



## Preauthorization of Medical Care

All preauthorization review services are provided by WellComp (an affiliate of York Risk Services Group). The following provides a list of treatments and services that require preauthorization.

1. In-patient hospital admissions including the principal scheduled procedure(s) and the length of stay;
2. Outpatient surgical or ambulatory surgical services;
3. Spinal surgery, as provided by Texas Labor Code §408.026;
4. All psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program;
5. All external and implantable bone growth stimulators;
6. All chemonucleolysis;
7. All myelograms, discograms, or surface electromyograms;
8. Unless otherwise specified, repeat individual diagnostic study, with a fee established in the current Medical Fee Guideline of greater than \$500 or documentation of procedure (DOP); or without a reimbursement rate established in the current Medical Fee Guideline;
9. Work hardening and work conditioning services provided in a facility that has not been approved for exemption by the Division;
10. Rehabilitation programs to include (a) outpatient medical rehabilitation and (b) chronic pain management/interdisciplinary pain rehabilitation;
11. All durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulator (TENS) units;
12. Nursing home, convalescent, residential, and all home health care services and treatments;
13. Chemical dependency or weight loss programs;
14. Any investigational or experimental service or device for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device but that is not yet broadly accepted as the prevailing standard of care; and
15. Physical and occupational therapy services which are those listed in the Healthcare Common Procedure Coding System (HCPCS) Level 1 code range for Physical Medicine and Rehabilitation, but limited to: (a) modalities, both supervised and constant attendance; (b) therapeutic procedures, excluding work hardening and work conditioning; and (c) other procedures, limited to the unlisted physical medicine and rehabilitation procedure code. **NOTE:** Preauthorization is not required for the first 6 visits or 2 weeks, whichever occurs first, of physical or occupational therapy following the evaluation when such treatment is rendered within the first three weeks immediately following: (a) the date of injury, or (b) a surgical intervention previously approved by the payer;
16. Treatments and services that exceed or are not addressed by the My Texas Direct adopted treatment guidelines or protocols and are not contained in a treatment plan previously preauthorized.