Prior Authorization Submissions

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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.

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How to Use the Prior Authorization Tool

4. Under Types of Services, answer the questions listed. To search by a specific procedure code, **No** must be select on all questions.

5. **Enter the code of the service you would like to check** and select **Check for Pre-Auth**.

6. 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**.

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.

	YES	NO
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?	☐ Yes	☑ No

Types of Services	YES	NO
Are services being provided by a non-participating provider?	○	◉
Is the member being admitted to an inpatient facility?	○	◉
Is the member receiving oral surgery services?	○	◉
Is the member receiving plastic and reconstructive surgeon services?	○	◉
Is this service for Home Visits by Home Health, Home Infusion, Physical, Occupational & Speech Therapist, in a Home Location.	○	◉

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

🔍 Enter Service Code   **CHECK FOR PRE-AUTH**

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 ⌐.
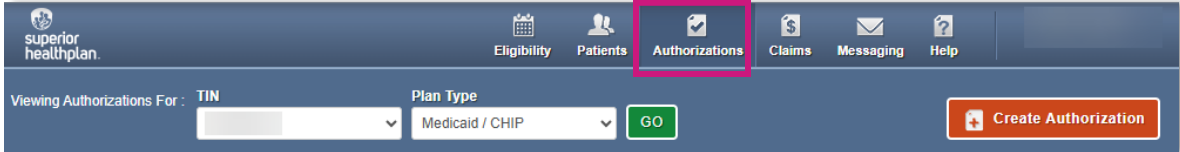
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How to Check Status of Authorization on the Secure Portal

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.

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.

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).

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How to Check Status of Authorization on the Secure Portal

5. To view eligibility information, click on the **Patient Name**.

6. To view Authorizations for this member in the Eligibility Detail Screen click **Authorizations**.

7. Authorizations for member will populate. Providers can click on the **Authorization Number**.

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How to Filter for Authorizations on the Portal

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.

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How to Submit an Authorization

- Please view the Submitting Prior Authorization Video (YouTube)

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	Expeditiously as the member's health condition required, but no later than 14 Calendar Days
Wellcare By Allwell	Expedited	Expeditiously 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

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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.

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Notification of Inpatient Admissions

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

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Acute Care Quick Reference Guide

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

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

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Questions and Answers