

## Prior Authorization Requirements

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## Utilization Management Program

Utilization management (UM) decisions are based on medical necessity of the requested care and services, as well as the member's coverage according to their benefit plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization.

Amerigroup will ensure that services for members are sufficient in the amount, duration or scope to reasonably achieve the purpose for which services are furnished. We will not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of the member (42 CFR §438.210(a)(ii)).

Regarding UM issues, staff are available at least eight hours a day Monday through Friday during normal business hours for inbound collect or toll-free calls and can receive inbound communication by fax after normal business hours. Messages will be returned within one business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls. TDD/TTY services and language assistance services are available for members as needed, free of charge.

**For questions about the UM process, including requesting a free copy of our UM criteria/guidelines, call Provider Services at 1-800-454-3730.**

## Medical Policies, Clinical UM Guidelines & Medical Drug Benefit Clinical Criteria

There are several factors that impact whether a service or procedure is covered under a member's benefit plan. Medical Policies, Clinical UM Guidelines and Medical Drug Benefit Clinical Criteria are resources that help us determine if a procedure is medically necessary. These guidelines are available to you as a reference when interpreting prior authorization and claim decisions through the following websites:

### [Medical Policies & Clinical UM Guidelines](#)

### [Medical Drug Benefit Clinical Criteria](#)

In addition, the following criteria/guidelines may be used:

- MCG Care Guidelines (based on specific provider contracts, McKesson InterQual® Level of Care criteria) are also used when no specific Amerigroup medical policies exist.
  
- AIM Specialty Health guidelines are utilized for the following types of services:
  - Cardiology
  - Genetic testing
  - Radiation oncology

- Radiology (high-tech)
- Sleep studies

Please refer to their website, <http://aimspecialtyhealth.com/goweb.html>, for additional information.

- For Behavioral Health services, the American Society for Addiction Medicine Patient Placement Criteria (ASAM) is utilized for substance use disorder treatment authorizations, with the exception of detoxification which uses MCG.

**Federal law, state law, contract language, including definitions and specific contract provisions/ exclusions, Centers for Medicare & Medicaid (CMS) requirements as well as the Texas Medicaid Provider Procedure Manual (TMPPM), <https://www.tmhp.com/resources/provider-manuals/tmppm>, are used when determining eligibility for coverage and supersede any other UM criteria.**

## **Prior Authorization Lookup Tool & Submission Portal**

Specific procedures and/or services requiring prior authorization can be found on the Availity portal or the Amerigroup provider website through the following link:

**Precertification Lookup Tool:** <https://provider.amerigroup.com/agp/pages/PLUTO>

Inpatient services always require prior authorization and all elective services provided by or arranged at a nonparticipating provider or facility require prior authorization. Some services/procedures have Medicaid allowable limits or age restrictions and should be verified through the Texas Medicaid & Healthcare Partnership (TMHP) Texas Medicaid Provider Procedures Manual (TMPPM). Nonparticipating providers must submit a prior authorization request for all services by contacting Provider Services at 1-800-454-3730. Staff are available at least eight hours a day Monday through Friday during normal business hours.

Prior authorization requests or notifications can be submitted electronically through the Availity portal and is the preferred method.

**Availity Portal:** <https://www.availity.com>

## **Interactive Care Reviewer (ICR)**

ICR offers a streamlined and efficient experience for providers requesting inpatient and outpatient medical or behavioral health services for our members. Additionally, providers can use this tool to make inquiries on previously submitted requests, regardless of how they were sent (phone, fax, ICR or other online tool). Capabilities and benefits of the ICR include:

- Initiating preauthorization requests online — eliminating the need to fax. The ICR allows detailed text, photo images and attachments to be submitted along with your request.
- Making inquiries on previously submitted requests via phone, fax, ICR or other online tool.
- Having instant accessibility from almost anywhere, including after business hours.

- Utilizing a dashboard that provides a complete view of all utilization management requests with real-time status updates, including email notifications if requested using a valid email address.
- Viewing real-time results for common procedures with immediate decisions.

You can access the ICR under **Authorizations and Referrals** on the Availity Web Portal. For an optimal experience with the ICR, use a browser that supports 128-bit encryption. This includes Internet Explorer, Chrome, Firefox and Safari.

The ICR is not currently available for:

- Transplant services
- Services administered by vendors such as AIM Specialty Health.

Additional information is available in the “Prior Authorization Submission Information” section of this document and is also available on the Amerigroup provider website.

## Required Documentation

A completed prior authorization request is required to eliminate delays in processing, which includes all required essential information, documentation, current clinical information and a signed authorization form by the requesting provider.

The following essential information, per HHSC Uniform Managed Care Manual Chapter 3.22 is required for all prior authorization request submissions:

- Member name
- Member number or Medicaid/CHIP number
- Member date of birth
- Requesting provider’s name and National Provider Identifier (NPI)
- Rendering provider’s name, NPI and Tax Identification Number
- Service requested — Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

To prevent delays, Amerigroup requests the following information be included with the request to allow for timely processing:

- Diagnosis code
- Physician Signature

These are critical fields we need to build a prior authorization in our system.

Note:

Requests that have essential information missing, incorrect, or illegible will be considered incomplete and the following will occur:

- The requesting provider will receive a notification that the submitted request could

not be processed due to missing essential information.

