Star Kids Referrals and Authorizations

Frequently Asked Questions



When do members need a referral/prior authorization?

Superior providers are required to refer members for specialty services within the Superior network. Referrals to out-of-network providers will be made when medically-necessary to do so. Primary Care Provider (PCPs) must document the coordination of referrals and services provided between the PCP and specialist. Providers should work closely with specialists to coordinate services and make sure members are getting the care they need.

Do members need a referral to see a specialist?

A PCP is required to refer a member to a specialist when medically-necessary care is needed beyond the scope of the PCP. A specialist cannot refer to another specialist. All member care should be coordinated through the PCP.

When is a prior authorization required?

What if a member needs emergency or urgent services from a specialist?

No referral or authorization is needed for emergent or urgent services as long as the specialist is in Superior's network or accepts Medicaid. If the specialist is not a Superior or Medicaid provider, members may receive a bill.

Please note: If emergent or urgent services were provided in an office setting, providers should contact Superior as soon as possible after the visit, as some services require an authorization.

What if a member already has a specialist or PCP and has Medicare/private insurance?

If a member has Medicare or private insurance, they do not need a referral or authorization from Superior to continue seeing a specialist or PCP. Members can continue to see their specialist or PCP as long as they are accepted by their Medicare plan or private insurance. If the member's provider leaves the network, Superior can help the member find a new provider.