



CONFIDENTIAL FOR OFFICIAL USE ONLY



NEW MEXICO HIX

AUTHORIZATION FORM

Please refer to the Provider Manual or <http://www.christushealthplan.org>

Authorization Request Forms that are incomplete, illegible or do not include clinical documentation to support the request cannot be processed. The request will be returned to the sender for completion.

CHRISTUS HEALTH PLAN
P.O. Box 169009
Irving, Texas 75016
UM 1-844-282-3026 • Fax: (800) 277-4926
Eligibility: 1-844-282-3026

Date of Request: _____

MEMBER INFORMATION

Patient Name: _____ Patient ID: _____
DOB: _____ Phone: _____ Sex: [] Male [] Female

PROVIDER INFORMATION

Check Requesting Provider: [] Primary Care Physician [] Specialist
Physician Name: _____
Phone: _____
Fax: _____
Contact Person Name: _____
Contact Person Phone/Extension: _____
NPI/Tax ID: _____

SPECIALIST/FACILITY REFERRED TO

Referred to: _____ Phone: _____
Specialty: _____ Fax: _____
NPI/Tax ID: _____ [] In-Network [] Out-of Network
Reason for Authorization to Out of Network Specialist or Facility: _____

OFFICE VISIT INFORMATION

Initial Request: [] ___ Visits-Consult/Treat [] 1 Visit-Consult Only
Follow Up: _____ Visits/Year

REQUEST FOR OTHER SERVICES

Type of Service: [] Observation [] Inpatient [] Home Health [] Hospice [] DME [] Office Treatment [] Outpatient

Date of Procedure/Treatment: _____

DIAGNOSIS/PROCEDURE INFORMATION

Diagnosis: _____ ICD-10 Code: _____
Procedure: _____ CPT Code: _____

TO BE COMPLETED BY REQUESTING PHYSICIAN

Clinical documentation to support the request: (i.e. Physician office/progress notes, lab results, diagnostic/imaging results, pertinent medical/surgical history)

Physician Signature: _____ Date: _____

Additional Comments: _____

- This Authorization is for medical necessity only and does not guarantee payment. Eligibility will be determined at the time the claim is submitted.
• Turnaround time for a routine prior authorization request is 3 business days (72 hours) from date/time of receipt of request.
• This Authorization is valid only for the services noted above.
• All out-of-network services require prior approval by CHRISTUS Health Plan.
• A specialist may not refer to an Out of Network specialist/facility.
• See back of form for a summary of authorization requirements.

Confidentiality Notice: The information contained in this facsimile is intended only for the use of the individual or entity named above and may be privileged and confidential, protected from disclosure and re-disclosure. If the reader of this information is not the intended recipient, or an employee or agent responsible for delivering this facsimile to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please call 1-(800) 446-1730 in order to arrange for the return of the misdirected information. If unable to return the misdirected information please destroy the information and notify this facility by return fax of the destruction.

New Mexico HIX

AUTHORIZATION REQUIREMENTS

For Eligibility and Benefits, please contact Member Services at 1-844-282-3025

For Family Planning Assistance, please contact HealthSmart at 1-855-596-6740

For Mental Health Assistance, contact Health Integrated at 1-800-323-0208

For Pharmacy Assistance, please contact:

ESI Helpdesk: 1-844-470-1531

ALL OUT OF NETWORK SERVICES REQUIRE AUTHORIZATION

**Durable Medical Equipment
Authorization Required**

- Alternating pressure pad/mattress
- Bone growth stimulator
- Compression/lymphedema sleeve and pump
- CPAP/BiPAP
- Continuous passive motion device (CPM)
- Customized splints
- Diabetic shoes/inserts
- Dialysis equipment
- Electric wheelchair/scooter
(includes accessories, lifts & modifications)
- Hospital bed & Accessories
- Hoyer Lift
- Insulin Pump
- Oxygen & Equipment
- Standard Wheelchair
- Traction Equipment
- Ventilator & Supplies
- Implanted
Neuromuscular
Stimulator

Orthotics: Authorization not required for orthotics with a cost of \$300 or less when furnished by a Network Provider, except:

A5500-A5513 (Diabetic Shoes, Fitting and Modification) & L3000-L3649 (Orthopedic Shoes) Require Authorization

Prosthetics: Authorization not required for prosthetics with a cost of \$300 or less when furnished by a Network Provider.

Authorization Required

Outpatient Office/Facility/Home

- Chemotherapy
- Dialysis
- Home Health (Physician Review Required for Aide Requests)
- Radiation Therapy
- Rehabilitation Therapy (physical, occupational, speech, cardiac)
- Hospice-Outpatient & Continuous Care
- Selected Outpatient surgical/diagnostic procedures
- Clinical Trials
- Hyperbaric Oxygen Therapy
- Bariatric Surgery
- All out of network services

Diagnostic Services

- Cardiac Catheterization (scheduled)
- MRI/MRA
- SPECT
- Genetic Testing

**Inpatient
Authorization Required**

All elective and urgent admissions/observation stays to acute care hospitals, hospice, long term acute care, rehabilitation, skilled nursing facilities, and preoperative admissions.

**Specialty Drugs
Authorization Required**

Injectable drugs whose course of treatment is greater than \$1,000 require authorization.

Examples:

- Activase (Alteplase)
- Aranesp (Darbepoetin)
- Botox (Botulinum Toxin Type A)
- Desferal (Deferoxamine)
- *Enbrel (Etanercept)
- *Growth Hormone (Somatropin)
- Interferon(Avonex)
- IVIG (Immune/Human Gamma Globulin)
- Lucentis (Ranibizumab)
- Macugen (Pegaptanib sodium)
- Neulasta (Pegfilgrastim)
- *Remicade(Infliximab)
- Vantas (Histrelin Implant)

***Authorization required if not dispensed through the Network Pharmacy.**

Authorization NOT Required

- Arthroscopy
- Bone Density
- Capsule Endoscopy
- CT Scan
- Doppler
- Echocardiogram (Must be performed in outpatient network hospital or facility)
- EEG
- EMG/Nerve Conduction Studies
- ERCP
- GI Scopes
- Laboratory or radiology performed in the office setting and billed by a network provider
- Mammogram
- Nuclear Medicine Stress Test
- PET Scan
- Sleep Studies
- Surgical/diagnostic procedures performed in the office setting with no or local anesthesia
- Thyroid Scan
- Ultrasound
- Vascular Studies (arterial/venous studies)