- The notification will outline an explanation of why the submitted request was not processed as submitted and will include instructions to resubmit the prior authorization request with complete essential information.
- The request will be processed when the requested information is received.
- The date we receive the fully completed request will be designated as the prior authorization request “received date”.

To ensure timely processing, providers should respond to requests for missing or incomplete information as quickly as possible.

Additional information is available in the “Forms and Documentation Required for Prior Authorization Requests” section of this document.

### **Information needed for a member that is hospitalized**

For prior authorization requests for a member who is hospitalized at the time of the request, please clearly document at the top of the request to indicate that the member is hospitalized and has discharge planning needs. To eliminate delays in processing, please ensure all required documentation is submitted with the request along with any required signatures. For additional information and submission information, please refer to the “Discharge Planning” section of this document.

### **Submission Timelines**

Initial requests for prior authorization with all supporting documentation is recommended to be submitted a minimum of three business days prior to the start of care. Failure to comply with notification rules may result in an administrative denial. Additional information is available in the “Administrative Denials” section of this document.

The start of care date is the date that care is to begin as listed on the prior authorization request form. Exceptions to the start of care date may include requests for home health skilled nursing, aide services, private duty nursing, physical therapy, occupational therapy, and speech therapy services. Additional information regarding exceptions is discussed below.

Exceptions:

**Therapy (PT/OT/ST) Services:** Initial prior authorization requests must be received no later than five business days from the date therapy treatments are initiated. Requests received after the five business-day period will be denied for dates of service that occurred before the date that the prior authorization request was received.

A complete recertification request must be received no earlier than 30 calendar days before the current authorization period expires. Requests for recertification services received after the current authorization expires will be denied for dates of service that occurred before the date the submitted request was received.

**Home Health/Private Duty Nursing:** Following the RN's initial assessment or evaluation of the client in the home setting for home health service needs, the agency-employed RN who completed the home evaluation must contact Amerigroup for prior authorization within three business days of the start of care (SOC). The request must be received by the Amerigroup Prior Authorization Department no later than 5 p.m., Central Time, on the third day to be considered received within three business days. If a request is received more than three business days after the SOC, or after 5 p.m., Central Time, on the third day, authorization is given for dates of service beginning three business days before receipt of the completed request.

A recertification request must be submitted at least seven calendar days before, but no more than 30 calendar days before, a current authorization period will expire. The request must be received by the Prior Authorization Department no later than 5 p.m., Central Time, on the seventh day, to be considered received within seven calendar days. If a request is received less than seven calendar days before the current authorization expiration date, or after 5 p.m., Central Time, on the seventh day, authorization is given for dates of service beginning no sooner than seven calendar days after the receipt of the completed request by the Prior Authorization Department.

#### Extension process

If the member requests an extension, there is justification for a need for additional information, or an extension is in the best interest of the member, Amerigroup may extend the time frame up to 14 calendar days for standard authorization requests. For expedited extensions, Amerigroup can extend the 72-hour time frame up to 14 calendar days if the member requests an extension or there is a justification for a need for additional information and the extension is in the best interest of the member.

### **Prior Authorization Review**

Upon receipt of a request for prior authorization, an Amerigroup assistant verifies eligibility and benefits prior to forwarding to the nurse or other qualified reviewer. The reviewer examines the request and supporting medical documentation to determine the medical appropriateness of diagnostic and therapeutic procedures using criteria/guidelines. When the clinical information received meets medical necessity criteria, we issue a reference number to the requesting provider.

### **Prior Authorization Not Required**

If a request is submitted for a service for which prior authorization is not required, the provider will receive a response stating that prior authorization is not required. This is not an approval or a guarantee of payment. Claims for services are subject to all plan provisions, limitations and patient eligibility at the time services are rendered.

## Incomplete Prior Authorization Requests

If the prior authorization documentation is incomplete or inadequate, the reviewer is unable to process the request. In such instances, Amerigroup will notify the provider and member in writing no later than three business days after the prior authorization request received date to submit the additional documentation necessary to make a decision. Amerigroup will send the notice to the member based on their preferred method for receiving prior authorization request notices. If the member does not choose a preferred method, Amerigroup will mail the notice to the member.

The written request for additional information will include the following information:

- A statement that Amerigroup has reviewed the prior authorization request and is unable to make a decision about the requested services without the submission of additional information.
- A clear and specific list and description of the incomplete documentation/information that must be submitted in order to consider the request complete.
- An applicable timeline for the provider to submit the missing information.
- Information on the manner through which a provider may contact Amerigroup.

Amerigroup may also contact the provider by phone to obtain the information necessary to resolve the incomplete request.

Final determination of the prior authorization request will be completed within three business days after the date the missing information is provided.

If no additional information is received by the end of the third business day from the date Amerigroup sent the notice to the provider and the prior authorization request will result in an adverse determination, Amerigroup will refer the request for physician review with all information received with the request no later than seven business days after the prior authorization request received date. The Amerigroup medical director will make a determination based on the information previously received within three business days of the referral but no later than the tenth business day after the prior authorization request received date. If a holiday will result in the process exceeding 14 calendar days, Amerigroup will adjust the timeline accordingly to not exceed 14 calendar days to make a determination for the prior authorization request.

Additionally, if the request does not meet criteria for approval, the requesting provider will be afforded the opportunity to discuss the case with the medical director prior to issuing the denial. For information on this process, refer to the "Peer-to-Peer Review Process" section of this document.

