

PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION ALL REQUESTS MUST BE INDIVIDUALLY FAXED

Submit requests at least 72 hours prior to scheduled date of service to allow us to process in a timely manner.

Prior-authorization is based on information provided to Preferred Administrators at the time of request, and does not guarantee payment of benefits nor verify eligibility and is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

INPATIENT ADMISSIONS

- Acute Hospital
- Hospice
- Behavioral Health
- Elective or Scheduled
- Rehabilitation
- Substance Abuse
- Surgical
- Maternity/Newborn

OUTPATIENT SERVICES

- ASC Procedure
- Cardiac Cath
- Chemotherapy
- Endoscopic Procedures
- Home Health (PDN, SN)*
- Radiation
- Wound Clinic
- Outpatient Hospital

*Excludes Initial Evaluation

IMAGING/RADIOLOGY/ DIAGNOSTIC

- Fetal Echocardiography (excluding CPT Code 76825-76828)
- PET Scans

TO AVOID DELAY, SUBMIT ALL PERTINENT CLINICAL INFORMATION WITH THE PRIOR AUTHORIZATION REQUEST FORM (i.e. physician order, H&P, Plan of care, Diagnosis and CPT Codes, units, DOS, POS, and duration frequency when applicable, etc..)

OUT OF NETWORK

Services by non-participating facilities, physicians, or vendors require prior authorization.

LIMITATIONS/RESTRICTIONS

Refer to the Plan Document at www.preferredadmin.net

MULTI-PLAN PROVIDERS OUTSIDE THE EL PASO AREA MUST SUBMIT PRIOR AUTHORIZATION FOR THE FOLLOWING:

- Schedule Inpatient Admission
- Elective Outpatient Surgeries
- Services for members who live within the El Paso Service Area (excluding initial evaluation)

PHARMACEUTICALS

- Clinician Administered Drugs over \$500 administered in office or outpatient setting (e.g. C codes, J codes, Q codes)
- Growth Hormones
- Synagis
- Specialty Medical Medications

SPECIALISTS

- Chiropractor*
- Podiatry-in office surgical procedures (excluding CPT Codes 11720, 11721, 11730, 11732, 11750)
- Therapy— Behavioral*, Speech*, Physical*, Occupational*

*Excludes Initial Evaluation

DURABLE MEDICAL SUPPLIES/ EQUIPMENT

(over \$500, limitations may apply)

- All DME rental exceeding 2 months (max up to 12 months, not to exceed purchase price)

OTHER SERVICES

- Allergy Immunotherapy
- BRCA screening and Genetic Testing (excluding CPT Code 82105)
- Dental Anesthesia
- Hearing Aids, Devices, Cochlear Implants
- Orthotics/Prosthetics (over \$200)
- Implantable Devices
- Transplant Services
- Transfer (i.e. non-emergent facility to facility, out of the El Paso service delivery area)
- Transportation (Air transport and Non— Emergent Ambulance)
- Venous Procedures (in office or outpatient)

Outpatient Fax: 915-298-7866
Toll Free Fax: (844) 298-7866
www.preferredadmin.net
PHONE: (915) 532-3778
TOLL FREE: (877) 532-3778

Inpatient Fax: 915-298-5278
Toll Free Fax: (844) 200-5278
www.preferredadmin.net
PHONE: (915) 532-778
TOLL FREE: (877) 532-3778

Check AUTH status by phone using HealthX at 915-225-5463 Toll Free at 866-283-2792 or electronically by visiting the provider portal at www.preferredadmin.net
Online prior authorization may be submitted via the provider portal.