



**OUTPATIENT
FAX NUMBER:
915-298-7866**

**PROCEDURES & SERVICES REQUIRING
PREAUTHORIZATION/NOTIFICATION**

**INPATIENT
FAX NUMBER:
915-298-5278**

Please FAX all Pre-certification for OUTPATIENT/SCHEDULED PROCEDURE

Pre-authorization is based on information provided to El Paso First at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

MEDICAID FEE SCHEDULE IS AVAILABLE ON LINE AT: www.tmhp.com/default.aspx

		STAR	SSI	CHIP
<p>El Paso First appreciates the care you provide for our members.</p> <p>Please notify El Paso First AS SOON AS POSSIBLE to begin the pre-authorization process.</p> <p>72 Hour advance notice allows us to review the request for services and respond in a timely</p> <p>X = PREAUTHORIZATION or NOTIFICATION REQUIRED</p> <p>NCB = NOT A COVERED BENEFIT</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ALL SSI REQUIREMENTS ARE THE SAME AS THOSE STATED IN THE TEXAS MEDICAID PROVIDER PROCEDURES MANUAL.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>MEDICAID GUIDELINES APPLY TO ALL DME ORTHOTICS AND PROSTHETICS</p> </div> <div style="margin-top: 10px;"> </div>	Behavioral Health* (Initial evaluation does not require pre-authorization)	X	X	X
	Chiropractic Services	X	X	X
	CT Scans		X	
	Dialysis Services	X	X	X
	Durable Medical Equipment (Over \$300.00 line item allowable rate) <i>Note: All DME rentals exceeding 2 months require pre-authorization</i>	X	X	X
	Elective Admissions	X	X	X
	Growth Hormones	X	X	X
	Hearing Aids*	X	X	X
	High Cost Medications Injectable/ Infusion (Over \$500.00)	X	X	X
	Home Care	X	X	X
	Inpatient Admissions <i>Note: El Paso First must be notified of all inpatient admissions within 24 hrs or next business day on all urgent/emergent admissions.</i>	X	X	X
	Laser Surgeries	X	X	X
	MRI/MRA		X	
	Non-Emergent Admission	X	X	X
	Nutrition Counseling	X	X	X
	OB Ultrasounds <i>Note: Member is allowed four ultrasounds without obtaining pre-authorization.</i>	X	X	X
	Oral Surgery	X	X	X
	Orthotics and Prosthetics (Over \$200.00 line item allowable rate)	X	X	X
	Out-of-Network / Non-Participating Facility, Provider, or Vendor	X	X	X
	Outpatient Procedures (excluding Tonsillectomy, adenoidectomy)	X	X	X
PET Scans	X	X	X	
Podiatric Procedures*	X	X	X	
Sleep Studies	X	X	X	
Specialist-to-Specialist Referrals	X	X	X	
Synagis			X	
Therapy Services*	X	X	X	
Transplants	X	X	X	
Transportation (Air Transport and Non-emergent Ambulance)	X	X	X	
<p><i>All services or procedures that are not a covered benefit according to the Texas Medicaid Provider Procedures Manual are a non-covered benefit for El Paso First Members (Unless it is a Value Added Service)</i></p>				

***BH:**
No authorization required for the following CPT codes until the 6th visit:

90862
90807
90805

***HEARING AIDS:**
Star members under 21 must obtain approval from www.tmhp.com/c18/hearing

***THERAPY SERVICES**
For SSI members authorization is required for initial evaluation

***PODIATRIC PROCEDURES**
The following CPT codes do not require authorization for in-office procedures

11720; 11721;
11730; 11732;
11750

No Authorization required for outpatient chemotherapy



All out-of-network services provided by non-participating facility, provider or vender require pre-authorization

***Please see additional information on side bar**

Please Note: EMERGENCY SERVICES do NOT require pre-authorization. All other services requiring pre-authorization must be approved in advance by the HMO Medical Director or their designee.