

**Driscoll Health Plan General Information**

**Address:** 4525 Ayers Street  
Corpus Christi, Texas 78415

**Hours of Operation:** 8 a.m. to 5 p.m. (CST), Mon – Fri (Except State Holidays)

**Eligibility Verification:** Call Member Services or access web:  
[www.dhpproviderportal.com](http://www.dhpproviderportal.com)

Confirm eligibility of member prior to providing services or making a referral. Also, verify membership information and effective dates on the ID Card. See Section 3 of Provider Manual for questions at:  
[DHP Provider Manual](#)

**Claims Information**

Electronic claims are accepted through:

**Change Healthcare Payer ID – 74284**

For paper claims, send a completed claim form (CMS 1500 or UB04) to:

**Driscoll Health Plan  
P.O. Box 3668  
Corpus Christi, Texas 78463-3668**

Claims must be submitted within 95 days of the date of service.

For questions regarding claims, call:

**STAR Nueces 1-877-324-3627  
STAR Hidalgo 1-855-425-3247  
CHIP Nueces 1-877-451-5598  
STAR Kids Nueces 1-844-508-4672  
STAR Kids Hidalgo 1-844-508-4674**

**Contact Information**

**Provider Services**

Nueces SA: 1-877-324-3627 option1  
STAR Kids Nueces: 1-844-508-4672  
Hidalgo SA: 1-855-425-3247 option1  
STAR Kids Hidalgo: 1-844-508-4674

**Member Services**

CHIP: 1-877-451-5598  
Nueces STAR: 1-877-220-6376  
Nueces STAR Kids: 1-844-508-4672  
Hidalgo STAR: 1-855-425-3247  
Hidalgo STAR Kids: 1-844-508-4674

**Authorization Status**

Nueces SA :1-877-324-3627 option1  
Nueces STAR Kids: 1-844-508-4672  
Hidalgo SA: 1-855-425-3247 option1  
Hidalgo STAR Kids: 1-844-508-4674

**Behavioral Health Case Management**

Phone: 1-877-222-2759  
Fax: 1-866-704-9824

**Behavioral Health SRFs**

Fax: 1-844-223-6790

**Member Complaints**

1-877-324-7543

**Prior Authorization**

UM: 1-877-455-1053  
UM Fax: 1-866-741-5650 or  
361-808-2178  
STAR Kids LTSS: 1-844-376-5437  
STAR Kids LTSS Fax: 1-844-381-5437

**Discharge Planning Needs/After Hours On-Call Nurse for Authorization**

1-877-455-1053 option2  
Nueces STAR Kids: 1-844-308-8701  
Hidalgo STAR Kids: 1-844-714-7887

**Ophthalmology Services**

**ENVOLVE Vision:** 1-800-465-6972  
CHIP: 1-888-268-2334  
Nueces STAR: 1-866-838-7614  
Hidalgo STAR: 1-877-615-7729  
Nueces STAR Kids: 1-844-305-8300  
Hidalgo STAR Kids: 1-844-725-6410

**24/7 Behavioral Health Hotline**

Nueces CHIP: 1-833-532-0218  
Nueces STAR: 1-833-532-0216  
Nueces STAR Kids: 1-833-532-0209  
Hidalgo STAR: 1-833-532-0220  
Hidalgo STAR Kids: 1-833-532-0219  
TTY for Deaf and Hearing Impaired:  
1-800-735-2989

**ECI Individual Family Service Plans (IFSP)**

Fax: 1-844-371-5437

**Provider Complaints**

Email:  
DHP\_QM\_Complaints@dchstx.org  
Nueces SA: 1-877-220-6376  
Hidalgo SA: 1-855-425-3247

**Case and Disease Management**

1-877-222-2759  
Fax: 1-866-704-9824  
STAR Kids: 1-844-508-4672

**Service Coordination**

STAR Kids Nueces: 1-844-508-4673  
STAR Kids Hidalgo: 1-844-508-4675

**Waste, Abuse and Fraud Hotline**

1-844-808-3170

**Interpreter Services**

1-866-421-3463

**Note:** When you use this service, you will need to provide:

- Language Needed
- Member DHP ID Number
- Physician's First and Last Name

**Pharmacy Prior Authorization:**

**NAVITUS:** 1-877-908-6023  
TTY: 1-800-735-2989

**Medical Transportation**

**SafeRide Health:** 1-833-694-5881

The information listed below **ONLY** applies to DHP CHIP/STAR/SK (not LTSS, PDN, PPECC, and PCS) Members.

