



# QUICK REFERENCE GUIDE

## ADDRESS

**Physical and Mailing Address**  
2028 E. Ben White Blvd.  
Suite 400  
Austin, TX 78741

## WEBSITE

www.SenderoHealth.com

## DEPARTMENT PHONE NUMBERS

**Customer Service:** 1-844-872-0537

|   |   |   |
|---|---|---|
| <b>Claims</b><br>1-844-872-0537                   | <b>Health Services Medical Management</b><br>1-855-297-9191<br>Fax 512-901-9724 | <b>Behavioral Health Services - Beacon</b><br>1-888-287-5403 (CHIP)<br>1-888-287-5402 (STAR)<br>IVR 1-888-210-2018<br>TTY/TTD 1-855-539-5876<br>Fax 512-329-6010<br>www.beaconhealthoptions.com |
| <b>Vision Services - Envolv</b><br>1-877-615-7730 | <b>Network Management</b><br>1-855-895-0475<br>Fax 512-901-9704                 |   |
|   | <b>Pharmacy Services - Navitus</b><br>1-877-908-6023                            |   |

## SELF-REFERRALS

**PCP referral is not required when a participating network specialist is utilized for:**

- Out-of-area emergency services
- Family planning services
- Early Childhood intervention (ECI) case management services
- Children & Pregnant Women (CPW) case management services
- School Health Related Services (SHARS) program services
- Department of Assistive and Rehabilitation (DARS) case management services for STAR Members
- Department of State Health Services (DSHS) case management services for STAR Members
- Department of Aging and Disability Services (DADS) case management services for STAR Members

*In-network only Self-referral for Covered Services*

- Behavioral health services
- Obstetric services
- Well-woman gynecological services
- Vision care including covered eye glasses

## MEDICAL CLAIMS

**Mailing Address:**  
Sendero Health Plans  
ATTN: CLAIMS  
PO Box 15507  
Austin, TX 78761  
\*Submit claims within 95 days of the date of service

**Electronic Claims:** Trizetto or Change Healthcare  
**EDI Payor ID:** SCS17

\*Please review Acceptance and Rejection Report from your Clearinghouse of choice - All claims received in through Change Healthcare and Trizetto to 3<sup>rd</sup> party payor.

## RECONSIDERATIONS/ APPEALS

**Level I Reconsiderations:**  
Sendero Health Plans  
ATTN: Sendero Reconsiderations  
PO Box 15507  
Austin, TX 78761

\*File claim appeals within 120 days from the date of the explanation of payment.

**Level II Appeals:**  
Sendero Health Plans  
ATTN: Sendero Appeals  
2028 E. Ben White Blvd., Suite 400  
Austin, TX 78741

\*A Level II Appeal cannot take place unless a previous Reconsideration has been submitted and denied. File Appeals within 30 calendar days of the Reconsideration decision.

## ONLINE TOOLS

**Check eligibility, view EOBs, panel reports, claims status, and prior authorization requests**

<https://senderohealth.mediview.net>

## BEHAVIORAL HEALTH CLAIMS

**Mailing Address:**  
Beacon Health Options  
ATTN: Claim Department  
500 Unicorn Park Drive, Suite 401  
Woburn, MA 01801-3393

## BEHAVIORAL HEALTH APPEALS

**Mailing Address:**  
Beacon Health Options  
912 South Capitol of Texas, Suite 350  
Austin, TX 78746



EFFECTIVE 03/01/2012

Medical benefits and eligibility must be verified prior to requesting authorization.

**The following services must be prior-authorized before rendering the service:**

Admission notification and Prior Authorization requests can be submitted:

ONLINE: <https://senderohealth.mediview.net>

FAX: 512-901-9724

For more information regarding Prior Authorization requests call:

PHONE: 1-855-297-9191

| <b>PRIOR AUTHORIZATION LIST</b>  |   |   |  |
|--|---|---|--|
| <p><b>Inpatient/Skilled Nursing Facility Services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization of an emergent, elective or scheduled admission is <b>NOT</b> required</li> <li>• <b>Facility is responsible for admission notification to Sendero</b></li> <li>• Prior day admissions for surgical procedures</li> </ul> | <p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>• Behavioral Health outpatient treatments visit &gt; 20</li> <li>• Neuropsychological and Psychological Testing</li> <li>• All elective inpatient admissions</li> <li>• Prior authorization of an emergent admission is NOT required, however the facility must provide notification of admission by the close of the next business day.</li> </ul> | <p><b>Surgeries/Procedures (Inpatient or Outpatient)</b></p> <ul style="list-style-type: none"> <li>• Circumcision &gt;1 year of age</li> <li>• Cochlear Implants</li> <li>• Hyperbaric treatment for wound care</li> <li>• Bariatric Surgery (STAR)</li> <li>• Surgeries with potential cosmetic indications (i.e., panniculectomies reduction mammoplasties, blephoroplasties, etc.)</li> </ul> | <p><b>Outpatient Services/ Treatment</b></p> <ul style="list-style-type: none"> <li>• Bio feedback</li> <li>• injectable drugs &gt; \$500 AWP</li> <li>• Sleep studies / sleep labs</li> <li>• TMJ treatment</li> <li>• Synagis</li> <li>• Pevnar for children &gt; 5 yrs of age</li> <li>• PT, ST or OT (excluding initial evaluation)</li> </ul> |
| <p><b>Ancillary/Specialty Services</b></p> <ul style="list-style-type: none"> <li>• Chiropractic care &gt; 8 visits</li> <li>• Organ or bone marrow transplants</li> <li>• Renal Dialysis</li> <li>• Notification only of Hospice Services</li> </ul>  | <p><b>DME/Orthotics/Prosthetics</b></p> <ul style="list-style-type: none"> <li>• DME (rental or purchase) and medical supplies &gt;\$500 purchase price</li> <li>• Wound VACs</li> <li>• Orthotics, Prosthetics or Dental devices purchase price &gt;\$500 per item</li> <li>• Hearing Aids</li> </ul>  | <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>• CAT Scans, MRIs &amp; MRAs not provided in an inpatient or Emergency Room setting</li> <li>• PET Scans / SPECT scans</li> <li>• Radiological procedures that require admission for observation</li> <li>• OB ultrasounds &gt; 3</li> </ul>   | <p><b>Home Health</b></p> <ul style="list-style-type: none"> <li>• Skilled nursing visits &gt; 3 visits</li> <li>• PT, ST or OT (excluding initial evaluation)</li> <li>• Infusion therapy</li> <li>• Private duty nursing</li> </ul>  |
| <p><b>Treatment Related Services</b></p> <ul style="list-style-type: none"> <li>• Investigational or Experimental drugs or procedures</li> <li>• New Technologies</li> <li>• Implantable pumps &amp; devices</li> <li>• Clinical trials\ covered by CMS</li> </ul>   | <p><b>Out of Network or Area Services</b></p> <ul style="list-style-type: none"> <li>• All out of network or out of area inpatient, outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services and / or treatments</li> </ul>  | <p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>• Non-emergent ground and air ambulance services</li> <li>• Medically Necessary Transportation other than that provided by the Medical Transportation Program (MTP)</li> </ul>  |  |