## Prior Authorization Recertification Process

A physician or health care provider can submit a medical prior authorization recertification request at least 60 calendar days prior to the expiration of the current authorization of service(s) on file.

*Exception:* Amerigroup requires that the following prior authorization recertification requests be received up to 30 calendar days before the expiration of the current authorized service(s):

- a) Physical, Occupational and Speech Therapy
- b) Private Duty Nursing (PDN)
- c) Prescribed Pediatric Extended Care Centers (PPECC)

## Determination Timelines

Utilization review timeliness standards are as follows:

Program	Authorization Type	Decision Timeframe
Medicaid	Routine/Non-Urgent	3 business days
CHIP	Routine/Non-Urgent	2 business days (approval)
		3 business days (adverse determination)
Medicaid & CHIP	Urgent/Expedited	3 calendar days
Medicaid & CHIP	Concurrent	1 business day
Medicaid & CHIP	Post-service	30 calendar days

A written notice of final determination will be provided no later than the next business day following a prior authorization request determination.

CHIP Notifications:

- For routine and urgent approvals, written/letter notification is required no later than the second business day after the date of the request.
- For a member that is not hospitalized at the time of an adverse determination, notification will be provided within three business days in writing to the requesting provider and the member.

Within one hour for post-stabilization or life-threatening conditions, except for Emergency Medical conditions and Emergency Behavioral Health conditions where a prior authorization is not required.

Providers can confirm that an authorization is on file by accessing the Availity Portal, <https://www.availity.com>, or by calling Provider Services at 1-800-454-3730. If coverage of an admission has not been approved, the facility should contact Provider Services to resolve the issue.



## **Expedited Requests**

A member or physician may request to expedite a determination when the member, or his or her physician, believes that waiting for a decision under the standard time frame could place:

- Serious jeopardy to the life, health, or safety or the member's ability to regain maximum function, based on a prudent layperson's judgement, or
- Serious jeopardy to the life, health or safety of the member or others, due to the member's psychological state, or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request, or
- In the case of a pregnant woman, serious jeopardy to the life, health, or safety of the fetus, or
- In the opinion of a practitioner with knowledge of a member's medical condition, subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. The practitioner must be allowed to act as the authorized representative of that member.

The following situations are examples that do not meet criteria for an expedited request:

- The date of service is greater than one week from the request date
- Clinical documentation does not support criteria for an expedited request as defined above
- Any request for therapy (occupational, speech or physical therapy) greater than two days from the request date

**Request for services as "Urgent", "Expedited" or "STAT" are processed as non-urgent if the request does not meet Expedited/Urgent Care/STAT as defined above.**

## **Inpatient Admission Reviews**

For inpatient admissions, our utilization review clinician determines the member's medical status through onsite review and/or communication with the hospital's utilization review department. Appropriateness of stay is documented, and concurrent review is initiated. Cases that do not meet medical necessity or have quality care concerns may be referred to the medical director for review. If a case does not meet medical necessity criteria, the attending provider will be afforded the opportunity to discuss the case with the Amerigroup medical director prior to the determination. For additional information, refer to the "Peer-to-Peer Review Process" section of this document. When appropriate, members may be referred to an Amerigroup Population Health Program.

### **Information needed for a member that is hospitalized**

For prior authorization requests for a member who is hospitalized at the time of the request, please clearly document at the top of the request to indicate that the member is hospitalized and has discharge planning needs. To eliminate delays in processing, please ensure all required documentation is submitted with the request along with any required signatures. For additional information, please refer to the "Discharge Planning" section of this document.

## **Inpatient Concurrent Reviews**

Each network hospital will have an assigned UM clinician that will conduct a concurrent review of the hospital medical record to determine the authorization of coverage for a continued stay. The review will be performed either at the hospital or by fax, telephone or through accessing electronic medical records.

The UM clinician will conduct continued stay reviews daily and review discharge plans unless the patient's condition is such that it is unlikely to change within the upcoming 24 hours, at which time the reviews can be done less frequently than daily.

We will authorize the covered length of stay one day at a time based on the clinical information supporting the continued stay. Exceptions to the one-day length of stay authorization will be made for confinements when the length of stay is predetermined by state law. Examples of confinement and/or treatment include Cesarean section or vaginal deliveries. Exceptions are made by the medical director on a case-by-case basis.

When the clinical information received meets medical necessity criteria, approved days and bed level (if appropriate) coverage will be communicated to the hospital for the continued stay. If medical necessity criteria are not met for the ongoing inpatient stay, the medical director will afford the attending physician the opportunity to discuss the case prior to making a determination. For additional information, refer to the "Peer-to-Peer Review Process" section of this document.

If the medical director's decision is to deny the request, the appropriate notice of action will be mailed to the hospital, treating or attending practitioner, and member. The notice of action includes an explanation of the member's appeal rights and state fair hearing/Independent Review Organization (IRO) rights and process.

When an Amerigroup UM clinician reviews the medical record at the hospital, he or she also may attempt to meet with the member (and member's family if appropriate) to discuss any discharge planning needs. The UM clinician will also attempt to verify that the member or family is aware of the name, address and telephone number of the member's PCP. The UM clinician will conduct continued stay reviews daily and review discharge plans unless the patient's condition is such that it is unlikely to change within the upcoming 24 hours and discharge planning needs cannot be determined. In that situation, reviews can be done less frequently than daily.

