

Medicare Prior Authorization Requirements: Effective November 1, 2014

Phone: 1-800-218-7508

Fax: 1-877-808-9368



Service	Description
All Out Of Network Services require Prior Authorization except emergency care, out-of-area urgent care, or out-of-area dialysis	
Ambulance	<ul style="list-style-type: none">• Fixed-wing aircraft• Non-emergent Transportation
Behavioral Health Services includes Substance Use Disorder	<ul style="list-style-type: none">• Inpatient Psychiatric• Partial hospitalization• Intensive Outpatient Therapy• Psychological Testing• Neuropsychological Testing• Electroconvulsive Therapy (ECT)• Substance Use Disorder Treatment/Rehabilitation
Clinical Trials-Notification Only	Please notify us of the Medicare Approved Clinical Trial by phone or fax at the numbers above.
Cosmetic Procedures	Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. (Medicare Definition)
Drug Testing (effective 11/01/2014)	Prior Authorization required for all Quantitative tests for drugs of abuse, EXCEPT for those conducted in the ER, inpatient hospital, or urgent care locations OR those conducted in children less than 6 years old.
Durable Medical Equipment (DME)	<p>Includes <u>but not limited to</u>:</p> <ul style="list-style-type: none">• Custom Wheelchairs• Power Wheelchairs• BIPAP• CPAP• Hospital Bed/Mattress• Lift Devices including Hoyer• Infusion Pumps• Oxygen• TENS Units• Ventilators• Wound Vacuum (Negative Pressure) Devices• Bone growth stimulator• Vagus nerve stimulator <p>To determine if other DME codes require prior authorization, please refer to: http://www.superiorhealthplan.com/for-providers/pre-auth-needed/medicare-pre-auth-needed/</p>
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance.
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins.
Home Health Services	<ul style="list-style-type: none">• Home IV Infusion• Occupational Therapy• Physical Therapy• Speech Therapy• Skilled Nursing Visits• Social Work Visits
Hospice	Please notify us of outpatient or inpatient hospice by phone or fax at the numbers above.
Infertility	<p>Includes the following:</p> <ul style="list-style-type: none">• Drug Therapy• Testing• Treatment

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED.

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Inpatient Admission: Elective or Scheduled	<ul style="list-style-type: none"> • Acute Inpatient Hospital • Inpatient Rehabilitation Hospital • Long Term Acute Care Hospital (LTAC) • Skilled Nursing Facility (SNF)
Orthotics/Prosthetics	<p>To determine if Orthotic and Prosthetic codes require prior authorization, please refer to :</p> <p>http://www.superiorhealthplan.com/for-providers/pre-auth-needed/medicare-pre-auth-needed/</p>
Observation Stay	Prior Authorization required if >24 hours
Outpatient therapy performed at free standing facility or outpatient hospital	<ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech-Language Therapy (ST) • Pulmonary Rehab Therapy <p><i>Medicare has \$1,900 cap for PT & ST combined, and \$1,900 cap for OT, per calendar year</i></p>
Pain Management	<ul style="list-style-type: none"> • Facet Injections • Trigger Point Injections • Epidural Injections
Medicare Part B Drugs	Please see Medicare Part B Prior Authorization List
Radiation Therapy (effective 01/01/2015)	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • Stereotactic Radiotherapy • Intensity modulated radiotherapy (IMRT) • Proton Beam Therapy • Neutron Beam Therapy
Radiology:	<p>TX, GA, OH, FL: Visit www.radmd.com</p> <ul style="list-style-type: none"> • MRI • PET • MRA • CT • Cardiac Imaging: TEXAS and OHIO only
Sleep Studies	<ul style="list-style-type: none"> • Surgery • Treatment
Surgeries, regardless of place of service	<ul style="list-style-type: none"> • Abortion • Bariatric Surgery • Blepharoplasty • Breast Augmentation (except following mastectomy) • Breast Reduction • Cochlear Implant • Excision of Lesion • Facial Osteotomy • Hysterectomy • Mastectomy for Gynecomastia • Oral Surgery – Temporomandibular Joint Surgery • Otoplasty • Reconstructive and Plastic Surgery • Rhinoplasty • Sacral Nerve Neuromodulation • Scar Revision • Septoplasty • Spinal surgeries including fusion, stabilization, discectomy • Uvulopalatopharyngoplasty/Uvulopharyngoplasty • Veins (ablation, ligation, stripping, sclerotherapy)
Transplants	<ul style="list-style-type: none"> • All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure.

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