For CHIP Perinate members, refer to the CHIP Perinate QRT.

For STAR Kids (LTSS, PDN, PPECC, AND PCS) members, refer to the DHP STAR Kids LTSS QRT.

Please submit prior authorization requests online at [www.dhpproviderportal.com](http://www.dhpproviderportal.com) or fax to 1-866-741-5650.

All services must be medically indicated, evidenced by supporting clinical documentation.

Admission notification and prior authorization request is required within one business day of admission unless otherwise noted below or on the DHP Authorization Requirement Website at <https://driscollhealthplan.com/priorauthcheck>. Prior authorization requests will not be accepted after a claim has been submitted.

COB: Authorization is required for inpatient services and observation services (greater than 2 days) regardless of if DHP is secondary payer. Some outpatient services/procedure codes may require prior authorization regardless of DHP as secondary payer. Providers should verify authorization requirements on the DHP Authorization Requirement Website at <https://driscollhealthplan.com/priorauthcheck>. In cases where DHP is secondary payer and no prior authorization is required, as based on directive within the DHP Authorization Requirement Website, providers should verify the services are a covered benefit by the primary payer. If the services are known to be a non-covered benefit by the primary payer, prior authorization is required by DHP and proof of non-coverage of benefit must accompany the claim submission. If this is the case, providers should submit prior authorization requests via fax and indicate on the cover page service is a non-covered benefit or over the benefit limit for primary payer. Requests for services which are not a benefit or exceed the allowed limit will be reviewed on a case-by-case basis to determine medical necessity. Prior Authorization requests received after hours or during holiday closures will be processed with a start date of the following business day. Office-based procedures rendered during extended hours will be processed with a start date of date of service, provided requests are submitted to DHP within one business day.

Elective surgical procedures unrelated to the primary reason for admission will require a prior authorization. Unless otherwise specified below, all out-of-network services require prior authorization.

Unless otherwise specified below, authorization is required for ALL services which are either not a benefit or exceed the allowed benefit. These types of requests will be reviewed on a case-by-case basis to determine medical necessity.

*SERVICE	NO AUTH REQUIRED	AUTH REQUIRED
<b>*Commonly requested services. Call to verify authorization requirements for services not listed</b>		
<b>Inpatient admissions/Observations/Outpatient Facility Surgeries/Office-based services</b>		
Emergency Medical Conditions and Emergency Behavioral Health Conditions	X	
Inpatient admissions (non-delivery)		X
Elective surgical procedures unrelated to the primary reason for admission		X
Observations (non-OB), for up to 2 days	X	
OB Observations for diagnoses related to pregnancy for up to 2 days	X	
Deliveries-routine	X	
Out-of-Network and Out-of-State routine deliveries and well-baby admissions	X	
Deliveries extending beyond 4 days vaginal/6 days cesarean-section (allows for 2 laboring days)		X
Newborn Nursery and NICU Level II admissions with length of stay 5 days or less	X	
Newborn Nursery and NICU Level II admissions exceeding 5-day lengths of stay		X
All NICU Level III and Level IV admissions regardless of length of stay		X
Court-ordered Commitments - admission and discharge notification is required	X	
Residential Treatment Center (RTC) for Substance Use Disorder (SUD) and Withdrawal Mgmt. up to the benefit limit. All are considered outpatient services.	X	
Residential Treatment Center (RTC) for Mental Health (MH) if diagnosis is F12.10, F31.0, F31.10, F31.12, F31.2, F31.4, F31.63, F31.64, F31.9, F32.2, F32.89, F32.9, F33.2, F33.3, F34.81, F34.89, F39, F40.10, F41.1, F41.9, F43.10, F43.12, F43.9, F43.50, F50.9, F60.3, F63.81, F65.0, F65.89, F84.0, F90.0, F90.1, F90.2, F90.8, F90.9, F91.3, F94.1, G40.813, G40.824, G40.919, Z62.810, Z62.820, or Z71.3	X	
Substance Abuse Residential Treatment, procedure code H2036, is not a covered benefit		X
STAR & STAR Kids In-Lieu-of Services (ILOS): Partial Hospitalization Program (PHP), procedure codes H0035 and S0201, and Intensive Outpatient Program (IOP), procedure codes H0015 and S9480, are not covered benefits but DHP does provide these services as In-Lieu-of Services through participating in-network providers contracted with DHP to provide these services, no auth required for members 20 years of age or younger	X	
CHIP: Partial Hospitalization Program (PHP), procedure codes H0035 and S0201, these services are a covered benefit for CHIP	X	
CHIP: Intensive Outpatient Program (IOP) SUD, procedure codes H0015, this service is a covered benefit for CHIP	X	
CHIP: Intensive Outpatient Program (IOP) MH, procedure codes S9480, this service is not a covered benefit for CHIP, but DHP does provide this service through participating in-network providers contracted with DHP to provide this service	X	

