

# Prior Authorization List



Phone: 1-800-218-7508

Fax: 1-800-690-7030

Outpatient: 1-844-310-5517 (CHIP requests only)

Superior HealthPlan requires that all services described on this list be authorized prior to the services being rendered. Requests should be submitted no less than **5 business days** prior to the start of service. All services are subject to eligibility at the time of service and benefit limitations or exclusions.

## Inpatient Hospitalization:

Pre-scheduled, elective admissions must have authorization prior to admission. Fax request along with clinical documentation to 1-800-690-7030. **Emergent inpatient admissions** to any level of acute or sub-acute care, skilled nursing facilities, rehabilitation admission and all other inpatient facility type require notification by the close of the next business day. **Phone notifications:** call 1-855-594-6103 for all regions, except Medicaid RSA and CHIP RSA which is 1-877-804-7109. **Web notifications:** [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com).

### Fax notifications:

- Austin: 1-877-650-6939
- Corpus Christi: 1-877-650-6940
- Dallas: 1-855-707-5480
- El Paso: 1-877-650-6941
- Lubbock/Amarillo: 1-866-865-4385
- McAllen (Hidalgo): 1-877-212-6661
- San Antonio: 1-877-650-6942
- Medicaid RSA and CHIP RSA: 1-877-505-0823

## Non-Participating/Out of Network Providers:

Request for services from a non-participating, out of network facility, provider or vendor in any location requires authorization.

**Exception: emergent admissions, whereby the notification process above should be followed.**

## Services Requiring Authorization:

### Specialists

- Chiropractor
- Oral Surgeon\*
- Plastic and Reconstructive Surgery\*
- Podiatry\*

\*Note: Office visits do not require authorization; only procedures performed in any location require an authorization.

### In Home/Outpatient Therapy/Rehabilitation

All therapy services require prior authorization. Initial evaluation requests must be submitted by the PCP or pertinent physician.

- Speech\*, Occupational\*, Physical\*
- Cognitive Rehabilitation Therapy

\*Note: Therapy provided by an ECI provider as part of an ECI IFSP are excluded from authorization requirement.

### Other Services and Tests

- Durable Medical Equipment (DME) – over \$500.00
  - To determine if a CPT/HCPC code requires prior authorization, please visit Superior's Prior Authorization Tool:
    - <https://www.SuperiorHealthPlan.com/providers/preauth-check.html>
  - Select DME, incontinence supplies and enteral nutrition supplies requested from Superior's DME preferred provider, Medline, requested within the allowable benefit limit, do not require prior authorization.\*
    - For the full list of DME supplies that do not require authorization through Medline, visit:
      - [https://www.SuperiorHealthPlan.com/content/dam/centene/Superior/Provider/PDFs/SHP\\_20174102B-DME-Provider-Network-Codes-P-09052017.pdf](https://www.SuperiorHealthPlan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20174102B-DME-Provider-Network-Codes-P-09052017.pdf)
    - Please note: DME items from the list above, greater than or equal to \$500, require prior authorization when supplied by a non-preferred provider.
- Enteral Nutrition\* (reference DME bullet above for specific supplies that do not require authorization)
- Incontinence Supplies\* (reference DME bullet above for specific supplies that do not require authorization)Hearing Aids
- Orthotics/Prosthetics
- Genetic Testing
- Quantitative Testing for Drugs of Abuse
- Nutritional Counseling: authorization not required when performed as part of a Texas Health Steps exam or for ECI assessment)
- Allergen Immunotherapy Services: *unless services provided by an allergist or immunologist.*
- Pain Management Services: *all providers, regardless of specialty, require an authorization to perform most pain management procedures. For exceptions, please check the prior authorization tool at <http://www.SuperiorHealthPlan.com/for-providers/pre-auth-needed/>. All other pain management procedures not listed still require a prior authorization.*
- Sleep Study
- Home Health/Skilled Nursing/Home Health Aid/Private-Duty Nursing
- Pulmonary & Cardiac Rehab
- Telemonitoring
- Miscellaneous Codes and Items that Exceed Benefit Allowable

### Transportation

- Air transport
- Non-emergent ambulance transport requests: *must originate from the office of the referring physician or facility. Ambulance providers may not request prior authorization for this service.*

### Pharmaceuticals (Fax requests to 1-866-683-5631)

- Botox, Viscosupplementation
- Injectable medications with miscellaneous billing codes
- Synagis
- Makena requires prior authorization
- All off-label chemotherapy requires preauthorization
- Outpatient hospital chemotherapy J9042, J9271, J9299, J9306
- J9999 not otherwise classified antineoplastic drugs (including Kymriah) requires prior authorization for all providers

Excludes: epogen/aransep for ESRD members on dialysis

Excludes: epogen/neupogen for oncology members.

Excludes: most J9000 series products for chemotherapy (except reason J9999 above, which requires prior authorization)

### Surgical or Other Procedures

- Abortion
- Bariatric Surgery
- Blepharoplasty
- Dental Anesthesia
- Circumcision 1 year and older
- Hysterectomy
- Infertility
- Implantable devices including
- Cochlear Implant
- Mammoplasty
- Otoplasty
- Rhinoplasty/Septoplasty
- Scar Revision
- Excision/scraping/shaving of lesions
- Treatment of Varicose Veins
- Vagus Nerve Stimulation

### Transplant

All services for Transplant Evaluation and Transplant Procedures.

### Long Term Services & Support (LTSS)

**STAR Kids and STAR Health LTSS fax line: 1-866-753-5659**

**STAR+PLUS LTSS fax line: 1-866-224-8254**

- Personal Attendant Services
- Day Activity & Health Services
- Personal Care Services
- Nursing Services (In home)
- Home Delivered Meals
- Assisted Living
- Adult Foster Care
- Minor Home Modifications
- Adaptive Aids
- Emergency Response Services
- Transition Assistance Services
- Employment Assistance
- Supported Employment
- Respite Services
- Flexible Family Support Services

### Radiology

Contact National Imaging Associates (NIA) at 1-800-218-7508, opt 3, or visit: [www.radmd.com](http://www.radmd.com)

- Precertification through NIA is required for outpatient diagnostic procedures:
  - CT, CTA, MRI, MRA, PET
- Cardiac imaging modalities (all products effective 2/1/14):
  - CCTA Stress Echo, Echocardiography (only for STAR+PLUS), and Nuclear Cardiology

### Vision

Contact Envolve Vision at 1-877-865-1077, or visit: <https://visionbenefits.envolvehealth.com>