

Prior Authorization Submissions



How to Use the Prior Authorization Tool



1. Go to Superior's For Providers webpage.
2. Under Provider Quick Links, Click **Pre Auth Check**.
3. In the left navigation bar, select the product needing prior authorization.

A screenshot of the "For Providers" webpage. The page has a white background with a pink border. At the top left, there is a pink box with the title "Login" and text explaining that contracted providers can register now, while non-contracted providers can register after their first claim. Below this text is a list of features: "Verify member eligibility", "Manage claims", "Manage authorizations", "View patient list", and "Login/Register". A blue button labeled "login/register" is at the bottom of this box. To the right, there is a grey box titled "Join Our Network" with text thanking providers for their interest and a blue button labeled "join our network". Below these sections is the "Provider Quick Links" section, which contains three white boxes with pink borders. The first box has a pink checkmark icon and the text "PRE AUTH CHECK". The second box has a pink icon of a document with a person and the text "SUBMIT CLAIM/CHECK CLAIM STATUS". The third box has a pink "Rx" icon and the text "PREFERRED DRUG LIST".

How to Use the Prior Authorization Tool



- Under Types of Services, answer the questions listed. To search by a specific procedure code, **No** must be select on all questions.
- Enter the code of the service you would like to check** and select **Check for Pre-Auth**.
- If you receive a notice indicating that the service does require prior authorization, you can submit your request through Superior's secure provider portal by clicking **Login Here**.

Y
Yes

43644
- LAP GASTR RSTRCIV PROC; GASTR BYPS & ROUX-EN-Y
Pre-authorization is required for all providers.

To submit a prior authorization [Login Here](#)

SuperiorHealthPlan.com

Medicaid and CHIP Prior Authorization

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the [provider manual](#). If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Dental services need to be verified by [DentaQuest](#).
Ear, Nose and Throat (ENT) Surgeries, Sleep Study Management and Cardiac Surgeries Need to be Verified by [TurningPoint](#).
Musculoskeletal (MSK) Surgical Procedures, Genetic Testing, Imaging, Interventional Pain Management to be verified by [NIA](#).
Non-participating providers must submit [prior authorization](#) for all services*
For non-participating providers, [Join Our Network](#).
**Please note, Incontinence Supplies ordered through the preferred DME provider do not require prior authorization.*

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Would this be for Family Planning services billed with a contraceptive management diagnosis OR Is this service for a Star Kids or Star Health Member for school based telemedicine? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Types of Services | YES | NO |
| Are services being provided by a non-participating provider? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the member being admitted to an inpatient facility? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the member receiving oral surgery services? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the member receiving plastic and reconstructive surgeon services? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is this service for Home Visits by Home Health, Home Infusion, Physical, Occupational & Speech Therapist, in a Home Location. | <input type="radio"/> | <input checked="" type="radio"/> |

Enter the code of the service you would like to check: *

Enter Service Code

CHECK FOR PRE-AUTH

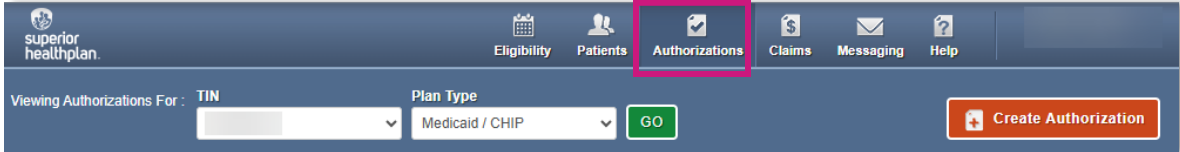
How to Check Status of Authorization on the Secure Portal



1. To check authorization status, click **Authorizations** tab on the header to get to the Authorization Home Page:

- List of members
- Status of authorizations
- Start and end date of authorization
- Diagnosis code
- Authorization type
- Service

