Durable Medical Equipment (DME)

Utilization Management Request Process



Superior HealthPlan has outlined the Durable Medical Equipment (DME) Utilization Management Request Process to highlight the importance of communication between providers and Superior's Utilization Management department. Superior's Utilization Management department provides a specialized level of care that includes, but is not limited to, coordinating with the member's DME agency of choice, PCP and specialists. This ensures the member's health and safety needs are met in the least restrictive setting.

DME Agency Receives Documentation from Provider

 DME agency receives necessary documentation from the provider, confirms all documentation is accurate and contacts provider, if necessary.

DME Needs Identified

- Provider submits authorization request via <u>Superior's Secure</u> <u>Provider Portal</u>, fax or telephonically.
- Utilization Management verifies all required documentation is received to initiate the authorization process in a timely manner.

DME Authorization Requirements

- Provider must review the authorization list to ensure Prior Authorization is required.
- For a list of commonly used Prior Authorization resources, visit <u>Superior's Prior</u> <u>Authorization</u> <u>Requirement webpage</u>.

DME Request sent to DME Agency

- If the authorization is approved, Utilization Management will send the notification of approval to the Superior DME agency.
- If the authorization is denied, Utilization Management will send the denial notification to the DME agency and member outlining their appeal rights.

If you need assistance completing a request for services or for more information, please contact Superior's Utilization Management department at:

Phone

Physical Health: <u>1-800-218-7508</u>
Behavioral Health: <u>1-844-744-5315</u>

Clinician Administered Drugs (CAD): 1-866-768-7147

Fax

Physical Health: 1-800-690-7030
 Behavioral Health: 1-866-570-7517

• Clinician Administered Drugs (CAD): 1-866-683-5631

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