



2024 PROVIDER PRIOR AUTHORIZATION LIST

* DISCLAIMER *

This LIST is a living document subject to change. It is NOT all inclusive. For unfamiliar, unlisted or potentially experimental or cosmetic procedures, speak with a Medical Helpline Associate at 888-806-6297 to determine if authorization is required.

Authorization is not required for members with Texicare as secondary coverage. However, coverage is subject to member eligibility, Plan benefits, and medical necessity review.

Prior authorization is a verification of medical necessity of the services requested based on provided clinical documentation. It is not a guarantee of payment. Verify eligibility, benefits, and network participation by contacting Texicare at 833-257-7002.

PRIOR AUTHORIZATION IS REQUIRED FOR ALL INPATIENT (IP) ADMISSIONS (Acute, LTAC, Rehab & SNF) IP MENTAL HEALTH/SUBSTANCE USE DISORDERS

CLINICAL TRIALS:

**AUTHORIZATION IS REQUIRED IF MEMBER IS PARTICIPATING IN A CLINICAL TRIAL/STUDY.
PLEASE INCLUDE NCT TRIAL/STUDY NUMBER, NAME, CLINICAL TRIAL/STUDY PROTOCOL AND CONSENT
WITH SUPPORTING DOCUMENTATION.**

DURABLE MEDICAL EQUIPMENT

ALL DME > \$1,000 Rental per month or purchase price *Examples include but are not limited to:*

Braces, Orthotics & Prosthetics

Bone Growth, Neuromuscular & Spinal Cord Stimulators (Exogen)

Coagulometer, PT/INR monitor (CoaguChek)

CGM Continuous Glucose Monitor

Cranial Molding Helmets / Headbands (DOC BAND®, Gillette Children’s Craniocap, and the STARband™ Cranial Headband)

Insulin pump/supplies (Minimed, Dexacom, Omnipod)

Intermittent Pneumatic Compression Devices

Pneumatic compression devices

Vests - High-frequency Assisted Airway Clearing Vest & Life Vest wearable defibrillator (LVAD)

Wheelchairs & power scooters

Wound Vacs (NPWT - negative pressure wound therapy)

DIAGNOSTIC TESTS / IMAGING

*Computed tomography (CT) scan

*Magnetic resonance angiogram (MRA)

*Magnetic resonance imaging (MRI)

*PET scans

***The imaging tests above require a completed Prior Authorization Form to be submitted with the supporting clinical documentation and physician’s imaging order(s).**

Nuclear stress test

Boston Heart Panel Labs

Capsule Endoscopy

CTA (angiogram) heart or cardiac (calcium scoring)

Genetic testing: BCRA1 & BRCA2, BART, Lynch Syndrome, BTB

Metabolic testing - Autism

Myocardial perfusion imaging single photon emission computed tomography (MPI SPECT)

Transesophageal echocardiogram (TEE) and/or Transthoracic echocardiogram (TTE)

OUTPATIENT MENTAL HEALTH & SUBSTANCE USE DISORDERS

IOP (Intense Outpatient Program) > 30 visits

PHP (partial hospitalization programs or day treatment 5, 6 or 7-day program) auth after 30 days

Transcranial magnetic stimulation (TMS)

OUTPATIENT PROCEDURES / SURGERY

Autologous Chondrocyte Implantation, Carticel

Blepharoplasty Eyelid Surgery

Breast Reduction, Mammoplasty or Augmentation (except reconstruction post-cancer)

Cardiac event monitors or Holter monitor > 48hr, loop recorder

Cardiac implantable devices: defibrillator (including subcutaneous sq), pacemaker, resynchronization therapy, loop recorders, event monitor

Cardiac surgical procedures: heart catheterization, OP angioplasty (CABG/PTCA/PCI)/Stents, Aorta repair, transcatheter valve surgery/replacement, OP carotid revascularization (Endarterectomy/Transcarotid artery revascularization TCAR,Stents), Intracardiac Electrophysiological procedures/studies (EPS or EPS with 3D mapping)/ablation

