

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

Submit requests at least 72 hours prior to scheduled date of service to allow us to process in a timely manner. List is not all inclusive, see below "PA Tool/PA Catalog".

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
- Chemotherapy
- Elective or Scheduled
- Hospice
- Psychiatric
- Rehabilitative
- Residential Treatment
- Substance Use

### OUTPATIENT SERVICES

- ASC Procedures
- Home Health (PDN, SN)\*
- Outpatient Hospital (i.e. Cardiac cath, Chemotherapy, wound clinic, endoscopy)
- PPECC
- Radiation

\* Excludes Initial Evaluation

### IMAGING/RADIOLOGY/ DIAGNOSTIC

- Fetal Echocardiography (CPT Code 76825– 76828)
- PET Scans
- Sleep Studies

### OUT OF NETWORK (OON)

- ALL OON Medical/Behavioral Services (Except Emergent)

### CLINICIAN ADMINISTERED DRUGS

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

### SPECIALIST

- Chiropractor\*
- Therapy – Occupational\*\*\*, Physical\*\*\*, Speech\*\*\*
- Behavioral Health (i.e. MHR/TCM, IOP, PHP, RTC)

\* Excludes Initial Evaluation

\*\*\*Excludes Initial Evaluation & evaluation

### DURABLE MEDICAL SUPPLIES/EQUIPMENT (over \$300 limitation may apply)

- PET Scans

### OTHER SERVICES

- BRCA Screening
- CPW Services (STAR Members only)
- Genetic Testing (Except CPT code 82105, 81420, 81220, 81243 for in-network providers only)
- Dental Anesthesia \*\*
- Hearing Aids
- 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)

\*\*Dental Anesthesia

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

**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.)**

### PRIOR AUTHORIZATION TOOL

To determine if a specific CPT code requires a prior authorization, visit [www.elpasohealth.com/providers/prior-authorization/](http://www.elpasohealth.com/providers/prior-authorization/)

### PRIOR AUTHORIZATION CATALOG

To access a comprehensive list of code description and documents required, visit: <https://www.elpasohealth.com/providers/prior-authorization/>

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)

Refer to the Texas Medicaid Provider Procedures Manual at [TMHP.com](http://TMHP.com) for guidance on Medicaid/CHIP benefit limitations/restrictions, for MHR/TCM refer to the Texas Resiliency and Recovery Guidelines at [hhs.texas.gov](http://hhs.texas.gov)

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

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