



Preauthorization List and Notification Guidance

08/01/2026

Sendero Health Plans (Sendero) processes claims for covered health care services based on benefit coverage. The following healthcare services need to be reported to Sendero and may require coverage review and authorization.

Required Notifications*

Submit Notifications Via Fax Number 1-512-901-9724 or online at <https://senderohealth.com>

Inpatient Admissions

- Notify Sendero within one business day after each admission.

Transplant Services

- Notify Sendero as soon as possible of any pre-transplant evaluations, placement on a transplant waiting list and/or planned procedures

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 stays for breast cancer treatment exceeding 48 hours after mastectomy or 24 hours after lymph node dissection.

* Required notifications apply to all providers, including those with preauthorization exemption.

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

- Submit the service(s) below for medical necessity review and obtain approval before rendering them. 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.
- **Please ensure each request is accompanied by** clinical records demonstrating medical necessity, including member history, physical examination results, outcomes from any prior treatments for the condition, pertinent diagnostic test findings, and applicable information regarding social determinants of health.
- For out-of-network referrals, please specify the rationale for recommending services outside the Sendero network and detail any efforts undertaken to locate appropriate providers 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 over \$500 per line item
- Orthotic or prosthetic devices over \$500 per line item
- Hearing aids

Drugs on the Pharmacy Benefit

- See the "Navitus PA Drug List" found on the 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 through authorization 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

Concurrent review of continued stays after admission approval

Each facility must send Sendero admission notifications and the 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
- ENT Surgeries
- External or implanted infusion pumps
- Facility or lab-based sleep studies
- Genetic and molecular 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 and TMJ procedures
- Osteochondral allograft or 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 non-emergency out-of-network services are excluded and not covered unless the out-of-network provider and/or facility and service are approved through authorization 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 document 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, and internal Sendero Health Plans criteria. Some of these criteria are proprietary and 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.