

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP)
Prior Authorization Requirements: Effective April 1, 2016



**superior
healthplan™**

Acute Services Prior Authorization: Fax 1-877-808-9368, Inpatient Concurrent Review: Fax 1-877-259-6960

Acute Services Prior Authorization / Inpatient Concurrent Review: Phone 1-800-218-7508

Long-Term Support Service Prior Authorization: Fax 1-855-277-5700, Phone 1-855-772-7075

Incontinence Supplies: Fax 1-800-690-7030, Phone 1-800-218-7508

Service	Description
All out-of-network services require prior authorization except emergency care, out-of-area urgent care or out-of-area dialysis.	
Acute Care Services	
Ambulance	<ul style="list-style-type: none"> • Air transport • Non-emergent ambulance-including facility to facility transport
Behavioral Health Services (Includes Substance Use Disorder)	<ul style="list-style-type: none"> • Inpatient Psychiatric • Partial hospitalization • 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	Prior authorization required for all quantitative tests for drugs of abuse, EXCEPT for those conducted in the ER, inpatient hospital, 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 stimulators • Vagus nerve stimulator • All Incontinence supplies • Miscellaneous codes • Over the limited items • All other DME over \$500 price per unit <p>To determine if other DME codes require prior authorization, please call 1-800-218-7508.</p>
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance.

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Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins.
Home Health Services	Authorization is required per 60 day episode of care. Each episode will be reviewed for medical necessity and CMS coverage criteria. Home Health Services include the following <ul style="list-style-type: none"> • Home IV infusion • Home health aide • Occupational therapy • Physical therapy • Speech therapy • Skilled nursing visits • Social work visits • Social work visits
Hospice	Please notify us of outpatient or inpatient hospice by phone or fax at the numbers above.
Hyperbaric Oxygen Therapy (HBO)	Includes HBO therapy administered in a chamber (including the one man unit) and is limited to certain conditions.
Infertility	Includes the following: <ul style="list-style-type: none"> • Drug therapy • Testing • Treatment
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	To determine if orthotic and prosthetic codes require prior authorization, please call 1-800-218-7508.
Observation Stay	Prior authorization required if >48 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 • Cognitive 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 • Any additional pain management procedures
Medicare Part B Drugs	Please see Medicare Part B Prior Authorization List.
Radiation Therapy	Includes but not limited to: <ul style="list-style-type: none"> • Stereotactic radiotherapy • Intensity modulated radiotherapy (IMRT) • Proton beam therapy • Neutron beam therapy

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Radiology	<p>Visit www.radmd.com</p> <ul style="list-style-type: none"> • MRI • PET • MRA • CT • CTA • Cardiac imaging
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 • Joint Replacement • 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	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure.

Long-Term Services & Support (LTSS)	
Personal Attendant Services (PAS)	PAS provide assistance with the performance of activities of daily living, household chores and nursing tasks delegated by a registered nurse.
Day Activity & Health Services (DAHS)	DAHS include nursing and personal care services, physical rehabilitative services, nutrition services, transportation services and other supportive services.
Waiver Services	
Personal Attendant Services (PAS)	PAS provide assistance with the performance of activities of daily living, household chores and nursing tasks delegated by a registered nurse.
Day Activity & Health Services (DAHS)	DAHS include nursing and personal care services, physical rehabilitative services, nutrition services, transportation services and other supportive services.
Nursing Services (In-home)	Long-term care nursing services are for members whose needs exceed what can be met by a non-licensed provider.
Emergency Response Services (ERS)	ERS is an electronic monitoring system for use by functionally impaired individuals who live alone or are isolated in the community or at high risk of institutionalization.

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Home Delivered Meals (HDM)	HDM is provided as a waiver service for member's that are unable to prepare meals due to their medical condition or functional limitations and have no informal support available to prepare lunch for them.
Minor Home Modifications (MHM)	Minor home modifications are those services that assess the need for, arrange for, and provide modifications and/or improvements to a participant's home to enable participants to reside in the community and facilitate mobility, function, accessibility, and safety.
Assisted Living (AL)	Provide a 24-hour living arrangement for persons who, because of physical or mental limitation, are unable to continue independent functioning in their own homes.
Transition Assistance Services (TAS)	TAS pays for non-recurring, set-up expenses for individuals transitioning from nursing facilities to a home in the community. Allowable expenses are those necessary to enable the individual to establish a basic household.
Adult Foster Care (AFC)	Provide a 24-hour living arrangement for persons who, because of physical or mental limitation, are unable to continue independent functioning in their own homes.
Protective Supervision	Protective supervision is intended to assure supervision of the member in instances when the primary caregiver is not available or is out of the home and the member has demonstrated an assessed need to be supervised.
Respite	Respite services are available on an emergency or short-term basis to relieve those persons normally providing unpaid care for a waiver member that is unable to care for themselves.
Adaptive Aids and Medical Supplies	Adaptive aids and medical supplies are specialized medical equipment and supplies, including devices, controls or appliances specified in the plan of care, that enable individuals to increase their abilities to perform activities of daily living or perceive, control or communicate with the environment in which they live. Waiver covers only after the member has exhausted any third-party resources, including Medicare and Medicaid.
Dental	Members are limited to \$5000.00 per ISP year for Medically Necessary. An additional \$5000.00 may be approved for oral surgery.
Cognitive Rehabilitation Therapy (CRT)	CRT is a service that assists an individual in learning or relearning cognitive skills that have been lost or altered as a result of damage to brain cells/chemistry in order to enable the individual to compensate for the lost cognitive functions.
Employment Assistance (EA)	EA services consist of developing and implementing strategies for achieving the member's desired employment outcome.
Supported Employment (SE)	SE includes employment adaptations, supervision, and training related to a member's diagnosis to sustain paid employment.
Therapy Treatment PT, OT and ST	Waiver therapy services include the evaluation, examination and treatment of physical, functional, speech and hearing disorders and/or limitations. Services are covered only after the member has exhausted his therapy benefit under Titles XVIII and XIX or other third-party resources.