

## Prior Authorization List for Participating Providers

Effective November 20th, 2017

**Applies to: Parkland HEALTHfirst, KIDSfirst, CHIP Perinate and CHIP Perinate Newborn**

*This Prior Authorization List supersedes all previous Prior Authorization lists.*

**ALL TEXAS REFERRAL / AUTHORIZATION FORMS MUST BE SIGNED BY THE PCP OR ORDERING PHYSICIAN THAT HAS A VALID REFERRAL FROM THE PCP.**

## Inpatient

### Hospitalizations / inpatient admissions

- All elective admissions to a facility including acute, skilled, hospice, rehabilitation and partial hospitalization for behavioral health conditions. Exception: Well babies (who go home with their mothers in less than 3 days for vaginal deliveries or less than 5 days for c-section deliveries).
- All inpatient facility to facility transfers - the transferring facility is responsible for obtaining pre-certification prior to the transfer to the new facility
- All non-elective admission notification is required. Please submit clinical information for medical necessity for admission and level of care within two business days of the admission date.

PROCEDURE DESCRIPTION	PROCEDURE CODES
In-office specialty care referrals	• Any non-urgent referral for out of network specialist office visits, regardless of specialty.
	• Any non-covering primary care provider who is not the member's PCP on the date of service. Exception: Well child exams by any provider with an EPSDT TPI number
	Well Diagnosis Codes: Z00.110, Z00.111, Z00.129, Z00.121
Dermatologists	10040 – 19499 Surgery skin
	30620 Septal / intranasal dermatoplasty 36400 – 36550 Surgery (Venous)
	85007 – 85048 Hematology and coagulation 99201 – 99215 Office and other outpatient service
	99241 – 99245 Office and other outpatient consultations
All neuropsych evaluations	96101, 96118

PROCEDURE DESCRIPTION	PROCEDURE CODES
Diagnostic testing	Brach Genetic testing 81211 - 81217, 88271 - 88275, 88291  All Other Genetic Testing (added 8/11/17)
	81200      81201      81202      81203      81205
	81206      81207      81209      81211      81213
	81214      81215      81220      81222      81223
	81224      81225      81226      81227      81229
	81240      81241      81242      81243      81244
	81250      81251      81252      81254      81255
	81256      81257      81260      81265      81266
	81267      81270      81281      81290      81291
	81292      81294      81295      81297      81298
	81300      81302      81304      81317      81319
	81321      81322      81330      81331      81332
	81342      81350      81355      81370      81372
	81374      81376      81377      81378      81379
	81381      81382      81383      81400      81401
	81402      81403      81404      81405      81406
	81407      81408      81415      81416      81420
81430      81431      81479      81507	
OB ultrasounds	76801 – 76817 OB ultrasounds for CHIP Perinate ONLY (CHIP will allow one OB ultrasound without prior authorization and any additional requests require prior authorization).
Ambulance	Non-emergent ambulance transportation — air or ground
Home Health care	Skilled nursing  Rehabilitation / physical, occupational, speech therapy Excluding re-evaluations  Private duty nursing  Infusion therapy  Home health aide / personal care assistant
Medical injectables — in-office, outpatient setting, or home (including but not limited to):	Growth hormone J2941, Q0515, S9558, IVIG J1561, J1562, J1566, J1568, J1569, J1572, 90399  Synagis® S9562  Remicade J1745  17 Alpha hydroxyprogesterone caproate (17P) J1725, J3410
Transplants	All transplant work-ups and procedures
Outpatient rehabilitation / habilitation / therapies	All PT,OT,ST therapy codes require PA, excluding re-evaluation codes

PROCEDURE DESCRIPTION	PROCEDURE CODES
Outpatient procedures	Removal of premalignant, malignant lesions 11600 - 11646
Dental / oral maxillofacial / craniofacial	<p>Orthognathic surgery procedures / osteotomies  21120, 21121, 21122, 21123, 21125, 21127,  21141, 21142, 21143, 21145, 21146, 21147,  21150, 21151, 21154, 21159, 21193, 21194,  21195, 21196, 21198, 21199, 21206, 21208,  21209, 21210, 21215</p> <p>THSteps Therapeutic Dental- For member aged 0-6 years</p> <p>00170 with EP Modifier (Added 7/1/17)</p>
Cosmetic procedures (including but not limited to):	<p>Reconstructive repairs, injection of filling material (including collagen) 11950, 11951, 11952, 11954</p> <p>Excision of skin 15831 – 115839</p> <p>Removal of benign lesion 11400 – 11446</p> <p>Otoplasty 69300, 69399</p> <p>Breast reconstruction  19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369,  19370, 19371, 19380, 19396, S2066, S2067, S2068</p> <p>Reconstructive repair of pectus excavatum or carinatum  21740, 21742, 21743</p> <p>Reduction mammoplasty / gynecomastia  19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342</p> <p>Lipectomy 15876, 15877, 15878, 15879</p> <p>Venous ligation  36475, 36476, 36478, 36479, 37204, 37700,  37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785</p> <p>Sclerotherapy 36468, 36469, 36470, 36471</p> <p>Rhinoplasty  30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462</p> <p>Blepharoplasty  15820, 15821, 15822, 15823, 21280, 21282,  67900, 67901, 67902, 67903, 67904, 67906,  67908, 67916, 67917, 67950</p> <p>Canthopexy 21282</p> <p>Canthoplasty 67950</p> <p>Cervicoplasty 15819</p> <p>Rhytidectomy 15824, 15825, 15826, 15828, 15829</p>

PROCEDURE DESCRIPTION	PROCEDURE CODES
	<p>Gastroplasty / gastric bypass  43644, 43645, 43647, 43648, 43659, 43770, 43771,  43772, 43773, 43774, 43842, 43843, 43845, 43846,  43847, 43848, 43886, 43887, 43888, 43999, 49999,  43881, 43882, 44132-44137</p> <p>Uvulopalatopharyngoplasty (UP3 or LAUP)  42145, 42140, 42299</p> <p>Circumcision in children over 1 year of age  54150, 54161</p> <p>Abortion 59840-59857, 59866</p>
<p>Durable medical equipment,  supplies, prosthetics, orthotics</p> <p>All requests where the total  amount of the request is greater  than \$1,000 (including but not  limited to):</p>	<p>Hospital beds</p> <p>Electric scooter</p> <p>Customized braces / orthotics</p> <p>Upper limb prosthetics</p> <p>Lower limb prosthetics</p> <p>Wheelchairs</p> <p>Cranial molding helmets S1040</p> <p>Hearing aids</p>