*SERVICE *Commonly requested services. Call to verify authorization requirements for services not listed	NO AUTH REQUIRED	AUTH REQUIRED
Behavioral Health related Observations/Inpatient Admissions Inpatient services for acute psychiatric conditions in a free-standing Psychiatric Hospital up to 15 calendar days each month for members 21-64 years of age is considered an In-Lieu-of Service (ILOS) and will be reviewed upon admission for medical necessity by DHP on a case-by-case basis.		x
Outpatient facility-based surgeries (unless specified otherwise below)		x
<b>Allergy Services</b>		
Allergy testing	x	
Allergy injections	x	
<b>Ambulance Services</b>		
Ambulance transport for non-urgent/non-emergent medical transportation		x
Ambulance transport for urgent/emergent medical transportation, Emergency Triage, Treat, & Transport (ET3)/Treatment in Place (TIP), or for facility-to-facility transfers for Higher Level of Care	x	
<b>Behavioral Health Services</b>		
Out-of-Network outpatient Behavioral Health services (unless otherwise specified below)	x	
Psychological and Neuropsychological Testing (96130-96133, 96136, 96137) up to 8 hours per calendar year	x	
Psychological and Neuropsychological Testing (96130-96133, 96136, 96137) greater than 8 hours per calendar year		x
Developmental Testing (96112, 96113) up to TMPPM benefit limit	x	
Developmental Screening (96110) up to TMPPM benefit limit	x	
Smoking & Tobacco use cessation-counseling CPT 99406 & 99407. (Not a Covered Benefit for CHIP or CHIP Perinate)	x	
Collaborative Care (99492-99494, G2214)	x	
<b>Cardiology Services</b>		
Electrocardiogram (ECG) >6 in a 12-month period (93000-93050)		x
Nuclear Stress Tests (78414-78458)	x	
Internal Cardiac Defibrillator (33270, 33271, 33272, 33273, 33274, 93287, 93290)	x	
Cardiac Catheterizations & Stents (C7562, C7563, C7564, C9600, C9772, C9773, C9774, C9775, S1091, 33741, 33745, 33746, 33995, 33997, 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37279, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 37296, 37297, 37298, 37299, 92930, 92945, 93451, 93452, 93454, 93455, 93457, 93458, 93459, 93460, 93461, 93463, 93503, 93505, 93563, 93564, 93565, 93566, 93567, 93568, 93569, 93573, 93580, 93581, 93582, 93593, 93594, 93595, 93596, 93597, 93598)	x	
<b>Chiropractic services</b>		
Chiropractic services		x
<b>Dental Services</b>		
Dental Anesthesia (00170, G0330) for members greater than 6 years of age when submitted with diagnosis (K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, K04.0) for STAR and STAR Kids, CHIP always requires prior auth	x	
Dental Anesthesia (00170, G0330) for members 6 years of age and younger		x
<b>Dermatology Services</b>		
Biopsies and cryosurgery	x	
UV light therapy	x	
<b>Durable Medical Equipment (purchase or rental determinations will be made by DHP)</b>		
Providers should verify DME authorization requirements on the DHP Authorization Requirement Portal at <a href="https://driscollhealthplan.com/priorauthcheck">https://driscollhealthplan.com/priorauthcheck</a>		
DME equipment or supplies over the benefit limitation (See TMHP Provider Procedures Manual)		x
Generic / unlisted codes		x
Incontinent supplies: (A4295, A4296, A4310-A4316, A4320-4322, A4326-A4328, A4330-A4334, A4338, A4340, A4344, A4346, A4349, A4353-A4358, A4360, A5071-A5073, A5102, A5105, A5112-A5114, A5120-A5122, A5126, A5131, A5200, A6250) (A4335 – ≤ 2 boxes per month for members ≥ 4 years)	x	
Apnea monitors and Interpretation of apnea monitor readings (E0618-E0619, 94774)		x
Continuous Glucose Monitors (CGM)		x
Cranial Remolding (\$1040), in members 3 months to 18 months of age with diagnosis: Q75.0, Q75.00, Q75.058, Q75.009, Q75.01, Q75.02, Q75.03, Q75.04, Q75.001, Q75.002, Q75.021, Q75.022 Q75.029, Q75.041, Q75.042, Q75.049, Q75.05, Q75.08	x	