2. To view Authorization details, click on the **Auth ID** or **Member** name.



| STATUS | AUTH ID | MEMBER | FROM DATE | TO DATE | DIAGNOSIS | AUTH TYPE | SERVICE |
|---------|-----------------------|--------|------------|------------|-----------|------------|-------------------|
| PEND | MRNY | | 02/17/2025 | 07/11/2025 | F80.2 | OUTPATIENT | Therapy-Treatment |
| APPROVE | MRWN | | 02/09/2025 | 08/07/2025 | Q93.4 | OUTPATIENT | Home Health |
| APPROVE | 6HMP | | 02/06/2025 | 04/06/2025 | Z97.8 | OUTPATIENT | Home Health |
| APPROVE | PF4R- | | 02/03/2025 | 02/05/2025 | O80 | INPATIENT | Vaginal Delivery |
| APPROVE | EE93- | | 02/03/2025 | 08/01/2025 | R26.89 | OUTPATIENT | Therapy-Treatment |

How to Check Status of Authorization on the Secure Portal



3. In the **Authorizations** tab, providers can view details of the member's authorization including diagnosis and procedure codes.

Back to Authorizations

Overview

Cost Sharing

Assessments

Health Record

ADT

Care Plan / IMP

Authorizations

← Back to Authorizations Overview

Authorization Details

Print/Save

Authorization No. MRWN

Last Updated: N/A

Diagnosis Code
Q93.4, G40.909, H53.009, Z99.81, Z99.0,
K59.00, Q04.3, K21.9, Q31.5

Procedure Code
T1000

4. To check eligibility, enter **Date of Service, Member ID or Last Name** and **Date of Birth** into fields (providers must remember to select correct product for member before entering member's information).

Eligibility Check

Date of Service: 02/04/2025 (mm/dd/yyyy)

Member ID or Last Name: 123456789 or Smith

Date of Birth: (mm/dd/yyyy)

Check Eligibility

Print

| ELIGIBLE | DATE OF SERVICE | PATIENT NAME | DATE CHECKED | RECENT ADT | CARE GAPS | LOG ER VISIT |
|----------|-----------------|--------------|--------------|------------|-----------|--------------|
|----------|-----------------|--------------|--------------|------------|-----------|--------------|

How to Check Status of Authorization on the Secure Portal



- To view eligibility information, click on the **Patient Name**.
- To view Authorizations for this member in the Eligibility Detail Screen click **Authorizations**.
- Authorizations for member will populate. Providers can click on the **Authorization Number**.

Eligibility Check

Date of Service: 02/04/2025
 Member ID or Last Name: 123456789 or Smith
 Date Of Birth: (mm/dd/yyyy)

[Check Eligibility](#) [Print](#)

| ELIGIBLE | DATE OF SERVICE | PATIENT NAME | DATE CHECKED | RECENT ADT | CARE GAPS | LOG ER VISIT |
|----------|-----------------|--------------|--------------|------------|-----------|----------------------------------|
| 👍 | 02/04/2025 | [Redacted] | 02/04/2025 | NO | | ER Visit? Remove |

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

ADT

Care Plan / IMP

Authorizations

Overview

👍 This patient is eligible as of today, Feb 4, 2025

[Print Eligibility Overview](#)

Patient Information PCP Information

Name: [Redacted] Name: [Redacted]

Authorizations [View as Cards](#) [Export as CSV](#) [Print/Save](#)

[Create](#)

[SEARCH](#)
 Search Authorizations Number

[DATE RANGE FILTER](#)

Auth Status: All Auth Type: All Service Type: Medical

Date Range: 02/04/2015 - 02/04/2025

| Service Type | Authorization No. | Start Date | End Date | Diagnosis |
|--------------|-------------------|------------|------------|-----------|
| Home Health | [Redacted] | 02/09/2025 | 08/07/2025 | Q93.4,G4 |
| Office Visit | [Redacted] | 12/18/2024 | 01/17/2025 | G47.33 |

How to Filter for Authorizations on the Portal



The screenshot shows the "Authorizations" filter interface. At the top, there are tabs for "Processed", "Errors", and "Disclaimer", and a "Filter" button. Below the tabs, a message states: "To search, enter one or more of the following criteria, the date range is limited to three-month span. Only the last 18 months of authorizations data is available on-line." The form includes several input fields: "Date Range" with "From" and "to" date pickers (format: mm/dd/yyyy); "Member" section with "Last Name", "First Name", and "Date Of Birth" (format: mm/dd/yyyy) fields; a "Member ID" field; "Authorization" section with "Authorization #" and "Confirmation #" fields; and "Authorization Details" section with "Status" and "Auth type" dropdown menus. At the bottom, there are "Go!" and "Clear" buttons. The "Go!" button is highlighted with a red box.

