Driscoll Health Plan

STAR, CHIP and STAR Kids Quick Reference Tool
November 2026

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

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: 1-877-324-3627option1
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 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 *Commonly requested services. Call to verify authorization requirements for services not listed	NO AUTH REQUIRED	AUTH REQUIRED
Inpatient admissions/Observations/Outpatient Facility Surgeries/Office-based services		
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
Allergy Services		
Allergy testing	x	
Allergy injections	x	
Ambulance Services		
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	
Behavioral Health Services		
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	
Cardiology Services		
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	
Chiropractic services		
Chiropractic services		x
Dental Services		
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
Dermatology Services		
Biopsies and cryosurgery	x	
UV light therapy	x	
Durable Medical Equipment (purchase or rental determinations will be made by DHP)		
Providers should verify DME authorization requirements on the DHP Authorization Requirement Portal at https://driscollhealthplan.com/priorauthcheck		
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, A4351, A4352, 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 (S1040), 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 *Commonly requested services. Call to verify authorization requirements for services not listed	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, L1972, 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
ENT Services		
Cochlear Implant Analysis and Surgery (69714, 69716, 69719, 69726-69730, 69799, 69930, 92601-92604, 92622, 92623)		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	
Gastroenterology Services		
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	
General Surgical Services		
Inpatient / Observation surgeries, unless otherwise specified		x
Outpatient facility-based surgeries, unless otherwise specified		x
Transplants (32854, 33945, 38241, 44135, 44136, 47135, 50360, 50365, 60699, 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	
Genetic Services		
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 https://driscollhealthplan.com/priorauthcheck)		x
Cystic Fibrosis testing in pregnancy (81220), Cytogenic 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), Cytogenic 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	
Hematology-Oncology Services		
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 *Commonly requested services. Call to verify authorization requirements for services not listed	NO AUTH REQUIRED	AUTH REQUIRED
Blood transfusions	x	
Bone marrow biopsies	x	
Home Health Services		
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	
Laboratory Services		
In-network laboratory services (unless otherwise specified – see *Genetic Testing* 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
Long Term Services & Supports		
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
MDCP Services		
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
Neurology		
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	
OB-GYN Services		
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
Office Visits		
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 TMPPM 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	
Outpatient Diagnostic Services (Miscellaneous)		
Sleep studies		x
Pneumograms		x
Ophthalmology Services		
Effective August 1, 2015 - For all Ophthalmology services contact Envolve Vision for prior authorization by web at: https://visionbenefits.envolvehealth.com/logon.aspx 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: https://visionbenefits.envolvehealth.com/logon.aspx or by Fax at 1-877-865-1077.		x
Anesthesia services for vision procedures (including out of network)	x	
Oral Surgery		
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	
Orthopedic Services		
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	
Pain Management Services		
Pain management services and epidural steroid injections		x
Pharmacy		
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 *Commonly requested services. Call to verify authorization requirements for services not listed	NO AUTH REQUIRED	AUTH REQUIRED
Cancer Treatments administered in outpatient setting: A9589, J0643, J0644, 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, J9184, J9185, J9187, J9191, 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-J9351, J9354-J9356, J9360, J9370, J9382, J9390, J9393-J9395, J9400, J9999, Q5107, Q5112, Q5113, Q5114, Q5116, Q5117, Q5123, Q5126, Q5146, (J1323, J2277, J3055, J3263, J8541, J8611, J8612, J9024, J9053, J9054, J9062, J9186, J9192, J9232, J9249, J9273, J9274, J9275, J9278, J9286, J9326, J9331, J9345, J9347, J9362, 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), (C9313 for members 18 years and older with diagnosis: C86.4) **EXCLUDES:** Lutathera(A9513), Iodine i-131 (A9590), Trabectedin (C9312), Aldesleukin (J9015), Anktiva (J9028), Imdelltra (J9026), Fensolvi (J1951), Leuprorelin (J1952), Cipla (J1954), azacitidine (J9025), dofarabine (J9027), Adstiladrin (J9029), Blenrep(J9037), Avyxa (J9066), 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 **do require** prior authorization	x	
Plastic Surgery		
Cleft lip/Palate Repairs (30460, 30462, 40700-40702, 40761, 42200, 42205, 42210, 42215, 42220, 42225-42227, 42235)	x	
Skin grafts (54111-54112)	x	
Podiatry Services		
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	
Radiology Services		
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	
Therapy Services		
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, 971112, 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
Urology and Renal Services		
Cystoscopies, cystourethroscopies, stone removal (C8014 with diagnoses: N13.2, N20.0, N20.1, N20.2, N20.9, N21.0, N21.1, N21.8, N21.9, N23, 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	

*SERVICE *Commonly requested services. Call to verify authorization requirements for services not listed	NO AUTH REQUIRED	AUTH REQUIRED
Fragmenting of kidney stones (50590)	x	
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	
Other Services		
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