## **Peer-to-Peer Review Process**

Prior to issuing an adverse determination, a medical director will offer a reasonable opportunity to the requesting provider to discuss the member's plan of treatment and the clinical basis for the medical necessity determination. If you receive a notification that a case is under review and would like to discuss the case with our medical director, please contact the applicable department shown below.

Contact Numbers:

- Physical Health: 1-817-861-7768
- Behavioral Health: 1-757-473-2737 ext. 106-128-2008

Staff are available at least eight hours a day Monday through Friday during normal business hours.

Be prepared to provide the following information:

- Name of person/physician our medical director needs to call
- Contact number
- Convenient time for a return call
- Authorization/reference number for the case
- Member's name, DOB and Amerigroup ID number

If you or your office staff reach our voicemail, leave the name of the best contact person and his or her phone number so we can reach out for additional information. The Amerigroup medical director will make every effort to return calls within one business day.

The peer-to-peer review timeline is as follows:

- No less than one business day prior to issuing a prospective utilization review adverse determination
- No less than five business days prior to issuing a retrospective utilization review adverse determination
- Prior to issuing a concurrent or post-stabilization review adverse determination

If the notification received indicates the case was denied, you may contact us within two business days of the generation of the adverse determination letter to set up a peer-to-peer review for possible reconsideration. After two business days, the case will need to follow the appeal process outlined in the denial letter received.

If services are not approved based on medical necessity, the appropriate notice of action will be mailed to the member, the servicing provider, and the requesting/ordering provider. The notice includes an explanation of the medical director's determination and the member's internal appeal rights and state fair hearing/external independent review rights and process.

## **Administrative Denials**

An administrative denial is a denial of services based on reasons other than medical necessity. Administrative denials are made when a contractual requirement is not met, such as late notification of admissions, failure to obtain a prior authorization, or benefit limitations.

If Amerigroup overturns its administrative decision, the case will be reviewed and, if approved, the claim will be reprocessed or the requestor will be notified of the action that needs to be taken.

## Discharge Planning

Discharge planning is designed to assist the provider in the coordination of the member's discharge when acute care (hospitalization) is no longer necessary to ensure a seamless transition from the inpatient setting to outpatient services to improve health outcomes for our members. Our UM clinician will help coordinate discharge planning needs with the hospital utilization review staff and attending physician. The attending physician is expected to coordinate with the member's provider(s) regarding follow-up care after discharge and the provider(s) is responsible for contacting the member to schedule all necessary follow-up care.

In the case of a behavioral health discharge, the attending facility is also responsible for ensuring the member has secured an appointment for a follow-up visit with a HEDIS qualified behavioral health provider. The follow-up visit must occur within seven calendar days of discharge.

When additional or ongoing care is necessary after discharge, we work with the provider to plan the member's discharge to an appropriate setting for extended services. These services can often be delivered in a nonhospital facility such as a:

- Hospice facility
- Convalescent facility
- Home health care program (e.g., home I.V. antibiotics) or skilled nursing facility

When the provider identifies medically necessary and appropriate services for the member, we will assist the provider and the discharge planner in providing a timely and effective transfer to the next appropriate level of care.

**For prior authorization requests for a member who is hospitalized at the time of the request, please clearly document at the top of the request to indicate that the member is hospitalized and has discharge planning needs. To eliminate delays in processing, please ensure all required documentation is submitted with the request along with any required signatures to the applicable department shown below.**

### **Contact Numbers (fax):**

- **Inpatient Discharge Planning – Physical Health: 1-888-708-2599**
- **Inpatient Discharge Planning – Behavioral Health: 1-844-430-6805**

Staff are available at least eight hours a day Monday through Friday during normal business hours.

Discharge plan authorizations for ongoing outpatient care follow nationally recognized standards of care and medical necessity criteria. Authorizations include but are not limited to: transportation, home health, durable medical equipment (DME), pharmacy, follow-up visits to practitioners and outpatient procedures.

## Prior Authorization Submission Information

Requests for prior authorization may be submitted for review and approval as indicated below:

- Preferred method is electronic submission at <https://www.availity.com>
- Inpatient/Outpatient surgeries; other general requests: 1-800-964-3627 (fax)
- Inpatient Discharge Planning (fax only)
  - Physical Health: 1-888-708-2599
  - Behavioral Health: 1-844-430-6805
- Specialized Care Services (fax only)
  - Back and spine procedures: 1-800-964-3627
  - Durable Medical Equipment (DME): 1-866-249-1271
  - Home Health Nursing (PDN, SNV, HHA): 1-866-249-1271
  - Medical injectable/infusible drugs: 1-844-512-8995 (for other services, refer to pharmacy prior authorizations document on provider website)
  - Pain management injections and wound care: 1-866-249-1271
  - Therapy (physical, occupational and speech): 1-844-756-4608
- Behavioral Health Services (fax only)
  - Behavioral Health - Inpatient: 1-844-430-6805
  - Behavioral Health - Outpatient: 1-844-442-8010
- AIM Specialty Health: 1-800-714-0040 (phone); [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb) (online)
  - Cardiology
  - Genetic testing
  - Radiation oncology
  - Radiology (high-tech)
  - Sleep studies
- Nursing Facility: 1-844-206-3445 (fax)
- Transportation
  - Nonemergent Ambulance Transportation: Refer to the “Ambulance Transportation Services (Nonemergent)” section of the Medicaid/CHIP provider manual
- STAR Kids
  - Long-Term Services and Supports (LTSS)/Personal Attendant Services (PAS): 1-844-756-4604 (fax)
- STAR+PLUS LTSS/PAS requests are to be submitted by service area (fax only)
  - Austin: 1-877-744-2334
  - El Paso: 1-888-822-5790
  - Houston/Beaumont: 1-888-220-6828
  - Lubbock: 1-888-822-5761
  - San Antonio: 1-877-820-9014
  - Tarrant/West RSA: 1-888-562-5160
- Urgent Services: 1-800-454-3730 (phone)

Documentation and forms required for prior authorization requests are available on our provider website.

