	MICROPRCSR CU ELEC VAD, REP	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
Q0482	MICROPRCSR CU COMBO VAD, REP	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q0483</b>	MONITOR ELEC VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0484</b>	MONITOR ELEC OR COMB VAD REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0485</b>	MONITOR CABLE ELEC VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0486</b>	MON CABLE ELEC/PNEUM VAD REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0487</b>	LEADS ANY TYPE VAD, REP ONLY	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0488</b>	PWR PACK BASE ELEC VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0489</b>	PWR PCK BASE COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0490</b>	EMR PWR SOURCE ELEC VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q0491</b>	EMR PWR SOURCE COMBO VAD REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0492</b>	EMR PWR CBL ELEC VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0493</b>	EMR PWR CBL COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0494</b>	EMR HD PMP ELEC/COMBO, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0495</b>	CHARGER ELEC/COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0496</b>	BATTERY ELEC/COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0497</b>	BAT CLPS ELEC/COMB VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0498</b>	HOLSTER ELEC/COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q0499</b>	BELT/VEST ELEC/COMBO VAD REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0500</b>	FILTERS ELEC/COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0501</b>	SHWR COV ELEC/COMBO VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0502</b>	MOBILITY CART PNEUM VAD, REP	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0503</b>	BATTERY PNEUM VAD REPLACEMNT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0504</b>	PWR ADPT PNEUM VAD, REP VEH	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0506</b>	LITH-ION BATT ELEC/PNEUM VAD	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q0507</b>	MISC SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q0508</b>	MISC SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICUL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>Q2026</b>	INJECTION, RADIESSE, 0.1 ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q2041</b>	AXICABTAGENE CILELEUCEL CAR+	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES	STAR, CHIP	09/01/2020	08/01/2021
<b>Q2042</b>	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q2043</b>	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS A	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
<b>Q2053</b>	BREXUCABTAGENE CAR POS T	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
<b>Q3014</b>	TELEHEALTH ORIGINATING SITE FACILITY FEE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
<b>Q3031</b>	COLLAGEN SKIN TEST	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLA	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERG	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTE	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERG	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLAS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLAST	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAN	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAN	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAN	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAN	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLA	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLAS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBE	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGL	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLA	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIB	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTE	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERG	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), P	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), F	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLAS	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLAST	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLA	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLAS	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBE	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGL	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLA	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIB	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4049	FINGER SPLINT, STATIC	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STR	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4081	EPOETIN ALFA, 100 UNITS ESRD	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q4100	SKIN SUBSTITUTE, NOS	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4101	APLIGRAF SKIN SUB	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4102	OASIS WOUND MATRIX SKIN SUB	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4103	OASIS BURN MATRIX SKIN SUB	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMPORARY CODES ASSIGNED CMS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4104	INTEGRA BMWWD SKIN SUB	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGR	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4106	DERMAGRAFT SKIN SUB	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4107	GRAFTJACKET SKIN SUB	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4108	INTEGRA MATRIX SKIN SUB	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4110	PRIMATRIX SKIN SUB	NO AUTHORIZATION REQUIRED		STAR, CHIP	07/30/2021	08/01/2021
Q4111	GAMMAGRAFT SKIN SUB	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4112	CYMETRA ALLOGRAFT	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4113	GRAFTJACKET EXPRESS ALLOGRAF	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q4114	INTEGRA FLOWABLE WOUND MATRI	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q4115	SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
Q4116	SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
Q4118	MATRISTEM MICROMATRIX, 1 MG	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
Q4121	THERASKIN, PER SQUARE CENTIMETER	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
Q4122	DERMACELL, PER SQUARE CENTIMETER	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4126	MEMODERM, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4127	TALYMED, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4128	FLEXHD OR ALLOPATCHHD, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4132	GRAFIX CORE, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4133	GRAFIX PRIME, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q4134	HMATRIX, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4135	MEDISKIN, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4136	EZ-DERM, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4137	AMNIOEXCEL OR BIODEXCEL, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4145	EPIFIX, INJECTABLE, 1 MG	NO AUTHORIZATION REQUIRED - UNLESS CONDITION ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4154	BIOVANCE, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021
Q4160	NUSHIELD, PER SQUARE CENTIMETER	NO AUTHORIZATION REQUIRED		STAR	07/30/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q4186</b>	EPIFIX, PER SQ CM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
<b>Q4187</b>	EPICORD, PER SQ CM	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
<b>Q4195</b>	PURAPLY, PER SQ CM	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
<b>Q4196</b>	PURAPLY AM, PER SQ CM	<b>NO AUTHORIZATION REQUIRED</b>		STAR	07/30/2021	08/01/2021
<b>Q5101</b>	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM (EF	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q5103</b>	INJECTION, INFLECTRA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q5104</b>	INJECTION, RENFLEXIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q5105</b>	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR ESRD ON	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>Q5106</b>	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>Q5107</b>	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>Q5108</b>	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 M	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q5109</b>	INJECTION, INFliximab-QBTX, BIOSIMILAR, (IXIFI), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>Q5110</b>	NIVESTYM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>Q5111</b>	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>Q5112</b>	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>Q5113</b>	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMPORARY CODES ASSIGNED CMS						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
Q5118	INJECTION, BEVACIZUMAB-BVCR, BIOSIMILAR, (ZIRABEV), 10 MG	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 M	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	07/30/2021	08/01/2021
Q5123	INJ. RIABNI, 10 MG	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	07/30/2021	08/01/2021
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### TEMPORARY CODES ASSIGNED CMS

