Medicare Prior Authorization Requirements: Effective March 1, 2016

Phone: 1-800-218-7508 Fax: 1-877-808-9368

Service	Description
All out-of-network services require prior authorization except emergency care, out-of-area urgent care or out-of-area dialysis.	
Ambulance	• Fixed-wing aircraft • Non-emergent Transportation
Behavioral Health Services (Includes Substance Use Disorder)	• Inpatient Psychiatric • Partial hospitalization • Psychological Testing • Neuropsychological Testing • Electroconvulsive Therapy (ECT) • Substance Use Disorder Treatment/Rehabilitation
Clinical Trials (Notification Only)	Please notify us of the Medicare-approved clinical trial by phone or fax at the numbers above.
Cosmetic Procedures	Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. (Medicare Definition)
Drug Testing	Prior authorization required for all Quantitative tests for drugs of abuse, EXCEPT for those conducted in the ER, inpatient hospital, urgent care locations OR those conducted in children less than 6 years old.
Durable Medical Equipment (DME)	Includes, but not limited to: • Custom Wheelchairs • Power Wheelchairs • BIPAP • CPAP • Hospital Bed/Mattress • Lift Devices including Hoyer • Infusion Pumps • Oxygen • TENS Units • Ventilators • Wound Vacuum (Negative Pressure) Devices • Bone growth stimulator • Vagus nerve stimulator To determine if other DME codes require prior authorization, please refer to: https://www.SuperiorHealthPlan.com/providers/preauth-check/medicare-pre-auth.html
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance.
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes or proteins.
Home Health Services	Authorization is required per 60 day episode of care. Each episode will be reviewed for medical necessity and CMS coverage criteria. Home Health Services include the following: • Home IV Infusion • Home Health Aide • Occupational Therapy • Physical Therapy • Speech Therapy • Skilled Nursing Visits • Social Work Visits

Service	Description
Hospice	Please notify us of outpatient or inpatient hospice by phone or fax at the numbers above.
Hyperbaric Oxygen Therapy (HBO)	Includes HBO therapy administered in a chamber (including the one man unit) and is limited to certain conditions.
Infertility	Includes the following: • Drug Therapy • Testing • Treatment
Inpatient Admission: Elective or Scheduled	• Acute Inpatient Hospital • Inpatient Rehabilitation Hospital • Long-Term Acute Care Hospital (LTAC) • Skilled Nursing Facility (SNF)
Orthotics/Prosthetics	To determine if Orthotic and Prosthetic codes require prior authorization, please refer to: https://www.superiorHealthPlan.com/providers/preauth-check/medicare-pre-auth.html
Observation Stay	Prior authorization required if >48 hours
Outpatient therapy performed at free standing facility or outpatient hospital	• Occupational Therapy (OT) • Physical Therapy (PT) • Speech-Language Therapy (ST) • Pulmonary Rehab Therapy *Medicare has $1,900 cap for PT & ST combined, and $1,900 cap for OT, per calendar year*
Pain Management	• Facet Injections • Trigger Point Injections • Epidural Injections
Medicare Part B Drugs	Please see Medicare Part B Prior Authorization List
Radiation Therapy	Includes but not limited to: • Stereotactic Radiotherapy • Intensity modulated radiotherapy (IMRT) • Proton Beam Therapy • Neutron Beam Therapy
Radiology:	TX, GA, OH, FL: Visit www.radmd.com • MRI • PET • MRA • CT • Cardiac Imaging: TEXAS and OHIO only
Sleep Studies	• Surgery • Treatment

Service	Description
Surgeries, regardless of place of service	• Abortion • Bariatric Surgery • Blepharoplasty • Breast Augmentation (except following mastectomy) • Breast Reduction • Cochlear Implant • Excision of Lesion • Facial Osteotomy • Hysterectomy • Joint Replacement • Mastectomy for Gynecomastia • Oral Surgery – Temporomandibular Joint Surgery • Otoplasty • Reconstructive and Plastic Surgery • Rhinoplasty • Sacral Nerve Neuromodulation • Scar Revision • Septoplasty • Spinal surgeries including fusion, stabilization, discectomy • Uvulopalatopharyngoplasty/Uvulopharyngoplasty • Veins (ablation, ligation, stripping, sclerotherapy)
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure.