

Prior Authorization List

Medical Services Prior Authorization
Contact RightCare Medical Management
1-855-691-SWHP (1-855-691-7947) or FAX 1-512-383-8703

The Following Services Require Notification

- ❖ Tobacco Cessation Programs
- ❖ All inpatient admissions, including mental health and chemical dependency

The Following Services Require Prior Authorization

- ❖ Mental Health psychological and neuropsychological testing
- ❖ Sleep Studies / Sleep Labs / Pneumograms
- ❖ 48 Hour Observations
- ❖ DME >\$300, and all DME rentals, and wheeled mobility providers with Taxonomy Code 332BC3200X
- ❖ NICU transfers from hospital to hospital
- ❖ 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
- ❖ Use of an ambulance for non-emergent medical transportation, including hospital-to-hospital transfers
- ❖ Prosthetics
- ❖ Assistant Surgeons for outpatient, ambulatory surgery and cesarean sections
- ❖ Orthotics
- ❖ Non-ER Outpatient Ambulatory Surgical Procedures
- ❖ Transplants
- ❖ 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.
- ❖ Allergy testing for children <5 years of age
- ❖ Alternative medicine forms of treatment
- ❖ Home health services (including home IV therapy, home PT, speech, OT, PDN or SNV)
- ❖ TMJ Treatments and oral surgery procedure codes (including dental anesthesia)
- ❖ Telemedicine/Telehealth/Telemonitoring (beyond 30 visits)
- ❖ Chiropractic Services
- ❖ Radiology procedures which require admissions for observations
- ❖ PET Scans, cardiac nuclear imaging studies, and MRAs, and Non-ER MRIs and CT Scans
- ❖ OB Ultrasound (4th or more)
- ❖ Referral to a dermatologist or plastic surgeon (office visits excluded)
- ❖ Injectable drugs over \$300
- ❖ Mastectomy for pubertal gynecomastia
- ❖ External breast prosthesis procedure codes L8035 and L8039
- ❖ Dialysis

*****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.