*SERVICE <b>*Commonly requested services. Call to verify authorization requirements for services not listed</b>	NO AUTH REQUIRED	AUTH REQUIRED
Orthotics, braces, and AFO's ; to include modifications and alterations (L0113-L0160, L0172-L0180, L0220, L0450, L0452, L0454, L0490, L0621-L0623, L0625-L0626, L0628-L0630, L0633, L0861, L0970-L0982, L0984, L1600-L1630, L1650-L1652, L1660, L1810, L1812, L1820, L1821, L1830-L1831, L1836, L1850, L1900, L1902, L1904, L1906, L1910, L1920, L1930, L1980, L2035, L2040, L2070- L2090, L3000, L3001-L3010, L3020, L3030, L3040-L3222, L3224-L3225, L3230-L3250, L3252-L3253, L3257-L3265, L3300- L3340, L3360-L3485, L3600-L3640, L3650-L3670, L3675-L3677, L3702-L3710, L3762, L3807-L3808, L3906- L3913, L3917, L3919, L3921-L3923, L3925-L3929, L3931-L3935, L3980-L3995, L4002, L4030-L4110, L4205-L4210, L4350, L4360, L4361, L4370, L4386, L4387, L4392, L4394, L4396, L4398, L5970-L5971, L5974, L5978, L5985, L6386, L6700, L7360-L7362, L7510-L7600, L7700, L8000-L8009, L8011-L8030, L8032, L8300-L8310, L8330-L8485, L8501, L8507-L8510, L8604, L8606)	x	
Enteral formulas and nutritional supplies (B4034-B4036, B4081-B4083, B4087-B4088, B4100, B4103, B4149-B4150, B4152-B4155, B4157-B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9998)	x	
Donor Human Milk (T2101)	x	
Auditory Devices, Implants, & Supplies (L8616-L8618, L8621-L8625, L8629, V5010, V5011, V5090, V5110, V5200, V5240, V5241, V5264-V5266, V5275)	x	
Electric Breast pump (non-hospital grade)(E0602-E0603)- if greater than one per pregnancy or one per three years whichever is greater – and Hospital grade breast pump (E0604)		x
<b>ENT Services</b>		
Cochlear Implant Analysis and Surgery (42975, 69714, 69716, 69719, 69726-69730, 69799, 69930, 92601-92604)		x
Audiology testing and Auditory Brainstem Response (ABR) (92550-92558, 92562, 92563, 92565-92584, 92587-92589, 92628, 92629, 92631, 92632, 92634, 92635, 92636, 92637, 92641,, 92650-92653, 95928-95941, 95954-95967)	x	
Nasal Fractures (30930)	x	
Otological Examinations (92502,92504,92531-92534, and 92540-92546)	x	
Evoked Response Tests (92517, 92518, 92519)	x	
<b>Gastroenterology Services</b>		
Upper GI Endoscopy (43180-43278, 91010, 91035, 91110, 91111, 91112, C1606) in outpatient setting	x	
Endoscopic retrograde cholangiopancreatography (ERCP) (C7560)	x	
Colonoscopy with or without biopsy (44388-44408, 45330, 45378-45398, G0104, G0121, G0328), (91113 limited to diagnoses: K63.5, K92.1, K92.2, R19.5, Z53.09, Z53.8)	x	
Colo-rectal Diagnostic Procedures (91124, 91125)	x	
<b>General Surgical Services</b>		
Inpatient / Observation surgeries, unless otherwise specified		x
Outpatient facility-based surgeries, unless otherwise specified		x
Transplants (32854, 33945, 38241, 44135, 44136, 47135, 50360, 50365, S2053, S2054, S2060, S2065)		x
Incision and drainage of abscess in office	x	
Bariatric Surgery (43644-43645, 43653, 43770, 43775, 43842-43848)		x
Inguinal hernia repairs (49491-49525, 49650-49651), Anterior abdominal hernia repair (C7565)	x	
Umbilical and Incisional/Ventral hernia repairs (49591-49596, 49613-49618), members 6 years of age and older	x	
Removal of foreign bodies	x	
Biopsies	x	
Wound Debridement (11000)	x	
Excision or Destruction of Tumors or Cysts (49186, 49187, 49188, 49189, 49190)	x	
<b>Genetic Services</b>		
Out-of-Network genetic services		x
Genetic counseling (96041, S0265)	x	
Genetic testing done at any lab (to include in-network laboratories) (refer to the DHP Authorization Requirement Website at <a href="https://driscollhealthplan.com/priorauthcheck">https://driscollhealthplan.com/priorauthcheck</a> )		x
Cystic Fibrosis testing in pregnancy (81220), Cytogenetic Constitutional (Genome-wide) Microarray Analysis (81229) ordered by a participating Maternal Fetal Medicine (MFM) or Geneticist and performed at an in-network laboratory; no OB attestation required.		x
Cystic Fibrosis testing in pregnancy (81220), Cytogenetic Constitutional (Genome-wide) Microarray Analysis (81229) ordered by a participating Maternal Fetal Medicine (MFM) or Geneticist but NOT performed at in-network genetic lab OR ordered by any other specialty; OB attestation required.		x
Fetal Aneuploidy (81420) and (81507); no OB attestation required; limited to once per pregnancy	x	
<b>Hematology-Oncology Services</b>		
Chemotherapy in outpatient setting (96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415-96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521-96523, 96542, 96549); refer to Pharmacy section below for further guidance	x	
Radiation Therapy (57156, 77261-77263, 77280, 77285, 77290, 77293, 77295, 77299, 77301, 77306, 77307, 77316-77318, 77321, 77332-77334, 77338, 77371-77373, 77387, 77399, 77402, 77407, 77412, 77417, 77436, 77437, 77438, 77439, S8030)	x	
Radiation Therapy (G0562, G0563)		x