**Member assistance with prior authorizations**

Members who have questions regarding prior authorizations may contact Member Services. Members can also **live chat** with a representative or send a **secure message** once a member logs into their account at [myamerigroup.com/TX](https://myamerigroup.com/TX).

- CHIP, STAR, STAR+PLUS: **1-800-600-4441 (TTY 711)**, available Monday through Friday from 7 a.m. to 6 p.m. Central time
- STAR Kids: **1-844-756-4600 (TTY 711)**, available Monday through Friday from 8 a.m. to 6 p.m. Central time

If you have any questions regarding pharmacy prior authorizations/preapprovals, contact Pharmacy Member Services, available 24/7, using the information below:

- CHIP, STAR, STAR+PLUS: **1-833-235-2022 (TTY 711)**
- STAR Kids: **1-833-370-7463 (TTY 711)**

## Forms and Documentation Required for Prior Authorization Requests

To request a prior authorization, Amerigroup will accept the following standard forms:

- **Amerigroup Prior Authorization Request**
- **Texas Standard Prior Authorization Request Form for Health Care Services**

The Amerigroup provider website includes links to forms in the “Prior Authorization Forms” document under the “Prior Authorization” section and form templates under the “Forms” section.

Other forms available on the Amerigroup provider website include:

- **Therapy Prior Authorization Request Form**
- **Mental Health Targeted Case Management & Rehabilitative Services Form**
- **Behavioral Health**
  - Initial Review Form
  - Concurrent Review Form
  - Psychological Testing Request Form
  - Neuropsychological Testing Request Form
- **Nonemergency Ambulance**
  - Nonemergency Ambulance Prior Authorization Request Form
  - Nonemergency Ambulance Exception Form
- **Pharmacy**
  - Texas Standard Prior Authorization Request Form for Prescription Drug Benefits
  - Medical Injectables Prior Authorization Form

The following table outlines the required forms and documentation needed for prior authorization requests. This list does not represent whether the service requires prior authorization. Verification that the service/procedure requires prior authorization is recommended prior to submitting the request.

**Note: For any specified service with a change in provider, a signed notification by the member will be required.**

## Forms and documentation required for prior authorization requests

Service	Forms	PA documentation
Abortion	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Acupuncture	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Adaptive Equipment/Aids	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> <li>• If applicable, documentation of primary insurance denial of coverage of services</li> <li>• For STAR+PLUS and STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Adult Day Care/Day Health Services	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>



Service	Forms	PA documentation
Adult Foster Care	N/A	<ul style="list-style-type: none"> <li>For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Allergy Testing	<ul style="list-style-type: none"> <li>Completed <i>Precertification Request Form</i>; or</li> <li><i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>Current signed <i>Physician Order</i></li> <li>Current clinical documentation</li> </ul>
Allergy Treatment	<ul style="list-style-type: none"> <li>Completed <i>Precertification Request Form</i>; or</li> <li><i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>Current signed <i>Physician Order</i></li> <li>Current clinical documentation</li> </ul>
Ambulatory Surgical Center services	<ul style="list-style-type: none"> <li>Completed <i>Precertification Request Form</i>; or</li> <li><i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>Current signed <i>Physician Order</i></li> <li>Current clinical documentation</li> </ul>
Ambulance – NEMT	<ul style="list-style-type: none"> <li>Completed Nonemergency Ambulance Prior Authorization Request Form</li> <li>If Applicable, the Nonemergency Ambulance Exception Form</li> </ul>	<ul style="list-style-type: none"> <li>Current signed <i>Physician Order</i></li> <li>Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> <li>Please note, completed forms may not be submitted by ambulance provider as per Texas Medicaid Provider Procedures Manual.</li> </ul>

Service	Forms	PA documentation
Anesthesia	Dental (6 and under) <ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> <li>• <i>Criteria for Dental Therapy Under General Anesthesia Form</i></li> <li>• <i>THSteps Dental Mandatory Prior Authorization Request form</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Assisted Living/Residential Care	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Assistive/Augmentative Communication Devices	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Attendant Care Services	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Audiology/Hearing Aids, Supplies & Fittings	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical</li> </ul>

Service	Forms	PA documentation
	<ul style="list-style-type: none"> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	documentation as required per the Texas Medicaid Provider Procedures Manual.
Bariatric Surgery	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation (Preoperative psychological evaluation)</li> <li>• Surgery must be provided by a facility in Texas that is one of the following: <ul style="list-style-type: none"> <li>• Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).</li> <li>• A children’s hospital that has a bariatric surgery program and provides access to an experienced surgeon who employs a team that is capable of long-term follow-up of the metabolic and psychosocial needs of the client and family.</li> </ul> </li> </ul>
Behavioral Health – Crisis Intervention	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Crisis Stabilization	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>

