

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: June 1, 2019

The Following Services Require Notification

- ❖ All inpatient admissions, including mental health and medical rehabilitation, to network facilities.

The Following Services Require Prior Authorization

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| <ul style="list-style-type: none"> ❖ All out of network physician, hospital and ancillary service request ❖ >48 Hour Observations | <ul style="list-style-type: none"> ❖ Fixed wing or jet medical transports and non-emergent helicopter ❖ Gastric pacing/stimulation ❖ Genetic/genomic testing ❖ GI imaging with capsule endoscopy ❖ Home health services (including home IV therapy, home PT, speech, OT, PDN or SNV) ❖ Injectable drugs over \$300 ❖ Imaging (advanced): PET Scans, cardiac nuclear imaging studies, and MRAs, and Non-ER MRIs and CT Scans ❖ Intrathecal pain pump implantation ❖ Left Atrial Occlusion Procedure (Watchman) ❖ Lung volume reduction surgery ❖ Medical supplies >\$300. Prior authorization is required for certain supplies, diagnoses, or if quantity limitations are exceeded. Refer to the Texas Medicaid Provider Procedures Manual for diagnoses and limitations ❖ Novocure™ (Optune®) Alternating Electrical Fields Therapy for glioblastoma ❖ Orthoptic and vision therapy ❖ Orthognathic surgery ❖ 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 |
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- ❖ Ambulance for non-emergent medical transportation, including hospital-to-hospital transfers
 - ❖ Allergy testing for children <5 years of age
 - ❖ Anesthesia/level 4 sedation for dental services
 - ❖ Artificial disc implantation/replacement
 - ❖ Automated non-invasive nerve conduction testing
 - ❖ Bone growth stimulators
 - ❖ Bone-anchored hearing aids (BAHA)
 - ❖ Cochlear implants
 - ❖ 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
 - ❖ Deep brain stimulator placement
 - ❖ DME >\$300, and all DME rentals, and wheeled mobility providers with Taxonomy Code 332BC3200X
 - ❖ External Counterpulsation (EECP)

age. Based on medical necessity, additional therapy visits will be authorized in up to three (3) month increments.

- ❖ Prenatal Ultrasound (4th or more)
- ❖ Private duty nursing services
- ❖ Proton Beam Therapy
- ❖ Psychological and neuropsychological testing that exceeds the 4 hour per day or the 8 hour per calendar year limit.
- ❖ Radiology procedures which require admissions for observations
- ❖ Sacral nerve stimulator
- ❖ Spinal fusion
- ❖ Telemedicine/Telehealth/Telemonitoring beyond 30 visits
- ❖ Vertebroplasty and kyphoplasty
- ❖ Spinal stimulator trial and placement
- ❖ Transaortic or transapical valve insertion or replacement (TAVR or TMVR)
- ❖ Transplant Services
- ❖ Vagal nerve stimulators
- ❖ Varicose veins: surgical treatment and/or sclerotherapy
- ❖ Ventricular assist devices (VAD)
- ❖ Weight loss (bariatric) surgery

The Following Behavior Health Services Require Prior Authorization

- ❖ Individual, Family, and Group Therapy (beyond 30 visits)
- ❖ Inpatient Admission for Eating Disorder
- ❖ Inpatient Substance Abuse Rehabilitation for members under 21 years of age
- ❖ Admission to Crisis Stabilization Unit (CSU)
- ❖ Targeted Case Management and Rehabilitative Services IF deviation is requested
- ❖ 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

NOTES: *Urgent/emergent requests for services or DME, including DME repairs, can be processed by calling RightCare Medical Management 24h per day at 855-691-7947.*

Please refer to the RightCare Provider Manual for definitions of Urgent and Emergent Services

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.