*SERVICE	NO AUTH REQUIRED	AUTH REQUIRED
<b>*Commonly requested services. Call to verify authorization requirements for services not listed</b>		
Blood transfusions	X	
Bone marrow biopsies	X	
<b>Home Health Services</b>		
Home Health Nursing/Skilled Nursing Visits/Private Duty Nursing/Hospice/Home Health Aide		X
Prescribed Pediatric Extended Care Center (PPECC)		X
Personal Care Services (PCS) are a benefit for STAR members <21 years of age through DSHS—contact 1-888-276-0702 (For STAR Kids, refer to the DHP STAR Kids LTSS QRT) (Not a covered benefit for CHIP)	X	
<b>Laboratory Services</b>		
In-network laboratory services (unless otherwise specified – see <i>Genetic Testing</i> above)	X	
Molecular Polymerase Chain Reaction panel testing performed in-office, urgent care center, or OP laboratory (87633, 87486, 87581, 87507)		X
RSV testing for children >12 months of age in-office, urgent care center, or OP laboratory (87634)		X
Group A strep testing (87651, 87798)	X	
Influenza A/B (87501-87503) up to 3 each/per code within a rolling 12 month rolling period	X	
PCR GI Testing, procedure codes 87505-87507		X
PCR Resp Testing, procedure codes 87631-87633 and (0115U, 0202U, 0223U, 0225U – non-covered procedure codes)		X
Out-of-network laboratory services		X
<b>Long Term Services &amp; Supports</b>		
Personal Care Services		X
Private Duty Nursing		X
Prescribed Pediatric Extended Care Center (PPECC)		X
Day Activity and Health Services (DAHS) for >18 years old		X
Community First Choice (CFC) Benefits: (habilitation (HAB), Emergency Response System (ERS), Support management)		X
<b>MDCP Services</b>		
Adaptive Aids		X
Minor Home Modifications		X
Respite (In home and out of home)		X
Employment services (Supported Employment and employment assistance)		X
Financial Management Services		X
Flexible Family Support Services		X
Transition Assistance Services		X
<b>Neurology</b>		
EEG (95700-95726, restricted to the following diagnoses: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2), limited to 3 units in 6 months and (95812-95830)	X	
EMG & NCVs (EMG: 95860-95920, NCV: 95905-95913) by participating neurologist	X	
<b>OB-GYN Services</b>		
D&Cs not related to miscarriages		X
Sterilization/BTL (58565, 58600, 58605, 58611, 58615, 58670, 58671) (Not a benefit for CHIP & CHIP Perinate)	X	
Colposcopies, biopsies, cryocautery, conization, endocervical curettage, hysteroscopies	X	
Hysterosalpingograms (HSGs)		X
OB Ultrasounds performed by participating Maternal Fetal Medicine specialist	X	
OB Ultrasounds –greater than 4 per pregnancy (When submitting requests for US # 5 or greater via the provider web auth portal, referral reason code “OB Ultrasound > 4” should be utilized.)		X
Biophysical Profile (BPP) with or without NST (fetal non-stress tests)	X	
Amniocentesis	X	
Ectopic Pregnancy (59120, 59121, 59150, 59151)	X	
Cordocentesis / Fetal Transfusion performed by specialty other than MFM		X
Cervical cerclage removal in office or facility	X	
Cervical cerclage placement as Observation or Outpatient status (Inpatient – prior authorization required)	X	
Treatment of induced abortions– physician must provide a signed “Abortion Certification Statement” Form per TMPPM, section 6.11		X

