



Preauthorization List and Guidance

05/01/2026

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 preauthorization exemption status.**

Inpatient Admissions

- All facilities must notify the health plan within one business day after each admission.
- (See also the Elective Inpatient Services preauthorization 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 of inpatient breast cancer treatment exceeding 48 hours after mastectomy or 24 hours after lymph node dissection.

Preauthorization List and 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://senderohealth.com> or via fax number 1-512-901-9724.

Use the online code lookup tool at <https://senderohealth.com/preauthorizationsearch/> to locate specific health care service codes requiring preauthorization.

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

Certain outpatient procedures

- ENT Surgeries

DME/Orthotics/Prosthetics

- DME (rental or purchase) and medical supplies >\$500 per line item
- Orthotics or Prosthetics devices over \$500 per line item
- Hearing Aids

Drugs on the Pharmacy Benefit
Refer to the "Navitus PA Drug List" document on senderohealth.com/providers/Preauthorization tab.

Drugs administered in an Office, Home, or Outpatient Setting

- Certain Injectables (and some oral drugs given in conjunction with any injectable) over \$500 per dose/line item

High-Tech Imaging

- CT/CTA Scans
- MRIs, MRA, MRS Scans
- PET and SPECT Scans

Regardless of provider preauthorization exemption status, all non-emergency out-of-network services are excluded and not covered unless the out-of-network provider and/or facility and the service are approved.

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 to Sendero admission notifications and records for continued stay concurrent reviews.

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Other Health Care Services requiring Preauthorization²

- Ambulance, non-emergency, air or ground
- Any treatment for acquired brain injury that exceeds normal benefit limits⁴
- Cell and Gene therapies 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
- Genetic testing
- Home health services (after initial evaluation)
- Implantable pumps and devices over \$500
- Joint replacements
- Neuropsychological testing
- Occupational therapy exceeding 12 visits per calendar year (after initial evaluation)
- Organ or tissue transplant(s) and associated services, including initial evaluations
- Orthognathic surgery
- Osteochondral allograft of autologous chondrocyte implantation
- Physical therapy exceeding 12 visits per calendar year (after initial evaluation)
- Potentially excluded services
- Potentially investigational or experimental services, including new and emerging technologies

- Reconstructive or potentially cosmetic services
- Speech therapy
- 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

Regardless of provider preauthorization exemption status, all elective out-of-network services are excluded and not covered unless the out-of-network provider and/or facility and service are approved through preauthorization by Sendero.

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 preauthorization 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 preauthorization tab of the Sendero website provider page (<https://senderohealth.com/preauthorizationsearch>) 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 services specified in the code lookup tool will lead to claim denial.

³ Screening criteria: To determine the medical necessity of healthcare services, Sendero uses evidence-based criteria published by Change Healthcare (Interqual criteria), OncoHealth criteria, and internal Sendero Health Plans criteria. Some of this criteriae are proprietary an 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 must be reviewed for medical necessity.