Prior Authorization List

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. Web notifications: 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

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:

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, Inhome 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/centers/SuperiorProvider/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.

Musculoskeletal Procedures
- Contact TurningPoint Healthcare Solutions at 1-855-336-4391 (phone) 1-833-409-5393 (fax line)

Pharmaceuticals (Fax requests to 1-866-683-5631)
- Botox, Viscosupplementation
- Injectable medications with miscellaneous billing codes
- Synaxis
- 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/arseps 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 Health LTSS fax line: 1-800-690-7030
STAR Kids LTSS fax line: 1-877-644-4561
STAR+PLUS LTSS fax line: 1-866-895-7856
STAR+PLUS MMP LTSS fax line: 1-855-277-5700
- 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
- 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

Routine Vision

Contact Envolve Vision at 1-877-865-1077, or visit: https://visionbenefits.envolverhealth.com
Please note: Medical eye care services require prior authorization.

Phone: 1-800-218-7508
Fax: 1-800-690-7030
Outpatient: 1-844-310-5517 (CHIP requests only)

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