

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

Submit requests at least 72 hours prior to scheduled date of service to allow us to process in a timely manner.

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

### INPATIENT ADMISSIONS

- Acute Medical
- Elective or Scheduled
- Hospice
- Psychiatric
- Rehabilitative
- Substance Use

### OUTPATIENT SERVICES

- ASC Procedures
- Cardiac Cath
- Chemotherapy
- Dialysis
- Endoscopic Procedures
- Home Health (PDN, SN)\*
- Outpatient Hospital
- PPECC
- Radiation
- Wound Clinic

### IMAGING/RADIOLOGY/ DIAGNOSTIC

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

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

### OUT-OF-NETWORK

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

### LIMITATIONS/RESTRICTIONS

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

Check AUTH status by phone using HealthX at 915-225-5463 Toll Free at 866-283-2792 or electronically by visiting the provider portal at [www.elpasohealth.com](http://www.elpasohealth.com)

### PHARMACEUTICALS

Clinician Administered Drugs over \$500 administered in office or outpatient setting  
(e.g. C codes, J codes, or Q codes)

### SPECIALIST

- Chiropractor\*
- Podiatry-in office surgical procedures (excluding CPT Codes 11720, 11721, 11730, 11732, 11750)
- Therapy\*, Speech\*, Physical\*, Occupational\*

### DURABLE MEDICAL SUPPLIES/EQUIPMENT

(over \$300, limitations may apply)

- All DME rentals exceeding 2 months

### OTHER SERVICES

- BRCA screening and Genetic Testing (excluding CPT Code 82105)
- Dental Anesthesia \*\*
- Hearing Aids
- Nutrition Counseling
- Orthotics /Prosthetics (over \$200.00)
- Implantable Devices
- Transfers (i.e. non-emergent facility to facility, out of the El Paso service delivery area)
- Transplant Services
- Transportation (Air transport and Non-Emergent ambulance)
- Venous Procedures (in office or outpatient)

\*Excludes Initial Evaluation

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

Outpatient Fax 915-298-7866  
Toll Free Fax: 844-298-7866  
[www.elpasohealth.com](http://www.elpasohealth.com)  
PHONE: 915-532-3778  
TOLL FREE: 877-532-3778

Inpatient Fax: 915-298-5278  
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