1. To Filter Authorization Requests from the filter screen, enter your filter criteria, then click **Go** to activate the data search inquiry. Based on the criteria entered, the search results will display under the filter.

Please Note: Only the last 18 months of authorizations data is available online and the date range is limited to a three-month span. The authorization page is updated every 24 hours.

How to Submit an Authorization



- Please view the [Submitting Prior Authorization Video \(YouTube\)](#)

A screenshot of the Superior Healthplan dashboard navigation bar. The bar is dark blue and contains several navigation options: "superior healthplan." (with logo), "Eligibility" (with calendar icon), "Patients" (with people icon), "Authorizations" (with checkmark icon, highlighted with a red box), "Claims" (with dollar sign icon), "Messaging" (with envelope icon), and "Help" (with question mark icon). Below the navigation bar, there is a section for "Viewing Dashboard For:" with two dropdown menus: "TIN" (with a greyed-out input field) and "Plan Type" (with "Medicaid / CHIP" selected). A green "GO" button is located to the right of the "Plan Type" dropdown.

Timeframe for Authorization Requests



- Requesting providers must initiate a prior authorization of non-emergency services (e.g., elective inpatient admissions, elective/outpatient services) prior to providing the requested service.
- It is recommended that requests be submitted **five (5) Business Days** prior to the desired start date in order to allow time for processing. Submit requests by contacting Superior's Prior Authorization department at:
 - Superior HealthPlan website
 - Phone: 1-800-218-7508
 - Fax: 1-800-690-7030
1-844-495-2361 (Discharge Planning)
- Urgent requests that require immediate attention after normal business hours, or on the weekend, contact Superior's 24/7 Nurse Advice Line:
 - Medicaid/CHIP: 1-800-783-5386
 - STAR+PLUS MMP: 1-866-896-1844
 - Ambetter Health: 1-877-687-1196
 - Wellcare By Allwell: 1-877-935-8023 (HMO SNP) 1-877-796-6811 (HMO)

Timeframe for Authorization Determination



| Program | Authorization Type | Turn Around Time |
|-------------------------------------------------------|--------------------|------------------|
| Medicaid (STAR, STAR+PLUS, STAR Kids and STAR Health) | Routine | 3 Business Days |
| CHIP | Routine | 2 Business Days |
| CHIP and Medicaid | Urgent/Expedited | 72 hours |

| Program | Authorization Type | Turn Around Time |
|---------------|--------------------------------|---------------------------------------------------------------|
| STAR+PLUS MMP | Initial Concurrent | As soon as medically indicated, up to 3 Calendar Days |
| STAR+PLUS MMP | Ongoing Concurrent | As soon as medically indicated, usually within 1 Business Day |
| STAR+PLUS MMP | Standard Authorization | 3 Business Days |
| STAR+PLUS MMP | Urgent Expedited Authorization | 1 Business Day |

Timeframe for Authorization Determination



| Program | Authorization Type | Turn Around Time |
|-----------------|------------------------|------------------|
| Ambetter Health | Prospective/Urgent | 3 Calendar Days |
| Ambetter Health | Prospective/Non-Urgent | 3 Calendar Days |
| Ambetter Health | Concurrent | 24 Hours |
| Ambetter Health | Retrospective | 30 Calendar Days |

| Program | Authorization Type | Turn Around Time |
|---------------------|--------------------|----------------------------------------------------------------------------------------------|
| Wellcare By Allwell | Standard | Expediently as the member's health condition required, but no later than 14 Calendar Days |
| Wellcare By Allwell | Expedited | Expediently as the member's health condition requires, but no later than within 72 Hours |
| Wellcare By Allwell | Initial Concurrent | As soon as medically indicated; but up to 3 Calendar Days |
| Wellcare By Allwell | Ongoing Concurrent | As soon as medically indicated; usually within 1 Business Day depending on the plan's policy |

Notification of Inpatient Admission and Concurrent Review



- Prior authorization is required for all elective inpatient admissions.
- Prior authorization is NOT required for any urgent/emergent inpatient admissions that were not previously scheduled.
- Notification of non-elective inpatient admissions is required no later than the close of the next Business Day.
- Failure to notify within the timeframe required will result in a late notification denial, unless otherwise stated within your Superior contract.
- Concurrent utilization review to determine the medical necessity for inpatient days for a hospitalized patient is completed within one (1) Business Day of receipt.