Service	Forms	PA documentation
	<ul style="list-style-type: none"> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	
Behavioral Health – Hospital Based Detoxification Services	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Hospital Based Services – MD Services	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Hospital Based Services – Inpatient Professional	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Inpatient – Psychiatric/Chemical Dependency	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Intensive Outpatient Program (IOP), Psychiatric	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Intensive Outpatient Program (IOP),	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> </ul>

Service	Forms	PA documentation
Substance Abuse/Chemical Dependency	<ul style="list-style-type: none"> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Outpatient/Ambulatory Detoxification Services	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Outpatient Mental Health – MD Services	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Outpatient Substance Abuse	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current clinical documentation</i></li> </ul>
Behavioral Health – Partial Hospital, Psychiatric and Chemical Dependency	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Behavioral Health – Psychological Testing	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>

Service	Forms	PA documentation
Behavioral Health – Respite Care	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Current signed Physician Order or designee</i></li> <li>• <i>Current Clinical Documentation</i></li> </ul>
Birthing Center	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current Signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Blood Administration and Other Blood Products	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current Signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Bone Mass/Density Study – Bone Biopsy/Photon Absorptiometry	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current Signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Botox Injections	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Breast Reduction	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current Signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
	<i>Authorization Request Form</i>	
Burn Pressure Garments	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Cardiac Rehabilitation Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Chemotherapy	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Chiropractic Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Chore Services	N/A – Not a benefit	N/A
Circumcisions	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Clinical Trials	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Cochlear Implants	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Colorectal Cancer Screening – <ul style="list-style-type: none"> <li>• Barium Enema</li> <li>• Flexible Sigmoidoscopy</li> <li>• FOBT (Fecal Occult Blood Test)</li> <li>• Screening Colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Corrective Vision Surgery	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Court Ordered Services	Notification from Courts	<ul style="list-style-type: none"> <li>• Current signed Court Order</li> <li>• Current clinical documentation (if available)</li> </ul>
Deep Brain Stimulators	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Dental – Routine	Dental MCO to review.	
Dental Services – Medical/Accidental	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> </ul>	<ul style="list-style-type: none"> <li>• Health Plan reviews for Level 4 sedation/general anesthesia and facility for 6</li> </ul>



Service	Forms	PA documentation
	<ul style="list-style-type: none"> <li>• <i>TDI Standard Prior Authorization Request Form; and</i></li> <li>• Criteria for Dental Therapy Under General Anesthesia</li> </ul>	<p>years of age and under.</p> <ul style="list-style-type: none"> <li>• Dental MCO to review for procedure.</li> </ul>
Waiver Dental Services	DentaQuest to review.	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Dermatology services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Diabetic Screening	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Diabetic Supplies	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form; or</i></li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> <li>• See pharmacy guidelines for glucometer and glucometer supplies</li> </ul>
Diagnostic Testing Laboratory	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form; or</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> </ul>

Service	Forms	PA documentation
	<ul style="list-style-type: none"> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current clinical documentation</li> </ul>
Dialysis at Free-Standing Clinic	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Dialysis (ESRD) – Locations Other Than Free-Standing Clinics	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
DME – Durable Medical Equipment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul> <p><b>Additional requirements:</b></p> <ul style="list-style-type: none"> <li>• Home Health Services (Title XIX) DME/ Medical Supplies <i>Physician Order Form</i></li> <li>• For Wheelchairs including Power Wheel Chairs: <i>Wheelchair/Scooter/ Stroller Seating Assessment Form</i> (THSteps-CCP/Home Health Services) <ul style="list-style-type: none"> <li>• Applicable forms as per Texas Medicaid Provider Procedures Manual</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> <li>• <b>Miscellaneous codes</b> (for example E1399) either the Title XIX form or a detailed and itemized list of parts with descriptions, quantity and cost must be submitted</li> <li>• <b>Custom Wheelchairs</b> Documentation must include either the Title XIX or a detailed and Itemized list of parts, quantity and cost</li> <li>• If applicable, documentation of primary insurance denial of coverage of services</li> </ul>

Service	Forms	PA documentation
<p>DME and Supplies Exceptional Circumstances Provision (members 21 years of age or older)</p>	<ul style="list-style-type: none"> <li>• Completed Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form, Special Medical Prior Authorization (SMPA) Request Form, Prior Authorization Request for Oxygen Therapy Devices and Supplies, Wound Care Equipment and Supplies Order Form etc.</li> </ul>	<p>To request prior authorization for home health DME and supplies under the Exceptional Circumstances provision, providers must submit a written notice to Amerigroup. The written notice must include:</p> <ul style="list-style-type: none"> <li>• Completed copies of all of the necessary forms for the requested home health DME or supplies, such as the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form, Special Medical Prior Authorization (SMPA) Request Form, Prior Authorization Request for Oxygen Therapy Devices and Supplies, Wound Care Equipment and Supplies Order Form etc. The forms must be signed and dated by the prescribing physician along with a cover letter indicating the forms are being submitted under the Home Health DME and Supplies Exceptional Circumstances provision.</li> <li>• The client’s specific diagnosis, medical needs and the reasons why they can only be met by the requested home health DME or supply.</li> <li>• A clear, concise description of the requested DME or supply.</li> </ul>