*SERVICE *Commonly requested services. Call to verify authorization requirements for services not listed	NO AUTH REQUIRED	AUTH REQUIRED
<b>Office Visits</b>		
Office visits for E&M procedure codes for Participating Providers: (99202-99205, 99211-99215, 99242-99245, 99252-99255, 99417, 99429)	x	
Specialist to Specialist referrals		x
Outpatient Behavioral Health Services beyond the 30 visits benefit limit (See TMAP Behavioral Health and Case Management Services Handbook)	x	
Out-of-Network office visits (Behavioral Health and Substance Abuse visits do not require authorization)		x
Out-of-network FQHCs	x	
Office visits for Sexual Abuse Care (In-network and Out-of-network)	x	
<b>Outpatient Diagnostic Services (Miscellaneous)</b>		
Sleep studies		x
Pneumograms		x
<b>Ophthalmology Services</b>		
Effective August 1, 2015- For all Ophthalmology services contact Envolve Vision for prior authorization by web at: <a href="https://visionbenefits.envolvehealth.com/logon.aspx">https://visionbenefits.envolvehealth.com/logon.aspx</a> or by Fax at 1-877-865-1077		
Optometry/Ophthalmology procedures performed in an out-of-network facility require prior authorization through Envolve Vision via web: <a href="https://visionbenefits.envolvehealth.com/logon.aspx">https://visionbenefits.envolvehealth.com/logon.aspx</a> or by Fax at 1-877-865-1077.		x
Anesthesia services for vision procedures (including out of network)	x	
<b>Oral Surgery</b>		
Excision of gum tumors or oral cysts		x
Oral surgery, treatment of TMJ, Orthodontics		x
Treatment of lip tumors/masses		x
Frenulectomy		x
Oral biopsies (40490, 40808, 41100-41105, 41108, 42100, 42400, 42800)	x	
<b>Orthopedic Services</b>		
Orthopedic procedures, unless otherwise specified		x
Cyst aspirations and excisions (20600-20615, 25100-25116, 25125-25145, 64510)	x	
Casting by a participating orthopedist and treatment of fractures 29540, no auth required for all ages 29750, no auth required for ages <= 3 years 29450, no auth required for ages <= 3 years with diagnosis code: M21.54, M21.542, M21.549, Q66.01, Q66.02, Q66.10, Q66.11, Q66.211, Q66.212, Q66.219, Q66.221, Q66.222, Q66.229, Q66.30, Q66.31, Q66.32, Q66.40, Q66.41, Q66.42, Q66.51, Q66.52, Q66.6, Q66.70, Q66.71, Q66.72, Q66.81, Q66.82, Q66.89, Q66.90, Q66.91, Q66.92	x	
Removal of internal fixators (20665, 20670, 20680, 20693-20697)	x	
Removal/treatment of bone lesions (21025- 21029, 21040-21044, 21181, 21510, 23035, 23140-23184)	x	
Repair/revision of tendons by participating Orthopedic Surgeons (20550, 25000, 25001, 25110, 25275, 26020, 26055, 27630, 27650, 27652, 27654, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685-27687, 27690-27692)	x	
Excisions Procedure of Foot and Toes (28086-28092) when rendering provider is Orthopedics or Podiatry	x	
Treatment of dislocations (21480-21490, 23520-23525, 23500-23700, 24500-24685, 25500-25695, 26600-26785, 27197-27275, 27500-27570, 27750-27860, 28400-28675)	x	
Arthroscopies (29805-29828, 29830-29838, 29840-29848, 29850-29851, 29855-29856, 29860-29863, 29866-29889, 29891-29907, 29914, 29915, 29916, 29999)	x	
<b>Pain Management Services</b>		
Pain management services and epidural steroid injections		x
<b>Pharmacy</b>		
Injectable drugs >\$300 if not covered by Navitus		x
Family planning contraceptive devices / drugs for STAR Members (Not a covered benefit for CHIP)	x	
Rhogam injections at facilities	x	