Please Note: This information is applicable to ALL products.

Notification of Inpatient Admissions



| Contact | Phone | Fax |
|---------------------------------------------------------------------|-----------------------|----------------|
| Travis Service Area | <u>1-800-218-7453</u> | 1-877-650-6939 |
| Nueces Service Area | <u>1-800-656-4817</u> | 1-877-650-6940 |
| Dallas and Fort Worth Service Area | <u>1-866-529-0294</u> | 1-855-707-5480 |
| El Paso Service Area | <u>1-877-391-5923</u> | 1-877-650-6941 |
| Lubbock and Amarillo Service Area | <u>1-866-862-8308</u> | 1-866-865-4385 |
| Hidalgo Service Area | <u>1-866-862-8308</u> | 1-877-212-6661 |
| Bexar Service Area | <u>1-866-615-9399</u> | 1-877-650-6942 |
| Medicaid and CHIP Rural Service Area | <u>1-866-615-9399</u> | 1-877-505-0823 |
| Behavioral Health Inpatient (Medicaid) | <u>1-844-842-2537</u> | 1-800-732-7562 |
| Behavioral Health Inpatient (Wellcare By Allwell and STAR+PLUS MMP) | <u>1-844-842-2537</u> | 1-866-900-6918 |
| Behavioral Health Inpatient (Ambetter) | <u>1-877-687-1196</u> | 1-844-824-9016 |

Acute Care Quick Reference Guide



- To view this guide, go to the *Quick Reference Guides & Contacts* on Superior's Provider Resources webpage.

Acute Care / Hospital Quick Reference Guide

| General Information | | | | | | | | | | | | | | | | | | |
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| <p>Website Utilize the Superior HealthPlan website to find:</p> <ul style="list-style-type: none"> Training and manuals. Preferred drug lists. Provider news. Network requests or updates. Fraud, waste, and abuse reporting. Contact information (inquiries and complaints). Your dedicated Account Manager. | | | | | | | | | | | | | | | | | | |
| <p>Website SuperiorHealthPlan.com</p> | | | | | | | | | | | | | | | | | | |
| <p>Secure Provider Portal Please visit the Secure Provider Portal 24/7 for questions on electronic claim submission, claim appeals and claim status checks and member eligibility verification.</p> | <p>Secure Provider Portal Provider.SuperiorHealthPlan.com</p> | | | | | | | | | | | | | | | | | |
| <p>Account Management Account Managers provide training, education, assist with questions or help troubleshoot complex issues. Account Managers work to make doing business with Superior easy. Superior's acute care providers can reach out to AM_Hospitals@SuperiorHealthPlan.com to request assistance from an Account Manager who specializes in acute care facility issues. Each provider inquiry received is assigned to a Provider Account Manager.</p> | | | | | | | | | | | | | | | | | | |
| <p>Trainings Hospital Provider Training: https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/hospital-provider-training.pdf Provider Training Documents: https://www.superiorhealthplan.com/providers/training-manuals.html Provider Training Calendar: SuperiorHealthPlan.com/ProviderCalendar</p> | | | | | | | | | | | | | | | | | | |
| <p>Provider Services Please contact Provider Services for questions on member eligibility and claim adjustment request.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STAR, CHIP, STAR+PLUS, STAR Kids, STAR+PLUS MMP, Wellcare By Allwell</td><td style="text-align: center;">1-877-391-5921</td></tr> <tr><td>STAR Health</td><td style="text-align: center;">1-877-391-5921</td></tr> <tr><td>Ambetter</td><td style="text-align: center;">1-877-687-1196</td></tr> <tr><td>STAR, CHIP</td><td style="text-align: center;">1-800-783-5386</td></tr> </table> | STAR, CHIP, STAR+PLUS, STAR Kids, STAR+PLUS MMP, Wellcare By Allwell | 1-877-391-5921 | STAR Health | 1-877-391-5921 | Ambetter | 1-877-687-1196 | STAR, CHIP | 1-800-783-5386 | | | | | | | | | |
| STAR, CHIP, STAR+PLUS, STAR Kids, STAR+PLUS MMP, Wellcare By Allwell | 1-877-391-5921 | | | | | | | | | | | | | | | | | |
| STAR Health | 1-877-391-5921 | | | | | | | | | | | | | | | | | |
| Ambetter | 1-877-687-1196 | | | | | | | | | | | | | | | | | |
| STAR, CHIP | 1-800-783-5386 | | | | | | | | | | | | | | | | | |
| <p>Member Services Members can contact Member Services for help with:</p> <ul style="list-style-type: none"> Benefit inquiries. Assistance with locating a network provider. Transportation assistance. General inquiries and complaints. Abuse, neglect and exploitation reporting. Behavioral health crisis hotline. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STAR+PLUS</td><td style="text-align: center;">1-877-277-9772</td></tr> <tr><td>STAR Kids</td><td style="text-align: center;">1-844-590-4883</td></tr> <tr><td>STAR Health</td><td style="text-align: center;">1-866-912-6283</td></tr> <tr><td>STAR+PLUS MMP</td><td style="text-align: center;">1-866-896-1844</td></tr> <tr><td>Wellcare By Allwell HMO</td><td style="text-align: center;">1-800-977-7522</td></tr> <tr><td>Wellcare By Allwell DSNP</td><td style="text-align: center;">1-877-935-8023</td></tr> <tr><td>Ambetter</td><td style="text-align: center;">1-877-687-1196</td></tr> <tr><td>Relay Texas (TTY)</td><td style="text-align: center;">1-800-735-2989</td></tr> </table> | STAR+PLUS | 1-877-277-9772 | STAR Kids | 1-844-590-4883 | STAR Health | 1-866-912-6283 | STAR+PLUS MMP | 1-866-896-1844 | Wellcare By Allwell HMO | 1-800-977-7522 | Wellcare By Allwell DSNP | 1-877-935-8023 | Ambetter | 1-877-687-1196 | Relay Texas (TTY) | 1-800-735-2989 | |
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| STAR Health | 1-866-912-6283 | | | | | | | | | | | | | | | | | |
| STAR+PLUS MMP | 1-866-896-1844 | | | | | | | | | | | | | | | | | |
| Wellcare By Allwell HMO | 1-800-977-7522 | | | | | | | | | | | | | | | | | |
| Wellcare By Allwell DSNP | 1-877-935-8023 | | | | | | | | | | | | | | | | | |
| Ambetter | 1-877-687-1196 | | | | | | | | | | | | | | | | | |
| Relay Texas (TTY) | 1-800-735-2989 | | | | | | | | | | | | | | | | | |

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 SHP_202411313

Contact Us



| Service | Phone Number | Fax Number | Portal |
|-----------------------------------------------------|-------------------------------------------------|----------------|---------------------------------------------------|
| Physical Health | 1-800-218-7508 | 1-800-690-7030 | Superior's Secure Provider Portal |
| Behavioral Health | 1-844-744-5315 | 1-866-570-7517 | Superior's Secure Provider Portal |
| Clinician Administered Drugs (CAD) | 1-866-768-7147 | 1-866-683-5631 | Superior's Secure Provider Portal |
| Prescription Drugs | 1-866-768-7147 | 1-833-426-2523 | Cover My Meds website |
| ENT Surgical Procedures and Sleep Studies | 1-855-336-4391 | 1-833-409-5393 | MyTurningPoint website |
| Orthodontics (STAR Health) | 1-888-308-9345 | 1-888-313-2883 | DentaQuest website |
| IPM and MSK Surgical Procedures | 1-800-642-7554 | 1-888-656-6350 | Evolent website |
| Cardiac Imaging | 1-800-642-7554 | 1-800-784-6864 | Evolent website |
| Diagnostic Imaging (CT, CTA, MRI, MRA, PET) | 1-800-642-7554 | 1-800-784-6864 | Evolent website |
| Genetic Testing | 1-800-642-7554 | 1-800-784-6864 | Evolent website |
| Outpatient Rehabilitative and Habilitative PT/OT/ST | 1-800-642-7554 | 1-800-784-6864 | Evolent website |
| Applied Behavioral Analysis | 1-800-424-4812 | 1-888-656-0368 | Magellan Healthcare website |



Questions and Answers