Cochlear Implants

Chiari Malformation correction/repair

Strabismus Eye Surgery

Hiatal Hernia, GERD, Nissen Fundoplication, Esophagus or LINX procedures

Hyperhidrosis AKA Hidradenitis suppurative (excessive sweating)

Hysterectomy

IDET - Intradiscal Electrothermal Therapy

Invasive procedures/Injections **Back/Neck/Spine** Pain (Facet, Trigger Point, Sacroiliac joint injections, interlaminar epidural injections, Non-pulsed radiofrequency facet denervation, spinal fixation, intervertebral body fusion devices, percutaneous polymethylmethacrylate vertebroplasty (PPV), kyphoplasty or Spinejack System, lateral (extreme [XLIF], extra or direct lateral [DLIF]) interbody fusion, coccybectomy, vertebral body replacement spacers, Minimally invasive transforaminal lumbar interbody fusion w/direct visualization, Cementoplasty, and sacroiliac joint fusion

Injections Back/Neck/Spine (Epidural Steroid Injections ESI or Transforaminal TFESI in excess of 1 series of up to 3 shots per year).

IOM (intraoperative monitoring)

Nasal surgery (Balloon Sinuplasty, Septoplasty and Rhinoplasty ONLY)

Osteochondral Allograft, knee

Orthognathic Procedures (genioplasty, LeForte osteotomy, Mandibular ORIF, TMJ)

Radiation therapy in cancer XRT, IMRT, cyber or gamma knife

Spinal Fusion AKA Arthrodesis (TLIF, ACDF) require authorization however, microdisctomy, laminectomy/decompression single cpt codes of 63030, 63047 or 63048 do not need auth.

Total Hip Arthroplasy/Replacement (THA)

Total Knee Arthroplasty/Replacement (TKA)

Transplant (solid organ, bone marrow or stem cell transplants). Corneal transplant does not require authorization.

Sleep apnea procedures, RFA coblation, somnoplasty, UUP,UVP, UUVP –uvulosplasty, uvulopalatoplasty etc. (for snoring)

Varicose Vein treatments (RFA, sclerotherapy or surgery)

OUTPATIENT CONTINUING CARE SERVICES

ABA (Applied Behavior Analysis) Therapy (Autism)

Cardiac Rehab > 36 visits

Chemotherapy and Radiation treatments

Cryoablation for cancer (not cryotherapyin MDO for warts, moles or skin tags)

Dialysis (PD - peritoneal dialysis & HD hemodialysis)

EECP (Enhanced External Counterpulsation) Flow Therapy (M-F x 7 weeks)

Home Health Care > 12 visits

Hospice Care - home and/or IP

Hyperbaric Oxygen (HBO treatments)

PT, OT, ST over 24 visits

PAIN MANAGEMENT

Pain Management injections: ESI (spine), Facet, Trigger Point, under Fluoroscopy

Neurostimulator (trial or insertion/replacement)

Pain pump insertion or refills

PROVIDER ADMINISTERED MEDICATIONS / INJECTIONS / INFUSIONS > \$2,000/drug/mo Excludes diabetes medications (DOES NOT include Rx via Pharmacy)

AMD Age-related Macrodeneration: Eylea & Lucentis

Anemia: Iron injections or infusion (Venofer / injectofer)

Botox

CAR T THERAPY

Cancer: Chemotherapy, Brachytherapy, Radiation

GENE THERAPY

Growth Hormones

IV Iron (fe, ferritin, etc.)

IVIG & Hizentra

Viscosupplementation, Joint injections OA or DJD: Synvisc, Synvisc-One, Hyalgan, Supartz, Orthovisc, Euflexxa, Triamcinolone acetonide or Zilretta

MS meds: Avonex, Copaxone, Ocrevus, Tecfidera, Tysabri

Osteoporosis: Prolia, Reclast

RA, Psoriatic Arthritis & IBD/Crohn's: Enbrel, Humira, Orencia, Remicade, etc.

Specialty/Orphan drugs

Synagis - RSV vaccine for preemies

Thyrogen