

# Quick Reference Guide and Preauthorization List Guidance

Effective 01/27/2025

## www.SenderoHealth.com Department Phone Numbers

### Provider Customer Service 1-844-800-4693

<b>Behavioral Health Services</b> 1-855-765-9696  <b>Claims</b> 1-844-800-4693  <b>Pediatric Dental Services – Liberty</b> 1-866-609-0426	<b>Medical Management</b> 1-855-297-9191  <b>Pharmacy Services - Navitus</b> 1-877-908-6023  <b>Vision Services –Envolve</b> 1-855-279-9680
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### Department Email

<b>Network</b> for provider related questions or concerns, please email senderoproviders@senderohealth.com
<b>Contracting</b> for contracting questions or copy of your contract, please email senderoprovidercontracts@senderohealth.com

### Self Referrals

**In-network only: Members may self-refer for the following covered outpatient health care services:**

- Mental Health services
- Substance Use Disorder services
- Obstetric services
- Well-woman gynecological services
- Vision care, including covered eyeglasses (when covered)

### Online Tools

<b>Website</b> <a href="https://idealcare.mediview.net">https://idealcare.mediview.net</a>
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### Claims

<b>Paper Claims</b> Mailing Address: Sendero Health Plans ATTN: CLAIMS PO Box 759 Austin, TX 78767 *Submit claims within 95 days of the date of service  <b>Electronic Claims</b> Payer ID: SCS17 through Change Healthcare or MV440 through Cognizant
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### Adverse Determination Appeals\*

<b>Submit by mail to:</b> Sendero Health Plans ATTN: Medical Management Dept. 2028 E. Ben White Blvd. Suite 400 Austin, TX 78741  <b>Submit by Fax:</b> 512-901-9724  <b>Submit by telephone:</b> Sendero Medical Management Dept. Phone: 1-855-297-9191  <small>*Providers must file Adverse Determination Appeals within 180 calendar days after the date on the written notification of an adverse determination</small>
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### Claim Reconsideration / Appeals

<b>Initial (Level 1) Claim Reconsiderations:</b> Sendero Health Plans ATTN: Sendero Reconsiderations PO Box 759, Austin, TX 78767 *File claim appeals within 120 days from the date of the explanation of payment  <b>Subsequent (Level 2) Claim Appeals:*</b> Email SenderoClaims@senderohealth.com or mail to Sendero Health Plans ATTN: Sendero Appeals 2028 E. Ben White Blvd. Suite 400 Austin, TX 78741  <small>*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.</small>
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## 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 for inpatient breast cancer treatment exceeding 48 hours after mastectomy or 24 hours after lymph node dissection.

## 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.

**NEW:** 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

### 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 on the Pharmacy Benefit

Refer to the "Navitus PA Drug List" document on [senderohealth.com/providers/Preauthorization](https://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, MRI, MRS Scans
- PET and SPECT scans

**Providers not in the Sendero Network Submit requests at least (2) weeks before the start of service.**

All non-emergency out-of-Network services are excluded and not covered unless approved through preauthorization 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 to Sendero admission notifications and records for continued stay concurrent reviews.

## PREAUTHORIZATION LIST GUIDANCE <sup>1, 2, 3, 4</sup> (CONTINUED)

### Other Health Care Services requiring Preauthorization<sup>2</sup>

- Ambulance, non-emergency, air or ground
- Any treatment for acquired brain injury that exceeds normal benefit limits<sup>4</sup>
- 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 surgeries
- 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 (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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Screening criteria: To determine the medical necessity of healthcare 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.

<sup>4</sup> 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.