

When submitting a prior authorization request for a Superior HealthPlan member to receive Detox, Residential Treatment Center (RTC), Partial Hospital Program (PHP) or Intensive Outpatient Program (IOP) services, clinical documentation must be included. This documentation must be sent via fax or electronically submitted through Superior's <u>Secure Provider Portal</u>.

Before submitting the prior authorization request, please ensure all of the following items are included:

## • Completed Prior Authorization Request Form:

- Ambetter Prior Authorization Request Form (PDF)
- o Medicaid (STAR, STAR Health, STAR Kids, STAR+PLUS) Prior Authorization Request Form (PDF)
- o Texas Standard Prior Authorization Request Form for Health Care Services (PDF)

Please include any additional clinical information or documentation to support the treatment request. If Superior needs more information to process this request, please include the best contact information to reach you/your office. Below are examples of clinical information or documentation needed based on request.

## • Admissions:

- All relevant and updated information and medical records related to the level of care necessary to complete the review [28 TAC §19.1707(b)], including:
  - Member family/social dynamics, living/recovery environment, legal status, transportation and support system.
  - Any medical or psychiatric issues which could interfere with treatment.
  - Any lab results, assessment results, vital signs, acute and/or post-acute withdrawal symptoms.
  - Information regarding recent social, occupational and academic functioning.

## • Continued stay requests:

- All relevant and updated information and medical records related to the level of care, necessary to complete the review [28 TAC §19.1707(b)], including:
  - **DETOX** information from within last **five** programming days:
    - Doctor of Medicine (MD)/Registered Nurse (RN) notes, vital signs, withdrawal assessment scales and symptoms, medication and withdrawal protocol, relevant and updated information and medical records necessary to complete review, treatment plan and discharge plan.
  - **RTC** information from within last **seven** calendar days:
    - MD notes, relevant and updated information and medical records necessary to complete review, symptoms, functional impairments in role performance and/or social relationships, treatment plan, discharge plan, relapse prevention plan, medication records and proof of 24-hour staff monitoring.
  - **PHP/IOP** information from within last **seven** calendar days:
    - MD/RN notes, relevant and updated information and medical records necessary to complete review, list of group attendance with date and times, symptoms, functional impairments in role performance and/or social relationships, treatment plan, discharge plan, relapse prevention plan and housing/support/transportation.

For any questions, please contact your assigned Account Manager.

A special license for Utilization Review Agents (URA) is issued through the Texas Department of Insurance (TDI) and necessary to perform medical necessity reviews. Centene Company of Texas, LP (CCTX) is the licensed URA (#4167) contracted with Superior HealthPlan. CCTX may not require as a condition of approval of a health care service, or for any other reason, the observation of a psychotherapy session or the submission or review of a mental health therapist's process or progress notes that relate to the mental health therapist's treatment of an enrollee's mental or emotional condition or disorder. This prohibition extends to requiring an oral, electronic, facsimile, or written submission or rendition of an enrollee's mental health therapist's process or progress notes. This prohibition does not preclude the URA from requiring submission of an enrollee's mental health medical record summary; or medical records or process or progress notes that relate to treatment of conditions or disorders other than a mental or emotional condition or disorder.

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