*SERVICE	NO AUTH REQUIRED	AUTH REQUIRED
<p><b>*Commonly requested services. Call to verify authorization requirements for services not listed</b></p> <p>Cancer Treatments administered in outpatient setting: A9589, J1190, J2406, J8522, J9000, J9017, (J9021, J9266 - with diagnoses C91.00, C91.01, C91.02), J9022, J9023, (J9030 with diagnoses C67.0-C67.9, C79.11, D09.0), J9035, J9036, J9039-J9043, J9045-J9047, J9050, J9051, J9052, J9055-J9057, J9060, J9063, J9065, J9071-J9076, J9100, (J9118 in members 21 years and younger with diagnoses C91.00, C91.01, or C91.02), J9130, J9144, J9145, J9150, J9153, J9171, J9173, J9174, J9175, J9176, J9178, J9179, J9181, J9184, J9185, J9190, J9196, J9200, J9201, J9205-J9209, J9211, J9216, J9223, J9228, J9245, J9246, J9260-J9264, J9267-J9269, J9271, J9280, J9281, J9286, J9289, J9293-J9299, J9301-J9309, J9314, J9316, J9317, J9318, J9319, J9320, J9323, J9324, J9325, J9328, J9329, J9330, J9341, (J9348 for members 1 year and older with diagnoses C74.00-C74.02, C74.10-C74.12, C74.90-C74.92), J9349-J9352, J9354-J9356, J9360, J9370, J9382, J9390, J9393-J9395, J9400, J9999, Q5107, Q5112, Q5113, Q5114, Q5116, Q5117, Q5123, Q5126, Q5146, (C9307, C9308, J1323, J2277, J3055, J3263, J8541, J8611, J8612, J9024, J9054, J9273, J9274, J9278, J9286, J9326, J9331, J9345, J9347, J9380, Q0167, Q0175, Q5118, Q5129, Q5160 - for members 18 years and older), (J9298, J9277 - for members 12 years and older), (J9601 for members 18 years and older with diagnoses: C90.00, C90.02) (J9276 for members 18 years and older with diagnoses: C22.1, C23, C24.0, C24.8, C24.9)</p> <p><b>EXCLUDES:</b> Lutathera(A9513), Iodine i-131 (A9590), Aldesleukin (J9015), Anktiva (J9028), Imdelltra (J9026), Fensolvi (J1951), Leuprorelin (J1952), Cipla (J1954), azactidine (J9025), dofarabine (J9027), Adstiladrin (J9029), Blenrep(J9037), Libtayo (J9119), dactinomycin(J9120), degarelix (J9155), Lymphir (J9161), enfortumab vedotin-ejfv (J9177), Gemcitabine (J9183), Leuprolide Acetate (J9218), Besponsa(J9229), Olaratumab (J9285), Lumoxiti(J9313), valrubicin (J9357), Enhertu(J9358), Kymriah (Q2042), Yescarta (Q2041), Tecartus (Q2053), Breyanzi (Q2054), Abecma (Q2055), Carvykti (Q2056), Aucatyzt (Q2058) which <b>do require</b> prior authorization</p>	x	
<b>Plastic Surgery</b>		
Cleft lip and Palate Repairs (30460, 30462, 40700-40702, 40761, 42200, 42205, 42210, 42215, 42220, 42225-42227, 42235)	x	
Skin grafts (54111-54112)	x	
<b>Podiatry Services</b>		
Podiatry treatment for flat feet/pes planus in office or facility		x
Podiatry Services (11042-11047, 11055-11057, 11719, 11720, 11721, 11730, 11732, 11765, 28001-28003, 28005, 28008, 28010, 28011, 28020, 28022, 28024, 28035, 28039, 28041, 28043, 28045-28047, 28050, 28052, 28054, 28055, 28060, 28062, 28070, 28072, 28080, 28100, 28102-28104, 28106-28108, 28110-28114, 28116, 28118-28120, 28122, 28124, 28126, 28130, 28140, 28150, 28153, 28160, 28171, 28173, 28175, 28190, 28192, 28193, 28200, 28202, 28208, 28210, 28220, 28222, 28225, 28226, 28230, 28232, 28234, 28238, 28240, 28250, 28260-28262, 28264, 28270, 28272, 28280, 28285, 28286, 28288, 28289, 28291, 28292, 28295-28300, 28302, 28304-28310, 28312, 28313, 28315, 28320, 28322, 28340, 28341, 28344, 28345, 28360, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28760, 28800, 28805, 28810, 28820, 28825, 28899, G0127), when rendering provider is a podiatrist	x	
Excisions Procedure of Foot and Toes (28086-28092) when rendering provider is Orthopedics or Podiatry	x	
<b>Radiology Services</b>		
Anesthesia/sedation for CT or MRI (01916-01933, 01937-01942)	x	
CT's and MRI's	x	
All Mobile radiology		x
PET scans		x
Swallow Studies		x
Medical Physics Consultations (77336, 77370)	x	
<b>Therapy Services</b>		
Speech, Physical and Occupational Therapy Evaluations (97161 - 97163, 97165 – 97167, 92521-92524, 92610)	x	
Speech, Physical, and Occupational Therapy Re-evaluations (97164, 97168, S9152) up to 2 per code within 12 months	x	
Speech Therapy Treatment (92507, 92508, 92526)		x
Physical Therapy Treatment (97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032-97036, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97535, 97537, 97542, 97750, 97760, 97761, 97763, 97799)		x
Occupational Therapy Treatment (97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032-97036, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97535, 97537, 97542, 97750, 97760, 97761, 97763, 97799)		x
Autism Services/Applied Behavior Analysis (97151, 97153, 97154, 97155, 97156, 97158, 99366 and noncovered 97152 and 97157)		x
<b>Urology and Renal Services</b>		
Cystoscopies, cystourethroscopies, stone removal (52000-52356)	x	
Circumcision <1 year of age	x	
Vasectomy (55250)	x	
Urodynamic Studies (51701, 51725-51729, 51736, 51741, 51784, 51785, 51792, 51797, 51798, 53020)	x	
VCUG's (51600, 51605, 51610, 74455)	x	
Outpatient urology surgeries (53400-53447)	x	
Surgeries for the Prostate (52597, 52601, 52630, 52640, 52649, 53852, 53855, (53850 for members 21 years of age and older), and (52441, 52442, C9730, and C9740 for members 45 years and older), 55867)	x	
Orchiopexy (54600-54680, 54690-54692)	x	
Fragmenting of kidney stones (50590)	x	

<b>*SERVICE</b>	<b>NO AUTH REQUIRED</b>	<b>AUTH REQUIRED</b>
<b>*Commonly requested services. Call to verify authorization requirements for services not listed</b>		
Outpatient urethra reconstruction (54324-54352)	x	
Biopsies (50200, 50205, 53200, 54500, 54505, 54800, 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715)	x	
Urology Procedures (53854, 54115, 54120, 54125, 54130, 54135, 54300, 54304, 54312, 54316, 54318, 54322, 54360, 54380, 54385, 54390, 54406, 54415, 54420, 54430, 54435, 54437, 54438, 54440, 54520)		x
Dialysis (E1629 (in the home setting), 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, and 90999)	x	
<b>Other Services</b>		
Nutritional Counseling	x	
Alternative Medicine (acupuncture treatment)		x
Home Telemonitoring Services (99091, S9110)		x
Ambulatory BP Monitoring (93784, 93786, 93788, 93790)	x	
Case Management for Children and Pregnant Woman (CPW) (Not a covered benefit for CHIP)		x
Outpatient Services for AI/AN members provided by an Indian Health Care Provider (IHCP)	x	
Skin Substitutes		x