

**Effective 2/1/2017 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 2/1/2017

Admission notification and Prior Authorization requests can be submitted:

ONLINE: <https://providerportal.senderohealth.com>

FAX: 512-901-9724 or PHONE: 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  |  |  |   |
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| <p><b>Inpatient/Rehabilitation/LTAC / Skilled Nursing Facility Services</b></p>   | <p><b>Behavioral Health Services/ Substance Use Disorder Services</b></p>  | <p><b>Surgeries/Procedures (Inpatient or Outpatient)</b></p>   | <p><b>Outpatient Services/ Treatment</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>For prior authorization, benefits, eligibility or other questions, contact Beacon at 1-855-765-9696, 24 hours a day, 7 days a week.</p> <p>For Medical anesthesia for electro-convulsive therapy (ECT) obtain authorization from Sendero Health Plans</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>• Robotic Radiosurgery (cyber knife and others)</li> <li>• Proton Beam therapies</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> <li>• Anesthesia for upper/lower GI endoscopic procedures</li> </ul> | <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 (including initial evaluation for ST)</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, and trigger point injections</li> <li>• Wound care services, including referral to wound care centers, use of wound vacuum devices and specialized wound dressings</li> <li>• Allergy Testing &amp; Injections</li> </ul> |

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| <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> <li>• Tumor marker laboratory tests</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 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 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;2 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>• Private duty nursing is NOT a covered benefit</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>   |