



Prior-authorization is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

The following list of services require prior authorization. List not all inclusive. To ensure that we provide you a response prior to providing a service please submit your request at least five (5) days in advance. Requests for prior authorization may be submitted online, fax, or telephonic.

Online Portal: Preferred Administrators Providers (www.preferredadmin.net)

Telephone: 915-532-3778 or **Toll Free:** 877-532-3778

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

Fax: 915-298-5278 (**In-patient**)
(**Toll Free**) 844-298-5278

Service	Description
Clinician Administered Drugs	<ul style="list-style-type: none"> Clinician Administered Drugs over \$500 administered in office or outpatient setting (e.g. C codes, J Codes, Q Codes) Biologicals/Biosimilars (e.g. cytokines, growth factors, gene and cellular therapies, etc.) Growth Hormones Synagis Specialty Medical Medications
Durable Medical Equipment (DME)/ Supplies	<ul style="list-style-type: none"> DME/Supplies greater than \$500/ item (limitations may apply) (excludes breast pumps) All DME rental exceeding 2 months (max up to 12) months, not to exceed purchase price)
Imaging/ Radiology/Diagnostic	<ul style="list-style-type: none"> Fetal Echocardiography (Excluding CPT Codes 76825-76828) PET Scans
Inpatient Admissions Prior authorization is not required for Emergent Medical or Behavioral Health Admissions. Notification of admission is required within one (1) business day. Requires prior authorization for in-network or out of network facility physician services for a mother and her newborn(s) after 48 hours following uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section. 100PA6950009262023	<ul style="list-style-type: none"> Acute Medical Chemotherapy Hospice Behavioral Health /Residential Elective or Scheduled Long-Term Care (LTCH) Rehabilitation Residential Treatment Center Substance Abuse (must be in a Licensed Chemical Dependency Treatment Facility (CDTF)

Service	Description
Outpatient Services	<ul style="list-style-type: none"> • ASC Procedures • Cardiac Cath Lab/ Center • Chemotherapy • Endoscopic Procedures • Home Health (SN) (Excludes Initial Evaluation) • Radiation • Wound Clinic • Outpatient Hospital
Other Services	<ul style="list-style-type: none"> • Allergy Immunotherapy • BRCA Screening • Genetic Testing (excluding CPT Code 82105) • Dental Anesthesia • Hearing Aids, Devices, Cochlear Implants • Orthotics/Prosthetics (over \$200) • Implantable Devices • Transplant Services • Venous Surgical Procedures (in office and outpatient, excluding procedures for dialysis access) • Chiropractic Services ** <p>**Excludes Initial Evaluation</p>
Out of Network/Out of Area	<ul style="list-style-type: none"> • All services by non-participating facilities, physicians, in area of El Paso or out of area. (Except for Emergent Medical or Emergent Behavioral Health In-Patient Admissions.) • Multiplan/PHCS Providers outside of the El Paso Area must submit prior authorization for the following: <ol style="list-style-type: none"> 1. Scheduled Inpatient Admissions 2. Elective Outpatient Procedures • If specialty services are not available for members in their residing area, prior authorization will be required for services outside of their area.

Service	Description
Rehabilitative Services	<ul style="list-style-type: none"> Occupational Therapy (OT)** Physical Therapy (PT)** Speech Therapy (ST)** <p>**Excludes Initial Evaluation and Re-evaluation</p>
Specialist	<ul style="list-style-type: none"> Chiropractor* <p>**Excludes Initial Evaluation</p>
Transportation	<ul style="list-style-type: none"> Non-emergent (air, ground, water) Transfer (i.e. non-emergent facility to facility, out of the El Paso service delivery area) Transportation (Air transport and Non-Emergent Ambulance) <p>LIMITATIONS/RESTRICTIONS are specified in the Plan Document at www.preferredadmin.net</p> <p>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..)</p>