

Prior Authorization List

RightCare Medical Services: 1-855-691-7947 or FAX 1-800-292-1349

Behavioral Health Services: 1-855-395-9652 or FAX 1-844-436-8779

Effective Date: January 1, 2018

The Following Services Require Notification

- ❖ All inpatient admissions including medical rehabilitation to network facilities.
- ❖ Targeted Case Management Services

The Following Services Require Prior Authorization

- ❖ All out of network physician, hospital and ancillary service request
- ❖ Mental Health psychological and neuropsychological testing
- ❖ >48 Hour Observations
- ❖ Use of an ambulance for non-emergent medical transportation, including hospital-to-hospital transfers
- ❖ Outpatient (physical, speech and occupational) – not applicable to ECI services. No authorization required for initial evaluation (up to one (1) per six (6) months) for members under 21 years of age. Based on medical necessity, additional therapy visits will be authorized in up to three (3) month increments.
- ❖ Home health services (including home IV therapy, home PT, speech, OT, PDN or SNV)
- ❖ Telemedicine/Telehealth/Telemonitoring (beyond 30 visits)
- ❖ Radiology procedures which require admissions for observations
- ❖ OB Ultrasound (4th or more)
- ❖ Injectable drugs over \$300
- ❖ DME >\$300, and all DME rentals, and wheeled mobility providers with Taxonomy Code 332BC3200X
- ❖ Medical supplies >\$300. Prior authorization is required for certain diagnoses and if limitations are exceeded. Refer to the Texas Medicaid Provider Procedures Manual for diagnoses and limitations
- ❖ Transplants Services
- ❖ Allergy testing for children <5 years of age
- ❖ Orthognathic surgery
- ❖ PET Scans, cardiac nuclear imaging studies, and MRAs, and Non-ER MRIs and CT Scans
- ❖ Cosmetic: procedures which may be considered cosmetic (e.g. face lift, brow lift, blepharoplasty, lid ptosis repair, liposuction, abdominoplasty, breast reconstruction (not associated with medically indicated mastectomy), surgery for gynecomastia, rhinoplasty, genioplasty, treatment of varicose veins, etc.)
- ❖ Dialysis
- ❖ Artificial disc implantation/replacement
- ❖ Automated non-invasive nerve conduction testing
- ❖ Bone growth stimulators
- ❖ Bone-anchored hearing aids (BAHA)
- ❖ Cochlear implants
- ❖ Deep brain stimulator placement
- ❖ Anesthesia for dental services
- ❖ Epidural adhesiolysis
- ❖ External Counterpulsation (EECP)

- ❖ Fixed wing or jet medical transports and non-emergent helicopter
- ❖ Gastric pacing/stimulation
- ❖ Genetic/genomic testing
- ❖ GI imaging with capsule endoscopy
- ❖ Intrathecal pain pump implantation
- ❖ Left Atrial Occlusion Procedure (Watchman)
- ❖ Lung volume reduction surgery
- ❖ Novocure™ (Optune®) Alternating Electrical Fields Therapy for glioblastoma
- ❖ Orthoptic and vision therapy
- ❖ Private duty nursing services
- ❖ Proton Beam Therapy
- ❖ Sacral nerve stimulator
- ❖ Spinal fusion
- ❖ Vertebroplasty and kyphoplasty
- ❖ Spinal stimulator trial and placement
- ❖ Transaortic or transapical valve insertion or replacement (TAVR or TMVR)
- ❖ Vagal nerve stimulators
- ❖ Varicose veins: surgical treatment and/or sclerotherapy
- ❖ Ventricular assist devices (VAD)
- ❖ Weight loss (bariatric) surgery

The Following Behavior Health Service Require Prior Authorization

- ❖ Individual, Family, and Group Therapy (beyond 30 visits)
- ❖ Inpatient Mental Health (all Ages)
- ❖ Inpatient Admission for Eating Disorder
- ❖ Inpatient Substance Abuse Rehabilitation for members under 21 years of age
- ❖ Admission to Crisis Stabilization Unit (CSU)
- ❖ Outpatient Substance Abuse Treatment and Medication Assisted Therapy (MAT) Services beyond 26 hours of individual services or beyond 135 of group services
- ❖ Detoxification Residential Treatment

NOTE: All out of network physician, hospital and ancillary services request require prior authorization**

Specialist to Specialist referrals are NOT allowed. Members must be referred back to PCP first.