

# PRIOR AUTHORIZATION LIST

**Effective 1/1/2019 Sendero Health Plans has made changes to the IdealCare Prior Authorization List. Please review all sections in the attached guide for any changes that may affect your practice.**

**Effective 1/1/2019**

Admission notification and Prior Authorization requests can be submitted:

**ONLINE:** \* address coming soon\* / **FAX:** 512-901-9724

For more information regarding Prior Authorization requests call 1-855-297-9191.

Requests should be submitted no less than five (5) business days prior to start of service.

All services are subject to eligibility at the time of service, and benefit limitations or exclusions.

**The following services must be authorized before rendering the service unless otherwise noted:**

PRIOR AUTHORIZATION LIST - MEDICAL			
<p><b>Inpatient/Rehabilitation/LTAC / Skilled Nursing Facility Services</b></p> <ul style="list-style-type: none"> <li>Authorization of all admissions to facilities is required, including: Hospital, Rehabilitation Facility, Skilled Nursing Facility (SNF), Long Term Acute Care Hospital (LTACH), Inpatient Hospice, or Maternity and newborn stays that exceed two days for vaginal delivery or four days for Cesarean section delivery</li> <li>Facility is responsible for admission notification to Sendero</li> <li>Breast Cancer Treatment that exceeds 48 hours following mastectomy or exceeds 24 hours following lymph node dissection</li> </ul>	<p><b>Behavioral Health Services/ Substance Use Disorder Services</b></p> <p>For prior authorization see Prior Authorization List – Behavioral Health.</p> <p>For Medical anesthesia for electro-convulsive therapy (ECT) obtain authorization from Sendero Health Plans</p>	<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</li> <li>Accidental Dental Services                             <ul style="list-style-type: none"> <li>Dental Anesthesia, orthognathic and other oral surgery procedures related to accident or trauma</li> </ul> </li> <li>TMJ Surgery</li> <li>Cosmetic, Reconstructive or Plastic Surgery</li> <li>Implantable Pumps and Devices over \$500</li> <li>Treatment for Varicose Veins</li> <li>Vagal Nerve Stimulators</li> <li>Hysterectomy</li> <li>Nasal Septal Reconstructions or Revision</li> <li>Joint Replacement Surgery</li> <li>Spine Procedures (i.e. discectomy and decompression)</li> <li>Surgery for Obstructive Sleep Apnea</li> <li>Balloon Sinuplasty</li> <li>Umbilical Hernia Surgery if under age 5</li> <li>Osteochondral allograft or autologous chondrocyte</li> </ul>	<p><b>Outpatient Services/Treatment</b></p> <ul style="list-style-type: none"> <li>Injectable drugs &gt;\$500 AWP</li> <li>Sleep Studies/Sleep labs</li> <li>TMJ treatment</li> <li>Synagis</li> <li>PT, ST or OT (excluding initial evaluation )</li> <li>Treatment for Acquired Brain Injury</li> <li>Treatment for Autism Spectrum Disorder</li> <li>Biofeedback</li> <li>GI tract imaging by Capsule Endoscopy</li> <li>Pain management procedures including but not limited to, external or implanted infusion pumps or stimulator devices, epidural steroid injections</li> <li>Wound care services, including referral to wound care centers, use of wound vacuum devices and specialized wound dressings</li> </ul>

PRIOR AUTHORIZATION LIST - MEDICAL			
<p><b>Ancillary/Specialty/Lab Services</b></p> <ul style="list-style-type: none"> <li>• Chiropractic care &gt; 8 visits</li> <li>• Renal Dialysis</li> <li>• All hospice admissions</li> <li>• All Diagnostic Genetic Testing</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 per line item</li> <li>• Continuous Passive Movement (CPM) Machine</li> <li>• Breast Pumps &gt;\$250, limited one per member</li> <li>• Wound VACs</li> <li>• Orthotics or Prosthetics devices purchase price &gt;\$250 per line item</li> <li>• Hearing Aids</li> <li>• Amino Acid-based Elemental Formulas or Formula for Treatment of Heritable Diseases, or any canned nutritional</li> <li>• CPAP/BiPAP machines</li> </ul>	<p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>• CT/CTA 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;4 unless done by Maternal-Fetal Medicine specialist (MFM)</li> <li>• No authorization required for high-risk pregnancy ultrasounds unless NOT done by a Maternal Fetal Medicine Specialist (MFM)</li> </ul>	<p><b>Home Health</b></p> <ul style="list-style-type: none"> <li>• Skilled nursing visits (Excluding initial assessment evaluation)</li> <li>• PT, ST or OT (excluding initial evaluation)</li> <li>• Infusion therapy</li> <li>• Home Health Services (60 visits per year)</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• New and Emerging Technologies or any Treatment, Drug or Device not Approved by the FDA may be Determined to be Experimental or Investigational or not Medically Necessary</li> </ul>	<p><b>Out of Network or Out of Area Services</b></p> <p>All out of network or out of area, including but not limited to, inpatient, outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services, prescriptions and/ or treatments are excluded from coverage unless prior authorized.</p>	<p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>• Non-emergent ground ambulance services, including facility to facility transport</li> <li>• All Air Transport Services</li> </ul>	<p><b>Transplants</b></p> <ul style="list-style-type: none"> <li>• All Transplant Services</li> <li>• All organ &amp; tissue transplants</li> </ul>

PRIOR AUTHORIZATION LIST - BEHAVIORAL HEALTH			
<p><b>Inpatient Services</b></p> <ul style="list-style-type: none"> <li>• Authorization of all admissions to facilities is required, including: Inpatient mental health, inpatient substance abuse rehabilitation, inpatient detoxification, crisis stabilization bed</li> <li>• Facility is responsible for admission notification to Sendero.</li> <li>• All members must be evaluated/screened prior to admission by a qualified behavioral health professional or at the nearest emergency room, within reason.</li> <li>• Emergency services do not require prior authorization. Facilities must notify Sendero of admission within contract requirements.</li> </ul>	<p><b>Behavioral Health Services/ Substance Use Disorder Services</b></p> <ul style="list-style-type: none"> <li>• Intensive outpatient program (IOP)</li> <li>• Partial hospitalization</li> <li>• Ambulatory detoxification</li> </ul> <p>For Medical anesthesia for electro-convulsive therapy (ECT) obtain authorization from Sendero Health Plans</p>	<p><b>Behavioral Health Services - Outpatient</b></p> <ul style="list-style-type: none"> <li>• Members are allowed 12 initial encounters (IEs)/visits per provider per episode of care. Prior authorization is required after 12 visits. Additional visits require prior authorization.</li> </ul>	<p><b>Behavioral Health Services/ Treatment</b></p> <ul style="list-style-type: none"> <li>• Diversionary services</li> <li>• Extended outpatient sessions</li> <li>• Day treatment</li> <li>• Psychological testing</li> <li>• Neuropsychological testing</li> <li>• Home-based therapy appointments</li> <li>• Electroconvulsive therapy (during an inpatient stay or in an outpatient setting)</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• New and Emerging Technologies or any Treatment, Drug or Device not Approved by the FDA may be Determined to be Experimental or Investigational or not Medically Necessary</li> </ul>	<p><b>Out of Network or Out of Area Services</b></p> <p>All out-of-network or out of area services, including but not limited to, inpatient, outpatient hospital admissions, procedures, referrals, evaluations, specialty services and/or treatments are excluded from coverage unless prior authorized.</p>	<p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>• Non-emergent ground ambulance services, including facility to facility transport</li> <li>• All Air Transport Services</li> </ul>	