

Preferred ADMINISTRATORS

PROCEDURES & SERVICES REQUIRING PRIOR AUTHORIZATION/NOTIFICATION

ALL REQUESTS MUST BE INDIVIDUALLY FAXED

**All authorization requests require 72 hour
notice to allow us to review and process in a timely
manner.**

**Outpatient Fax
915-298-7866
Toll Free Fax:
(844) 298-7866**

www.elpasohealth.com

PHONE: (915) 532-3778

TOLL FREE: (877) 532-3778

**Inpatient Fax:
915-298-5278
Toll Free Fax:
(844) 200-5278**

www.elpasohealth.com

PHONE: (915) 532-778

TOLL FREE: (877) 532-3778

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. Payment for services 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. Please contact Preferred Administrators to verify payment, eligibility and benefits.

Inpatient Admissions

- Acute Hospital
- Surgical
- Rehab
- Hospice
- Maternity and Newborn
- Behavioral Health
- Elective Admissions/Surgery

Outpatient Services

(limitations may apply)

- Physical Therapy*
- Speech Therapy*
- Occupational Therapy*
- Chiropractic*
- Behavioral Health*
- Chemo/Radiation Therapy
- Dialysis (i.e. physician services, venous procedures, lab)
- Home Health*

*Excludes initial evaluation

Imaging Radiology/Diagnostic

- PET Scans
- Fetal Echocardiography
(i.e. cpt 76825, 76826, 76827, 76828)

Outpatient Procedures

- Ambulatory Surgical Center
- Endoscopy Center
- Cardiac Catheter Center
- Outpatient Hospital
- Wound Clinic

Pharmacy Medical

- Growth Hormones
- Synagis
- Oral Injectable or IV Drug Administration over \$500

Note: This includes oral, injectable, or IV provided in a Physician's office or outpatient clinical setting

- Specialty Medicines Note: Please go to www.preferredadmin.net for a complete list

- **Durable Medical Equipment (\$500 and over)** All DME rentals exceeding 2 months require a prior authorization maximum up to 12 months, not to exceed purchase price.

Other Services

- Allergy Immunotherapy
- BRCA screening and Genetic Testing
- Dental Anesthesia
- Hearing Aids/Devices
- Orthotics /Prosthetics (over \$200.00)
- Venous Procedures (in office or outpatient)
- Podiatry (excludes cpt 11720,11721,11730,11732, 11750)
- Transplants and evaluation services by Transplant Facility
- Transportation (Air transport and Non-Emergent Ambulance)

Check Auth status by phone or electronically using HealthX 915-225-5463 or by visiting the provider portal at www.preferredadmin.net

Participating Providers outside the El Paso area must submit Prior Authorization for the following services:

1. Scheduled Inpatient Admission
2. Elective Outpatient Surgeries

OUT-OF-NETWORK

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