

Quick Reference Guide and Preauthorization List Guidance

Effective 05/15/2023
 www.SenderoHealth.com

DEPARTMENT PHONE NUMBERS

Customer Service 1-844-800-4693

Behavioral Health Services
 1-855-765-9696

Network Management
 1-855-895-0475

Health Services Medical Management
 1-855-297-9191

Claims
 1-844-800-4693

Pediatric Dental Services — Liberty
 1-866-609-0426

Pharmacy Services – Navitus
 1-877-908-6023
Vision Services —Envolve
 1-855-279-9680

SELF REFERRALS

In-network only: Self-referrals for covered health care services:

- Behavioral health services
- Obstetric services
- Well-woman gynecological services
- Vision care, including covered eyeglasses

ONLINE TOOLS

Website

<https://idealcare.mediview.net>

CLAIMS

Paper Claims

Mailing Address:
 Sendero Health Plans
 ATTN: CLAIMS
 PO Box 16493
 Austin, TX 78761

*Submit claims within 95 days of the date of service

Electronic Claims

Payer ID: SCS17 through Change Healthcare or MV440 through Cognizant

ADVERSE DETERMINATION APPEALS*

Submit by mail to:

Sendero Health Plans
 ATTN: Health Services Dept
 2028 E. Ben White Blvd. Suite 400
 Austin, TX 78741

Submit by fax to:

1-512-901-9724

Submit by telephone to:

Sendero Health Plans
 Health Services Dept.
 1-855-297-9191

*Providers must file Adverse Determination Appeals within 30 calendar days after the date on the written notification of an adverse determination.

CLAIM RECONSIDERATIONS / APPEALS

Initial (Level 1) Claim Reconsiderations:

Sendero Health Plans
 ATTN: Sendero Reconsiderations
 PO Box 16493, Austin, TX 78761

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

Subsequent (Level 2) Claim Appeals:*

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

*A Level 2 Appeal cannot occur unless an earlier reconsideration has been submitted and denied. File Level 2 appeals within 30 calendar days of the reconsideration decision.

REQUIRED NOTIFICATIONS **** Submit notifications via fax number 1-512-901-9724.****

Sendero Health Plans (Sendero) processes claims for covered health care services subject to plan requirements for notification and preauthorization. The following require prior notice to Sendero for determination of benefit coverage.

Relative to Texas Insurance Code 4201, Subchapter N, **required notifications apply to all providers, regardless of provider prior authorization exemption status.**

Inpatient Admissions

All facilities must notify the health plan within one business day after each admission.

(See also the Elective Inpatient Services prior authorization requirements in the next section)

Inpatient Special Situations:

- Notify Sendero of maternity and newborn stays exceeding two days for vaginal delivery or four days for cesarean section delivery.
- Notify Sendero for inpatient breast cancer treatment exceeding 48 hours after mastectomy or 24 hours after lymph node dissection.

Providers not in the Sendero Network

Submit requests at least (2) weeks before the start of service.

All elective out-of-network services are considered Excluded Services and are not covered by Sendero unless approved through prior authorization.

PREAUTHORIZATION LIST GUIDANCE ^{1, 2, 3, 4}

The following health care services must be submitted to Sendero for medical necessity review and approved before rendering the service(s). Submit requests online at least five business days before the start of service at <https://idealcare.mediview.net> or via fax number 1-512-901-9724.

Include the following with each request: clinical records that support medical necessity, including member history, physical exam findings and outcomes from any previous treatment(s) for the condition, relevant diagnostic test results, and social determinants of health information (if applicable to the request). For out-of-network requests, include the reason that the Sendero Member is being referred out-of-network and any attempts taken to locate services within the Sendero network.

Behavioral health services

- Applied behavioral analysis
- Intensive outpatient program
- Partial hospitalization
- Neuropsychological testing
- Residential treatment

DME/Orthotics/Prosthetics

- DME (rental or purchase) and medical supplies >\$500 per line item
- Orthotics or Prosthetics devices over \$250 per line item
- Hearing Aids
- Amino acid-based elemental formulas or formulas for the treatment of heritable diseases, or any canned nutrition

Drugs administered in an Office, Home, or Outpatient Setting

- Injectables over \$500 per line item

High-Tech Imaging

- CT/CTA Scans
- MRAs, MRI, MRS
- PET and SPECT scans

Providers not in the Sendero Network

All non-emergency out-of-Network services are excluded and not covered unless prior authorized by Sendero.

Elective (pre-planned) Inpatient Services, including those received in the following settings:

- Acute care hospitals
- Behavioral health hospitals
- Inpatient hospice facilities
- Long-term acute care hospitals
- Rehabilitation hospitals
- Residential treatment facilities
- Skilled nursing facilities

Continued stays after admission approval (i.e., concurrent reviews)

Each facility is responsible for providing admission notifications and records for continued stay concurrent reviews to Sendero.

PREAUTHORIZATION LIST GUIDANCE ^{1, 2, 3, 4} (continued)

Other Services Requiring Prior Authorization²

- Ambulance, non-emergency, air or ground
- Any treatment for acquired brain injury that exceeds normal benefit limits⁴
- CAR T Cell therapy and services
- Cochlear implants
- Dental anesthesia and oral surgery procedures related to accidents or trauma
- External or implanted infusion pumps
- Facility or lab-based sleep studies
- Home health services
- Implantable pumps and devices over \$500
- Joint replacements
- Neuropsychological testing
- Organ or tissue transplant(s) and associated services, including initial evaluations
- Orthognathic surgery
- Osteochondral allograft of autologous chondrocyte implantation
- Potentially investigational or experimental services, including new and emerging technologies
- Reconstructive or potentially cosmetic services
- Therapies: Outpatient physical, occupational, and speech therapy (after initial evaluation)
- TMJ surgery and treatments
- Treatment for varicose veins
- Vagal nerve stimulators

Spine and Pain Management Procedures including but not limited to:

- Anesthesia services for Interventional pain procedures
- Decompressions
- Discectomies
- Epidural steroid injections
- Facet injections
- Intradiscal procedures
- Radiofrequency joint ablation / Denervation
- Regional sympathetic blocks
- Sacroiliac joint procedures
- Spinal cord stimulators
- Trigger point injections

Providers not in the Sendero Network

Submit requests at least (2) weeks before the start of service.

All elective out-of-network services are considered Excluded Services and are not covered by Sendero unless approved through preauthorization.

Drugs on the Pharmacy Benefit

Refer to the "Navitus PA Drug List" document on senderohealth.com.

¹ This document explains preauthorization and notification requirements. Newly released codes, (including replacement codes for existing codes requiring preauthorization) in the categories of this Quick Reference Guide will require prior authorization upon date of release from CMS and/or the American Medical Association.

² Not every health care service code in a specific category may require preauthorization. Use the Sendero Health Care Service Code Lookup tool found on the Prior Authorization tab of the Sendero website provider page (<https://www.senderohealth.com/providers/>) to check preauthorization requirements for any specific health care service code that will be submitted on a medical claim. Failure to obtain pre-approval for the above services specified in the code lookup tool will lead to claim denial.

³ Screening criteria: To determine the medical necessity of health care services, Sendero uses evidence-based InterQual criteria published by Change Healthcare. Because these criteria are proprietary, they are not available for public view. Sendero will provide a copy of the criteria upon request for any specific authorization.

⁴ For Members with acquired brain injury, obtain preauthorization for any service on this list. In addition, over-the-limit requests will be reviewed for medical necessity.