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.

### 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 Therapies
- **Durable Medical Equipment (DME)** – over $500.00
  - To determine if a CPT/HCPCS code requires prior authorization, please visit Superior’s Prior Authorization Tool: [https://www.SuperiorHealthPlan.com/providers/preauth-check.html](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/center/SuperiorProviderDCP/Qc/HP_20174102B-DME-Provider-Network-Codes-P-09062017.pdf](https://www.SuperiorHealthPlan.com/content/dam/center/SuperiorProviderDCP/Qc/HP_20174102B-DME-Provider-Network-Codes-P-09062017.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
- Allergy 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/](http://www.SuperiorHealthPlan.com/for-providers/pre-auth-needed/)
- Sleep Study
- Home Health/Skilled Nursing/Home Health Aid/Private-Duty Nursing
- Pulmonary 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
- 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/anarans 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
- Mammaplasty
- 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 Enovise Vision Enroll at 1-877-865-1077, or visit: https://visionbenefits.enovisehealth.com
Please note: Medical eye care services require prior authorization.