



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

LIST OF SERVICES

Requiring Prior Authorization



Clinician Administered Drugs	CHIP	CHIP PERINATE	STAR
Biologicals over \$500 administered in office or outpatient setting	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Biosimilars over \$500 administered in office or outpatient setting	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Chemotherapy over \$500 administered in office or outpatient setting	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Gene therapy	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Hydroxyprogesterone (17-P)	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Injectable immunoglobulins over \$500 administered in office or outpatient setting	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Injectable intravitreal (eye) medications over \$500 administered in office or outpatient setting	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Makena over \$500 administered in office or outpatient setting	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Dental Procedures			
Dental Anesthesia (deep sedation or general anesthesia for dental procedures for children six years of age or younger)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Durable Medical Equipment (DME)/Supplies			
DME greater than \$300/item	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
DME or supplies in excess of benefit limitations (see TMHP Provider Procedures Manual)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
DME rentals longer than two months	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization

Durable Medical Equipment (DME)/Supplies (continued)	CHIP	CHIP PERINATE	STAR
Enteral formulas and nutritional supplies/supplements	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Orthotics (over \$200/item)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Prosthetics (over \$200/item)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization

Home Health Services

Private Duty Nursing *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Skilled Nursing require *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
* Initial evaluation does not require prior authorization			

Imaging/Radiology/Diagnostic

CT scan	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization
Fetal Echocardiography only the following codes (76825, 76826, 76827, 76828)	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
MRI	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization
PET Scan require a prior authorization	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Sleep Studies require a prior authorization	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization

Inpatient Hospitalization *	CHIP	CHIP PERINATE	STAR
Deliveries extending beyond 2 days after vaginal/ 3 days after cesarian section	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Deliveries-Routine do not require a prior authorization *	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization
Elective/Scheduled procedures *	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Emergent Medical admission do not require a prior authorization *	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization
Emergent Psychiatric admission do not require a prior authorization *	NO Does not need Prior Authorization	NOT COVERED	NO Does not need Prior Authorization
Inpatient hospice *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Nursery stay in which newborn remains inpatient after mother is discharged	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Rehabilitative *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Substance Abuse Treatment*	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization

***Notification of inpatient admission is required within one business day after admission**

Outpatient Hospital

Ambulatory Surgical Center Procedures	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Chemotherapy	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Dialysis	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Heart Cath procedures	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Intensive Outpatient Hospitalization	YES Needs Prior Authorization	NOT COVERED	NOT COVERED

Outpatient Hospital (continued)	CHIP	CHIP PERINATE	STAR
Partial Hospitalization Program	YES Needs Prior Authorization	NOT COVERED	NOT COVERED
Prescribed Pediatric Extended Care Center (PPECC)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Residential Treatment Center	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Radiation Therapy	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Wound Clinic services	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization

Outpatient Surgical Centers

Elective procedures	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Scheduled procedures	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization

Other Medical Services

Allergy injections when limits are exceeding (see Texas Medicaid Provider Procedures Manual for limitations)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
BRCA screening (excluding cpt 82105)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Emergency Room Care does not require prior authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization
Family Planning does not require prior authorization (contraceptive drugs/devices are not a benefit for CHIP)	NO Does not need Prior Authorization	NOT COVERED	NO Does not need Prior Authorization
Genetic Testing	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization

<u>Other Medical Services (continued)</u>	CHIP	CHIP PERINATE	STAR
Hearing Aids	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Implantable Devices	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Primary Care Physician office visit do not require prior authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization
Specialist-to-Specialist Referral	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Transfers - non-emergent facility to facility outside of El Paso service area	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Venous Procedures (in-office/outpatient)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Out-of-Network			
All out-of-network medical and behavioral services (except emergent) require a prior authorization	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Rehabilitative Services			
Occupational Therapy (OT) *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Physical Therapy (PT) *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Speech Therapy (ST) *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Re-evaluation for OT, PT, and ST	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization

*** Initial evaluation does not require prior authorization**

Specialist	CHIP	CHIP PERINATE	STAR
Chiropracter *	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Mental Health Rehabilitation/Targeted Case Management	NOT COVERED	NOT COVERED	YES Needs Prior Authorization
Podiatry In-Office Surgical (excluding CPT codes 11720, 11721, 11730, 11732, and 11750)	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
* Initial evaluation does not require prior authorization			
Transplant Services			
Evaluation	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Procedures	YES Needs Prior Authorization	NOT COVERED	YES Needs Prior Authorization
Transportation			
Air Transport	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Non-emergent ambulance	YES Needs Prior Authorization	YES Needs Prior Authorization	YES Needs Prior Authorization
Emergency Medical Transportation does not require prior authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization	NO Does not need Prior Authorization



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