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
Q9957	INJ PERFLUTREN LIP MICROS,ML	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
Q9965	LOCM 100-199MG/ML IODINE,1ML	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	07/30/2021	08/01/2021
Q9966	LOCM 200-299MG/ML IODINE,1ML	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP	07/30/2021	08/01/2021
Q9967	LOCM 300-399MG/ML IODINE,1ML	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREAT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> ADMINISTERED DRUGS OVER \$500	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### SERVICE CATEGORY

#### TEMPORARY NATIONAL CODES ESTAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP T	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMPORARY NATIONAL CODES ESTAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
T1001	NURSING ASSESSMENT/EVALUATION	NO AUTHORIZATION REQUIRED		STAR, CHIP	08/11/2021	08/01/2021
T1002	RN SERVICES, UP TO 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT	NO AUTHORIZATION REQUIRED		STAR	08/11/2021	08/01/2021
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY NATIONAL CODES ESTAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15	NO AUTHORIZATION REQUIRED		CHIP PERINATAL (NB)	09/01/2019	08/01/2021
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, EVALUATION/PLAN OF CARE, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
T1502	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS ME	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHAS	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR	09/01/2020	08/01/2021
T2101	HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMPORARY NATIONAL CODES ESTAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT,	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

TEMPORARY NATIONAL CODES ESTAB

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
<b>T4530</b>	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>T4531</b>	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>T4532</b>	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>T4533</b>	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>T4534</b>	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
<b>T4535</b>	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTIN	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
<b>T4536</b>	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021
<b>T4537</b>	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZ	<b>NO AUTHORIZATION REQUIRED</b>		STAR	09/01/2019	08/01/2021



Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
TEMPORARY NATIONAL CODES ESTAB						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE,	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR S	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
T4543	DISP BARIATRIC BRIEF/DIAPER	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, TITLE XIX FORM (FOR MEDICAID ONLY), CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
SERVICE CATEGORY						
TEST						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### TEST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
99999	TESTING CODE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL	09/01/2019	08/01/2021

### SERVICE CATEGORY

#### TRANSPORTATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A0080	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0090	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0110	NONEMERGENCY TRANSPORTATION AND BUS, INTRA- OR INTERSTATE CA	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0120	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSP	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0130	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### TRANSPORTATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A0140	NONEMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMME	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0160	NONEMERGENCY TRANSPORTATION: PER MILE - CASEWORKER OR SOCIAL	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0170	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0180	NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - RECIPIENT	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0190	NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - RECIPIENT	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0200	NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - ESCORT	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0210	NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - ESCORT	NO AUTHORIZATION REQUIRED		CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### TRANSPORTATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A0394	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; IV DRUG THERAPY	NO AUTHORIZATION REQUIRED		STAR	09/01/2019	08/01/2021
A0396	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; ESOPHAGEAL INTU	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE-HALF (1/2) HOUR INC	NO AUTHORIZATION REQUIRED - UNLESS CONDITION REQ AUTH WHEN BILLED WITH A0426 OR A0428		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUST	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0424	EXTRA AMBULANCE ATTENDANT, GROUND (ALS OR BLS) OR AIR (FIXED	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0425	GROUND MILEAGE, PER STATUTE MILE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	05/18/2021	08/01/2021
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRAN	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	05/18/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### TRANSPORTATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPOR	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPO	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	05/18/2021	08/01/2021
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
A0434	SPECIALTY CARE TRANSPORT (SCT)	NO AUTHORIZATION REQUIRED		STAR, CHIP	09/01/2019	08/01/2021
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	NO AUTHORIZATION REQUIRED		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### TRANSPORTATION

