

**Superior HealthPlan  
CHIP  
Prior Authorization List**

**PHONE:**  
 o Physical Health: 1-800-218-7508  
 o Behavioral Health: 1-844-744-5315  
 o Clinician Administered Drugs (CAD): 1-800-218-7508, EXT. 22080

**FAX:**  
 o Physical Health: 1-800-690-7030  
 o Behavioral Health: 1-855-722-7079  
 o Clinician Administered Drugs (CAD): 1-866-683-5631



- All services included in this listing require authorization prior to provision of the service or item.
- Prior authorization requests should be submitted no less than 5 business days prior to the start of service.
- Prior authorization is not a guarantee of payment.
  - Reimbursement of authorized service(s) is dependent upon member eligibility, benefit limitations and exclusions.

**INPATIENT HOSPITALIZATION**

- Pre-scheduled admissions for elective procedures require prior authorization.
- Non-elective, non-scheduled inpatient admissions do not require prior authorization.
- Notification of admission is required within one business day of the admission is required.
  - For information and requirements related to notification of non-elective inpatient admissions notification, refer to Prior Authorization requirements on Superior HealthPlan's website and Provider Manual.

**NON-CONTRACTED PROVIDER SERVICES, SUPPLIES, EQUIPMENT**

- Prior authorization requirements for non-contracted providers is not limited to services and items on this Prior Authorization List.
- With the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval through Superior HealthPlan before provision of the service/item.

**PRIOR AUTHORIZATION REQUIRED**

<b>Abortion</b>	Elective termination of a live pregnancy
<b>Allergy Testing and Immunotherapy</b>	Allergy Testing and Immunotherapy Services <i>NOTE: Authorization not required for Allergists, Immunologists, Pulmonogists or ENTs</i>
<b>Anesthesia Services: Pain Management</b>	Interventional Pain Management
<b>Behavioral Health Services</b>	Intensive Outpatient Program (IOP) Services
	Partial Hospitalization Program (PHP) Services
	Residential Treatment Center (RTC) Services
<b>Clinician Administered Drugs</b>	Botox
	Biologicals and certain biosimilars*
	Chemotherapy*
	Gene therapy
	Injectable medications with miscellaneous billing codes
	Intravenous immunoglobulins
	Intravitreal injectable medications for ophthalmology use*
	Makena
	Synagis
	Viscosupplementation
<i>*NOTE: Certain provider specialties are excluded from the prior authorization requirements for clinician-administered drugs. Please refer to the online electronic tool for specific requirements and/or exclusions.</i>	
<b>DME/Medical Supplies</b>	Durable Medical Equipment (DME) greater than \$500/ item <i>NOTE: Refer to CHIP covered service exclusions in HHSC Contract, Attachment B-2.1 <a href="#">HERE</a></i>
	Enteral Nutrition and supplies <i>NOTE: Refer to CHIP covered service exclusions in HHSC Contract, Attachment B-2.1 <a href="#">HERE</a></i>
	Medical Supplies <i>NOTE: Refer to CHIP covered service exclusions in HHSC Contract, Attachment B-2.1 <a href="#">HERE</a></i>
	Orthotics/Prosthetics
	Total Parenteral Nutrition (TPN) supplies <i>N/OTE: Select DME, medical, incontinence and enteral nutrition supplies obtained through Medline, Superior's preferred DME provider, do not require prior authorization. The list of Medline covered items are documented in Superior's prior authorization tool on Superior's website.</i>
<b>Hearing and Audiology Devices and Services</b>	Hearing Aids
<b>Home Health Services</b>	Private-Duty Nursing
	Skilled Nursing Visits
<b>Imaging Services</b>	Diagnostic Imaging (CT, CTA, MRI, MRA, PET) <i>NOTE: Contact National Imaging Associates (NIA) at 1-800-218-7508, opt 3, or visit: <a href="http://www.radmd.com">www.radmd.com</a></i>
<b>Implantable Devices</b>	Access catheter
	Auditory Osseo integrated device
	Cardiac event recorder
	Cochlear device
	Infusion pump
	Injectable bulking agent
	Intraocular lens
	Joint implant
	Lacrimal duct implant
	Neurostimulator
	Ocular implant
	Osteogenesis stimulator
Prosthetic implant	

**PRIOR AUTHORIZATION REQUIRED**

<b>Non-Emergent Medical Transportation</b>	Non-emergent air ambulance transportation
	Non-emergent ambulance transportation <i>NOTE: The referring physician or facility must originate the request for prior authorization</i>
<b>Medicine Services: Sleep Studies</b>	Sleep Studies
<b>Medicine Services: Therapy</b>	Cognitive Rehabilitative Services
	In Home and Outpatient Physical, Speech and Occupational Therapy <i>NOTE: Prior authorization not required for ECI therapy, identified through ECI IFSP</i>
<b>Pathology and Laboratory Services</b>	Genetic Testing
	Quantitative Testing for Drugs of Abuse
<b>Surgical Services and Procedures</b>	Abdominal Hysterectomy
	Circumcision (One year and older)
	Musculoskeletal Surgical Procedures
	Oral Surgery
	Plastic and Reconstructive Surgery
	Treatment of varicose veins
<b>Surgical Services and Procedures: Transplants</b>	Vagus Nerve Stimulation
	Organ Transplant Evaluation and Procedures