

# Quick Reference Guide

Effective 2-1-2020

Admission notification and Prior Authorization requests can be submitted:

**ONLINE:** <https://idealcare.mediview.net> / **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

### Inpatient/Rehabilitation/ LTAC / Skilled Nursing Facility Services

- 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
- Facility is responsible for admission notification to Sendero
- Breast Cancer Treatment that exceeds 48 hours following mastectomy or exceeds 24 hours following lymph node dissection

### Behavioral Health Services/ Substance Use Disorder Services

- For prior authorization see Prior Authorization List – Behavioral Health.
- For Medical anesthesia for electro-convulsive therapy (ECT) obtain authorization from Sendero Health Plans

### Surgeries/Procedures (Inpatient or Outpatient)

- Circumcision >1 year of age
- Cochlear Implants
- Hyperbaric treatment
- Accidental Dental Services –Dental Anesthesia, orthognathic and other oral surgery procedures related to accident or trauma
- TMJ Surgery
- Cosmetic, Reconstructive or Plastic Surgery
- Implantable Pumps and Devices over \$500
- Treatment for Varicose Veins
- Vagal Nerve Stimulators
- Hysterectomy
- Nasal Septal Reconstructions or Revision
- Joint Replacement Surgery
- Spine Procedures (i.e. discectomy and decompression)
- Surgery for Obstructive Sleep Apnea
- Balloon Sinuplasty
- Umbilical Hernia Surgery if under age 5
- Osteochondral allograft or autologous chondrocyte

### Outpatient Services/ Treatment

- Injectable drugs >\$500 per line item
- Sleep Studies/Sleep labs
- TMJ treatment
- Synagis
- Treatment for Acquired Brain Injury
- Biofeedback
- GI tract imaging by Capsule Endoscopy
- Pain management procedures including but not limited to, external or implanted infusion pumps or stimulator devices, epidural steroid injections

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## PRIOR AUTHORIZATION LIST - MEDICAL

### Ancillary/Specialty/Lab Services

- All hospice admissions
- All Diagnostic Genetic Testing

### DME/Orthotics/Prosthetics

- DME (rental or purchase) and medical supplies >\$500 per line item
- Wound VACs
- Orthotics or Prosthetics devices purchase price >\$250 per line item
- Hearing Aids
- Amino Acid-based Elemental Formulas or Formula for Treatment of Heritable Diseases, or any canned nutritional

### Out of Network or Out of Area Services

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.

### Radiology

- CT/CTA Scans, MRIs & MRAs not provided in an inpatient or Emergency Room setting
- PET Scans/SPECT scans
- Radiological procedures that require admission for observation
- OB ultrasounds >4 unless done by Maternal-Fetal Medicine specialist (MFM)
- No authorization required for high-risk pregnancy ultrasounds unless NOT done by a Maternal Fetal Medicine Specialist (MFM)

### Home Health

- Skilled nursing visits (Excluding initial assessment evaluation)
- PT, ST or OT (excluding initial evaluation)
- Infusion therapy
- Home Health Services (60 visits per year)

### Other Services

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

### Transplants

- All Transplant Services
- All organ & tissue transplants

### Transportation

- Non-emergent ground ambulance services, including facility to facility transport
- All Air Transport Services

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## PRIOR AUTHORIZATION LIST - BEHAVIORAL HEALTH

### Inpatient Services

- Authorization of all admissions to facilities is required, including: Inpatient mental health, inpatient substance abuse rehabilitation, inpatient detoxification, residential treatment, crisis stabilization bed
- Facility is responsible for admission notification to Sendero.
- All members must be evaluated/ screened prior to admission by a qualified behavioral health professional or at the nearest emergency room, within reason.
- Emergency services do not require prior authorization. Facilities must notify Sendero of admission within contract requirements.

### Behavioral Health Services/ Substance Use Disorder Services

- Intensive outpatient program (IOP)
- Residential treatment
- Partial hospitalization

For Medical anesthesia for electroconvulsive therapy (ECT) obtain authorization from Sendero Health Plans.

### Behavioral Health Services/ Treatment

- Day treatment
- Psychological testing
- Neuropsychological testing
- Electroconvulsive therapy (during an inpatient stay or in an outpatient setting)

### Other Services

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.

### Out of Network or Out of Area Services

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.

### Transportation

- Non-emergent ground ambulance services, including facility to facility transport
- All Air Transport Services