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	09/01/2019	08/01/2021
A0998	AMBULANCE RESPONSE/TREATMENT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> REQ AUTH WHEN BILLED WITH A0426 OR A0429		STAR, CHIP	07/30/2021	08/01/2021
A0999	UNLISTED AMBULANCE SERVICE	<b>NO AUTHORIZATION REQUIRED</b>		STAR, CHIP, CHIP PERINATAL (NB)	07/30/2021	08/01/2021

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2020	FRAMES, PURCHASES	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2025	DELUXE FRAME	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 2	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS O	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00DS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2114	SPHEROCYLINDER, SINGLE VISION SPHERE OVER PLUS OR MINUS 12.0	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2115	LENTICULAR (MYODISC), PER LENS, SINGLE VISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2118	ANISEIKONIC LENS, SINGLE VISION	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2121	LENTICULAR LENS, PER LENS, SINGLE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, P	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2218	ANISEIKONIC, PER LENS, BIFOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2219	BIFOCAL SEG WIDTH OVER 28MM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2220	BIFOCAL ADD OVER 3.25D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2299	SPECIALTY BIFOCAL (BY REPORT)	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINU	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D,	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2315	LENTICULAR (MYODISC), PER LENS, TRIFOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2318	ANISEIKONIC LENS, TRIFOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b>  OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2320	TRIFOCAL ADD OVER 3.25D	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2399	SPECIALTY TRIFOCAL (BY REPORT)	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLA	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021



### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2502	CONTACT LENS, PMMA, BIFOCAL, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2524	CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/29/2020	08/01/2021
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR Contac	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2599	CONTACT LENS, OTHER TYPE	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AID	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021

### Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

SERVICE CATEGORY						
VISION SERVICES						
PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANC	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2626	REDUCTION OF OCULAR PROSTHESIS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2627	SCLERAL COVER SHELL	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
V2629	PROSTHETIC EYE, OTHER TYPE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
V2631	IRIS SUPPORTED INTRAOCULAR LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP, CHIP PERINATAL (NB)	09/01/2020	08/01/2021
V2700	BALANCE LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2702	DELUXE LENS FEATURE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2715	PRISM, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2744	TINT, PHOTOCHROMATIC, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2745	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL,	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2750	ANTIREFLECTIVE COATING, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2755	U-V LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2756	EYE GLASS CASE	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2760	SCRATCH RESISTANT COATING, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2770	OCCLUDER LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	CHIP	09/01/2020	08/01/2021
V2780	OVERSIZE LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2781	PROGRESSIVE LENS, PER LENS	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCL	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER	<b>NO AUTHORIZATION REQUIRED</b>		CHIP	09/01/2019	08/01/2021
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	<b>NO AUTHORIZATION REQUIRED - UNLESS CONDITION</b> OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	<b>AUTHORIZATION REQUIRED</b>	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	08/11/2021	08/01/2021

## Prior Authorization Requirements STAR, CHIP and CHIP Perinatal

### SERVICE CATEGORY

#### VISION SERVICES

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REQUIREMENTS	DOCUMENTATION	COVERED BENEFITS	EFFECTIVE DATE	LAST REVIEW DATE
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
V2787	ASTIGMATISM-CORRECT FUNCTION	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
V2788	PRESBYOPIA-CORRECT FUNCTION	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	AUTHORIZATION REQUIRED	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	07/30/2021	08/01/2021
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER	NO AUTHORIZATION REQUIRED		CHIP	09/01/2019	08/01/2021
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	NO AUTHORIZATION REQUIRED - UNLESS CONDITION OVER \$300, RESTRICTIONS/LIMITATION MAY APPLY PER THE TEXAS MEDICAID PROVIDER PROCEDURE MANUAL	TEXAS STANDARD PA REQUEST FORM FOR HEALTH CARE SERVICES, PHYSICIAN ORDER, CLINICAL DOCUMENTATION RELEVANT TO DIAGNOSIS/TREATMENT.	STAR, CHIP	09/01/2020	08/01/2021