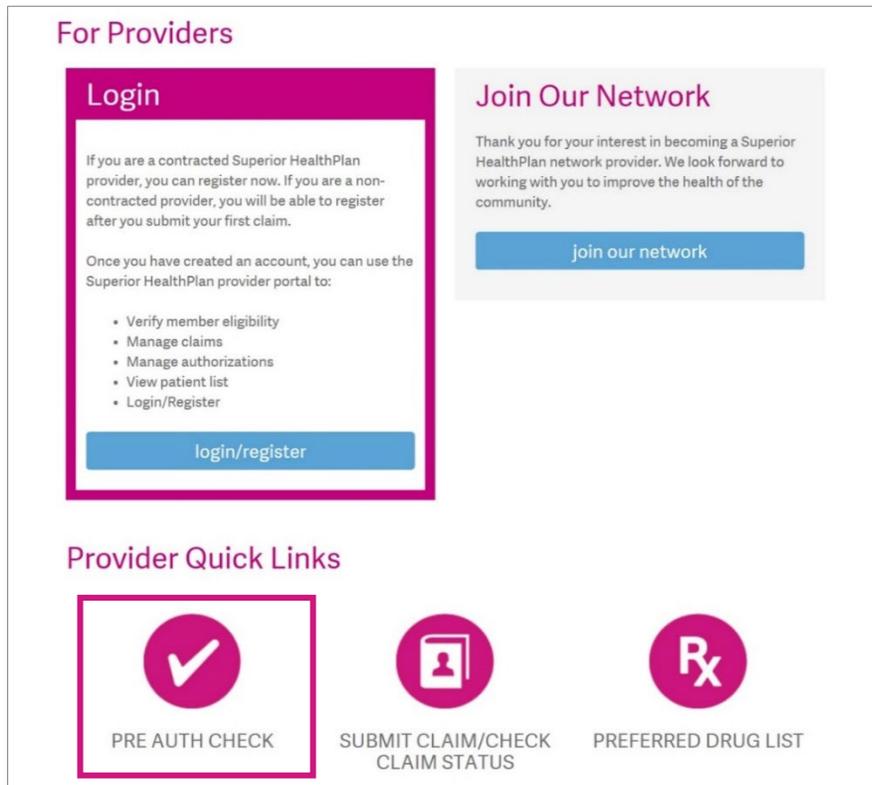


How to Use the Pre-Authorization Tool

Superior's online Pre Auth Check Tool enables providers to determine if a prior authorization is needed. See steps below:

Instructions:

1. Go to SuperiorHealthPlan.com/Provider.
2. Under **Provider Quick Links**, click **Pre Auth Check**.



For Providers

Login

If you are a contracted Superior HealthPlan provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Superior HealthPlan provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

[login/register](#)

Join Our Network

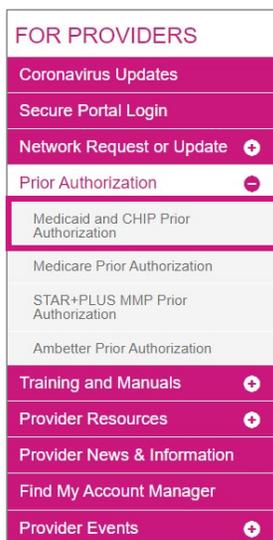
Thank you for your interest in becoming a Superior HealthPlan network provider. We look forward to working with you to improve the health of the community.

[join our network](#)

Provider Quick Links

- [PRE AUTH CHECK](#)
- [SUBMIT CLAIM/CHECK CLAIM STATUS](#)
- [PREFERRED DRUG LIST](#)

3. In the left navigation bar, select the product needing prior authorization (**Medicaid and CHIP**, **Medicare**, **STAR+PLUS MMP** or **Ambetter**).



FOR PROVIDERS

- Coronavirus Updates
- Secure Portal Login
- Network Request or Update +
- Prior Authorization -
 - Medicaid and CHIP Prior Authorization**
 - Medicare Prior Authorization
 - STAR+PLUS MMP Prior Authorization
 - Ambetter Prior Authorization
- Training and Manuals +
- Provider Resources +
- Provider News & Information
- Find My Account Manager
- Provider Events +

- Under **Types of Services**, answer the questions listed. To search by a specific procedure code, **No** must be selected on all questions.
- Enter the code of the service you would like to check and select **Check**.

Please note: If you receive a notice that the service requires prior authorization, please submit your request by logging into Superior's Secure Provider Portal at Provider.SuperiorHealthPlan.com or by faxing one of the prior authorization forms found on SuperiorHealthPlan.com/ProviderForms.

Medicaid and CHIP Prior Authorization

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the [provider manual](#). If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision services need to be verified by [Envolve Vision Services](#)
 Dental services need to be verified by [DentaQuest](#)
 Musculoskeletal, Ear, Nose and Throat (ENT) Surgeries, Sleep Study Management and Cardiac Surgeries Need to be Verified by [TurningPoint](#).
 Non-participating providers must submit [prior authorization](#) for all services*
 For non-participating providers, [Join Our Network](#)

**Please note, Incontinence Supplies ordered through the preferred DME provider do not require prior authorization.*

Would this be for Family Planning services billed with a contraceptive management diagnosis
OR Is this service for a Star Kids or Star Health Member for school based telemedicine?

Yes No

Types of Services	YES	NO
Are services being provided by a non-participating provider?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving oral surgery services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving plastic and reconstructive surgeon services?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving podiatry services?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

To contact your local Account Manager for assistance, please visit SuperiorHealthPlan.com/FindMyAM.