

Texas Star Network® Preauthorization Requirements

For your convenience, a link to the Texas Star Network® preauthorization list can be found on Texas Mutual's website (www.texasmutual.com/hcp/preauth.shtm). This list is not intended to be comprehensive or all-inclusive. Health care is an ever-evolving science, so procedures and treatments requiring prior approval will also evolve. Participating Treating Providers should therefore verify specific preauthorization requirements by referring to the updated list posted on the website.

Hospital/ASC

- All non-emergency hospital or ASC (inpatient, outpatient, and observation) admissions including principle scheduled procedures and length of stay. Preauthorization request should include specific hardware, implantables, external delivery system, etc. to be utilized.

Surgery/Procedures/Integral Devices

- All non-emergency surgeries represented by AMA CPT codes 10010-69990 and/or G codes which represent a surgical procedure performed in a setting or place of service other than the doctor's office [POS 11]. Preauthorization request should include specific hardware, implantables, external delivery system, etc. to be utilized.
- All Botox Injections
- All spinal injections (including, but not limited to):
 - Epidural Steroid Injection
 - RFTC or Cryotherapy/Cryoablation
 - Sacral Iliac Joint Injection
 - Facet Injection
 - Medial Branch Block
- Trigger Point Injections (represented by AMA CPT 20553)
- Bone Growth Stimulators
- Discograms
- Implantable Drug Delivery System
- Investigational or experimental procedures or devices as determined by ODG or listed as an AMA Category III Code.
- Stimulator Devices (including, but not limited to):
 - TENS Units
 - Interferential Units
 - Neuromuscular Stimulators
 - Dual Units
 - Spinal Cord Stimulator
 - Peripheral Nerve Stimulator
 - Brain Stimulator

Physical Medicine

- Cumulative Chiropractic Treatments (including manipulations and office visits) greater than 14 visits and/or greater than 10 weeks from date of injury.
- Manipulations under Anesthesia (MUA)
- Cumulative Physical Therapy/Occupational Therapy greater than 14 visits and/or greater than 10 weeks from date of injury.
- Biofeedback

Diagnostics

- All Initial and Repeat MRI and CT Scans
- Bone Density Scans
- Unless otherwise specified in this list, all repeat individual diagnostic studies (series) having a billed amount greater than \$350.
- Surface Electromyography (EMG)

Other

- Durable Medical Equipment (DME), Prosthetics and/or Orthotics, greater than \$500.00 billed (purchase or accumulated rental or combination of rental/purchase).
- Gym Memberships
- Alternative Treatment (including, but not limited to):
 - Acupuncture outside ODG
 - Acupressure
 - Yoga

Rehab Programs (including, but not limited to):

- Work Conditioning
- Work Hardening
- Chronic Pain Management Program
- Medical Rehabilitation
- Brain and Spinal Cord Rehabilitation
- Chemical Dependency Programs
- Weight Loss Programs

Nursing Home (including, but not limited to):

- Skilled nursing facility, including skilled care within the same facility.
- Convalescent Care
- Residential Care
- Assisted Living
- Group Homes

Psychological and/or Psychotherapy (including but not limited to):

- Subsequent Evaluations
- Subsequent Tests or Testing
- All Therapy
- All Biofeedback