

**Effective November 1, 2016 – STAR Kids Long Term Supports and Services. Please Note That Prior Authorization is Required For: Out of network services (except STAR family planning & THSteps); Inpatient admissions (all DRGs not related to STAR Kids member routine delivery or normal newborn DRGs); Home Health Care; Hospice; Non-Emergency Transport; Therapy (Outpatient/Home-not ECI); Plastic/Reconstruction/Cosmetic Procedures; Radiation Therapy; Transplants; Emergency Dental Treatment for Dental Trauma; And, Acute Outpatient CPT and HCPCS codes on the current CCHP Prior Authorization List.**

LTSS Services Must Be Billed With Appropriate Modifiers									
<b>STAR Kids Long Term Services and Supports (LTSS)</b>	G0162	T1000	T1025	T2002					
	S5101	T1019	T1026	T2040					
<b>Community First Choice Services (CFC)</b>	S5160	T1019							
	S5161								
<b>Medically Dependent Children's Program (MDCP)*</b>	G0162	H2023	S5101	T1005	T2027	T2029	T2039		
	H2015	H2025	S5165		T2028	T2038	T2040		