Service	Forms	PA documentation
		<ul style="list-style-type: none"> <li>• The manufacturer's suggested retail price (MSRP) for the requested DME or supply or an invoice documenting the provider's cost.</li> <li>• Letters of Medical Necessity (LOMN) from the client's prescribing physician and other clinical professionals, as appropriate, documenting the alternative measures and alternative DME or supplies that have been tried and have failed to meet the client's medical needs, or have been ruled out and an explanation of why they have failed or have been ruled out.</li> </ul>
Donor Human Milk	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul> <p>Additional requirements:</p> <ul style="list-style-type: none"> <li>• <i>Donor Human Milk Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual</li> </ul>
Drugs/Biologicals (Non-Self Administered)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Early Childhood Intervention (ECI) Services	None	<ul style="list-style-type: none"> <li>• Amerigroup will pay for all ECI covered services in the amount, duration, scope and service setting established by the Individual Family Service Plan (IFSP)</li> </ul>

Service	Forms	PA documentation
Electroconvulsive Therapy (ECT)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Emergency Services	None	None
Enteral Nutrition	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul> <p><b>Additional Requirements:</b></p> <ul style="list-style-type: none"> <li>• <i>CCP Prior Authorization Request Form (if applicable)</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual</li> </ul>
EPSDT/Texas Health Steps Services performed by a Texas Health Steps Provider	N/A	N/A
Erectile Dysfunction Treatment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Experimental and Investigational	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Family Planning Benefit, Consults, Supplies, and Equipment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> <li>• No prior authorization for family planning services available for STAR/STAR Kids/STAR+PLUS nondual (not covered for CHIP)</li> </ul>
Financial Management	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Federally Qualified Healthcare Clinic (FQHC) Services	None	
Genetic Testing or DNA Testing	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Glaucoma Screening	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
HIV/AIDS Testing/Treatment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Home Delivered Meals	N/A	<ul style="list-style-type: none"> <li>For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Home Environment Evaluation	N/A	<ul style="list-style-type: none"> <li>For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Home Infusion/Total Parenteral Nutrition	<ul style="list-style-type: none"> <li>Completed <i>Precertification Request Form</i>; or</li> <li><i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>Current signed <i>Physician Order</i></li> <li>Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Home Modification	N/A	<ul style="list-style-type: none"> <li>For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>

Service	Forms	PA documentation
Hospice Care	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<p>For STAR, STAR Kids, and STAR+PLUS hospice care is through Texas Health and Human Services Commission (HHSC)</p> <p>For CHIP members: The following is required for inpatient services</p> <ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul> <p>Notification is required for outpatient hospice services.</p>
Hyperbaric Oxygen Therapy	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i>; or</li> <li>• Special Medical Prior Authorization (SMPA) Request Form</li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Hypnosis	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>



Service	Forms	PA documentation
Hysterectomy	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request</i>; and</li> <li>• <i>Sterilization Consent Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Immunizations	N/A	N/A
Incontinence/Ostomy Supplies	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Infertility Services and Treatment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Injections	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Inpatient Hospital Facility Services ( <u>Acute</u> )	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Intermediate Care Facility Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Lead Blood Screening	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Mammograms (Screening and Diagnostic)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Methadone	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current <i>Physician Order</i> signed by MD/DO</li> <li>• Complete current supporting clinical documentation</li> </ul>
Nebulizers, Kits and Spacers (Supplies)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>

Service	Forms	PA documentation
Newborn Care Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Nurse Midwife Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Nursing Facility Services (Nursing Home Add-on services)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Nursing Services: See PDN and SNV section	N/A	N/A
Nutritional Assessment/Risk Reduction/Education	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
OB Ultrasound (Routine and High Risk)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Obesity Surgery (for Bariatric Surgery see Bariatric Surgery section)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
	<i>Prior Authorization Request Form</i>	
Observation	N/A	N/A
Obstetrical Care Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Occupational Therapy	<ul style="list-style-type: none"> <li>• Completed <i>Amerigroup Therapy Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i>; or</li> <li>• <i>THSteps-CCP Prior Authorization Request Form</i>; or</li> <li>• <i>Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form</i>; or</li> <li>• <i>Special Medical Prior Authorization (SMPA) Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Signed <i>Physician Order</i> or signed <i>Prior Authorization Form</i> or signed <i>Plan of Care (cannot be older than 60 days from DOS)</i> including frequency and duration</li> </ul> <p><b>Duration requirements:</b></p> <ul style="list-style-type: none"> <li>• <b>Under 21 years of age: Request cannot exceed 180 days</b></li> <li>• <b>Over 21 years of age: Request cannot exceed 60 days</b></li> <li>• Current clinical documentation including: <ul style="list-style-type: none"> <li>○ <i>Evaluation and Treatment Plan or Plan of Care (POC)</i> with the required elements</li> <li>○ Clinical documentation cannot be older than 60 days from requested DOS</li> </ul> </li> </ul>

Service	Forms	PA documentation
Oncology Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Ophthalmology Services (Surgical and Non-Surgical)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Optometry (Medical Conditions of the Eye)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Orthopedic Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Orthotics	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>

Service	Forms	PA documentation
Osteopathic Manipulation (Treatments)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Other Alternative Medical Therapies	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Out of State/Country	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Outpatient Hospital Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Over-the-Counter(OTC) Drugs	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Oxygen and Related Respiratory Equipment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Pain Management	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation per AIM guidelines/Anthem Medical and/or Clinical Policies</li> </ul>
Personal Care Services	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Personal Emergency Response	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Pest Control	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Physical Therapy	<ul style="list-style-type: none"> <li>• Completed <i>Amerigroup Therapy Request Form</i>; or</li> <li>• <i>TDI Standard</i></li> </ul>	<ul style="list-style-type: none"> <li>• Signed <i>Physician Order</i> or signed <i>Prior Authorization Form</i> or signed <i>Plan of Care (cannot be older than 60 days from DOS)</i> including</li> </ul>

Service	Forms	PA documentation
	<p><i>Prior Authorization Request Form</i>; or</p> <ul style="list-style-type: none"> <li>• <i>THSteps-CCP Prior Authorization Request Form</i>; or</li> </ul>	<p>frequency and duration</p> <p><b>Duration requirements:</b></p> <ul style="list-style-type: none"> <li>• <b>Under 21 years of age: Request cannot exceed 180 days</b></li> <li>• <b>Over 21 years of age: Request cannot exceed 60 days</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <i>Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form</i>; or</li> <li>• <i>Special Medical Prior Authorization (SMPA) Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current clinical documentation including: <ul style="list-style-type: none"> <li>○ <i>Evaluation and Treatment Plan or Plan of Care (POC)</i> with the required elements</li> <li>○ Clinical documentation cannot be older than 60 days from requested DOS</li> </ul> </li> </ul>
Physician Home Visits	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Podiatry Services	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Portable X-Ray Service	<ul style="list-style-type: none"> <li>• <i>Completed Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>



Service	Forms	PA documentation
Pre-Admission Testing	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Prescription Drugs – Self-Administered Drugs	<ul style="list-style-type: none"> <li>• Completed <i>Pharmacy Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form for Prescription Drug Benefits</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Preventative Health Services – Adult	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Private Duty Nursing/Prescribed Pediatric Extended Care Center (PPECC) (age restriction birth-20 years of age)	<ul style="list-style-type: none"> <li>• Completed <i>THSteps- CCP Prior Authorization Request Form</i>; and</li> <li>• <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i>; and</li> <li>• <i>Plan of Care Form</i>; and</li> <li>• <i>Nursing Addendum to Plan of Care</i> for private duty</li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>

Service	Forms	PA documentation
	nursing and/or PPECC	
Prostate-Specific Antigen (PSA) Testing	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Prosthetics	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>
Pulmonary Rehabilitation	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Radiation Therapy	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Radiology – Diagnostic	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Radiology – Nuclear Medicine	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Reconstructive Procedures	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Respiratory Therapy	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Respite Care Services in Assisted Living Facility (ALF), Nursing Facility (NF), Adult Foster Care (AFC), In Home	N/A	<ul style="list-style-type: none"> <li>• For STAR+PLUS/STAR Kids members requesting LTSS services, the member/legally authorized representative must request the services and an unmet need must be identified on assessment by the LTSS team.</li> </ul>

Service	Forms	PA documentation
Second Opinions	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Skilled Nursing Visits	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i>; and</li> <li>• <i>Plan of Care Form</i> or <i>Oasis Form</i>; or</li> <li>• Special Medical Prior Authorization (SMPA) Request Form</li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation as required per the Texas Medicaid Provider Procedures Manual.</li> </ul>
Sleep Studies and Sleep Therapy (Reviewed by AIM Specialty Health)	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Smoking Cessation Programs/Supplies	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Social Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Speech Therapy	<ul style="list-style-type: none"> <li>• Completed <i>Amerigroup Therapy Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i>; or</li> <li>• <i>THSteps-CCP Prior Authorization Request Form</i>; or</li> <li>• <i>Texas Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form</i>; or</li> <li>• <i>Special Medical Prior Authorization (SMPA) Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Signed <i>Physician Order</i> or signed <i>Prior Authorization Form</i> or signed <i>Plan of Care (cannot be older than 60 days from DOS)</i> including frequency and duration</li> </ul> <p><b>Duration Requirements:</b></p> <ul style="list-style-type: none"> <li>• <b>Under 21 years of age: Request cannot exceed 180 days</b></li> <li>• <b>Over 21 years of age: Request cannot exceed 60 days</b></li> <li>• <b>Current clinical documentation including:</b> <ul style="list-style-type: none"> <li>○ <i>Evaluation and Treatment Plan</i> or <i>Plan of Care (POC)</i> with the required elements</li> </ul> </li> <li>• Clinical documentation cannot be older than 60 days from requested DOS</li> </ul>
Sports Physicals	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Sterilization and Reversal	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i>; and</li> <li>• <i>Sterilization Consent Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Take Home Supplies	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Thermography/Thermograms	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
TMJ Treatment	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Transplant Donor	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>

Service	Forms	PA documentation
Transplants	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Transportation (Non-Emergency) – Medicaid Only	<ul style="list-style-type: none"> <li>• Reviewed by Medical Transportation Program (MTP)</li> </ul>	
Urgent Care Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Vision – <ul style="list-style-type: none"> <li>• Optical Appliances (Lenses &amp; Frames)</li> <li>• Routine Exams</li> </ul>	Reviewed by Superior Vision	
Weight Reduction Program	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>
Well Baby and Child Care Services	<ul style="list-style-type: none"> <li>• Completed <i>Precertification Request Form</i>; or</li> <li>• <i>TDI Standard Prior Authorization Request Form</i></li> </ul>	<ul style="list-style-type: none"> <li>• Current signed <i>Physician Order</i></li> <li>• Current clinical documentation</li> </ul>