

Prior Authorizations / Referrals



A Prior Authorization and/or a Referral is required for the following covered services in plan year 2020:

	Authorization Required	Referral Required
Inpatient Hospital Care	✓	
Inpatient Mental Health Care	✓	
Mental Health and Psychiatric Services		✓
Skilled Nursing Facility (SNF) Care	✓	
Partial Hospitalization	✓	✓
Home Health Services	✓	✓
Physical, Speech and Occupational Therapy	✓	
Telehealth Services (without regard to location)	✓	✓
Outpatient Hospital Services	✓	
Outpatient Observation Services	✓	
Ambulatory Surgery Center	✓	
Non-emergent Ambulance Services		
Durable Medical Equipment and Prosthetics	✓	
Dialysis Services	✓	✓
Chiropractic Services		✓
Medicare Part B Drugs (certain categories only)	✓	

Part B Drug Categories requiring pre-authorization include: Antineoplastic drugs recommended for second-line or subsequent therapy; Blood Clotting Factors; IV drugs for the treatment of osteoporosis, rheumatoid arthritis, or other rheumatic conditions; Immune globulin; Onabotulinumtoxin and other similar class medications; and ALL medications without specific J-code designation. To see a complete list of Part B drugs that require authorization, please visit: SuperiorSelectinc.com/PartBDrugAuths

Plan Year 2020

Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary. Authorization forms and supporting documentation should be faxed to 800-413-8347 with all necessary and proper information to support the request for services and medical necessity.