

Quick Reference Guide

Effective 1-1-2021

www.SenderoHealth.com

DEPARTMENT PHONE NUMBERS

Customer Service 1-844-800-4693

Claims
1-844-800-4693

**Vision Services –
Envolve**
1-855-279-9680

**Health Services
Medical Management**
1-855-297-9191

Network Management
1-855-895-0475

Pharmacy Services - Navitus
1-877-908-6023

Behavioral Health Services
1-855-765-9696

Pediatric Dental Services – Liberty
1-866-609-0426

SELF REFERRALS

In-network only: Self referrals for covered services

- Behavioral health services
- Obstetric services
- Well-woman gynecological services
- Vision care, including covered eye glasses

ONLINE TOOLS

website
<https://idealcare.mediview.net>

CLAIM RECONSIDERATION / APPEALS

LEVEL 1 Reconsiderations:

Sendero Health Plans
ATTN: Sendero Reconsiderations
PO Box 16493, Austin, TX 78761
*File claim appeals within 120 days from the date of the explanation of payment

LEVEL II Appeals:

Sendero Health Plans
ATTN: Sendero Appeals
2028 E. Ben White Blvd. Suite 400
Austin, TX 78741

*A Level II Appeal cannot take place unless a previous reconsideration has been submitted and denied. File Level II appeals within 30 calendar days of the reconsideration decision.

CLAIMS

Paper Claims

Mailing Address:
Sendero Health Plans
ATTN: CLAIMS
PO Box 16493
Austin, TX 78761

*Submit claims within 95 days of the date of service

Electronic Claims

Payer ID: SCS17 through
Change Healthcare or MV440
through Cognizant

ADVERSE DETERMINATION APPEALS

Written:

Sendero Health Plans
ATTN: Health Services Dept
2028 E. Ben White Blvd. Suite 400
Austin, TX 78741

Fax: 512-901-9724

Oral: Sendero Health Services Dept.

Phone: 1-855-297-9191

*File Adverse Determination Appeals within 30 days after the date of issuance of written notification of an adverse determination.

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Admission notification and Prior Authorization requests can be submitted:

ONLINE: <https://idealcare.mediview.net> / **FAX:** 512-901-9724

For more information regarding Prior Authorization requests call **1-855-297-9191**.

Requests should be submitted no less than five (5) business days prior to start of service.

All services are subject to eligibility at the time of service, and benefit limitations or exclusions.

The following services must be authorized before rendering the service unless otherwise noted:

PRIOR AUTHORIZATION LIST - MEDICAL

Inpatient/Rehabilitation/ LTAC / Skilled Nursing Facility Services

- Authorization of all admissions to facilities is required, including: Hospital, Rehabilitation Facility, Skilled Nursing Facility (SNF), Long Term Acute Care Hospital (LTACH), inpatient hospice, or Maternity and newborn stays that exceed two days for vaginal delivery or four days for Cesarean section delivery
- Facility is responsible for admission notification to Sendero
- Breast Cancer Treatment that exceeds 48 hours following mastectomy or exceeds 24 hours following lymph node dissection

Behavioral Health Services/ Substance Use Disorder Services

- For prior authorization see Prior Authorization List – Behavioral Health.
- For Medical anesthesia for electro-convulsive therapy (ECT) obtain authorization from Sendero Health Plans

Surgeries/Procedures (Inpatient or Outpatient)

- Circumcision >1 year of age
- Cochlear Implants
- Hyperbaric treatment
- Accidental Dental Services –Dental Anesthesia, orthognathic and other oral surgery procedures related to accident or trauma
- TMJ Surgery
- Cosmetic, Reconstructive or Plastic Surgery
- Implantable Pumps and Devices over \$500
- Treatment for Varicose Veins
- Vagal Nerve Stimulators
- Hysterectomy
- Nasal Septal Reconstructions or Revision
- Joint Replacement Surgery
- Spine Procedures (i.e. discectomy and decompression)
- Surgery for Obstructive Sleep Apnea
- Balloon Sinuplasty
- Umbilical Hernia Surgery if under age 5
- Osteochondral allograft or autologous chondrocyte

Outpatient Services/ Treatment

- Injectable drugs >\$500 per line item
- Sleep Studies/Sleep labs
- TMJ treatment
- Synagis
- Treatment for Acquired Brain Injury
- Treatment for Autism Spectrum Disorder
- Biofeedback
- GI tract imaging by Capsule Endoscopy
- Pain management procedures including but not limited to, external or implanted infusion pumps or stimulator devices, epidural steroid injections
- Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation

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PRIOR AUTHORIZATION LIST - MEDICAL

Ancillary/Specialty/Lab Services

- All hospice admissions
- All Diagnostic Genetic Testing

DME/Orthotics/Prosthetics

- DME (rental or purchase) and medical supplies >\$500 per line item
- Wound VACs
- Orthotics or Prosthetics devices purchase price >\$250 per line item
- Hearing Aids \$1500 limit per hearing aid
- Amino Acid-based Elemental Formulas or Formula for Treatment of Heritable Diseases, or any canned nutrition

Out of Network or Out of Area Services

All out of network or out of area, including but not limited to, inpatient, outpatient hospital admissions, surgeries, procedures, referrals, evaluations, specialty services, prescriptions and/ or treatments are excluded from coverage unless prior authorized.

Radiology

- CT/CTA Scans, MRIs & MRAs not provided in an inpatient or Emergency Room setting
- PET Scans/SPECT scans
- Radiological procedures that require admission for observation
- OB ultrasounds >4 unless done by Maternal-Fetal Medicine specialist (MFM)
- No authorization required for high-risk pregnancy ultrasounds unless NOT done by a Maternal Fetal Medicine Specialist (MFM)

Home Health

- Skilled nursing visits (Excluding initial assessment evaluation)
- Private Duty Nursing
- PT, ST or OT (excluding initial evaluation)
- Infusion therapy
- Home Health Services (60 visits per year)

Other Services

New and Emerging Technologies or any Treatment, Drug or Device not Approved by the FDA may be Determined to be Experimental or Investigational or not Medically Necessary

Transplants

- All Transplant Services
- All organ & tissue transplants

Transportation

- Non-emergent ground ambulance services, including facility to facility transport
- All Air Transport Services

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PRIOR AUTHORIZATION LIST - BEHAVIORAL HEALTH

Inpatient Services

- Authorization of all admissions to facilities is required, including: Inpatient mental health, inpatient substance abuse rehabilitation, inpatient detoxification, residential treatment, crisis stabilization bed
- Facility is responsible for admission notification to Sendero.
- All members must be evaluated/ screened prior to admission by a qualified behavioral health professional or at the nearest emergency room, within reason.
- Emergency services do not require prior authorization. Facilities must notify Sendero of admission within contract requirements.

Behavioral Health Services/ Substance Use Disorder Services

- Intensive outpatient program (IOP)
- Residential treatment
- Partial hospitalization

For Medical anesthesia for electroconvulsive therapy (ECT) obtain authorization from Sendero Health Plans.

Behavioral Health Services/ Treatment

- Day treatment
- Psychological testing
- Neuropsychological testing
- Electroconvulsive therapy (during an inpatient stay or in an outpatient setting)
- Treatment for Autism Spectrum Disorder

Other Services

New and Emerging Technologies or any Treatment, Drug or Device not Approved by the FDA may be Determined to be Experimental or Investigational or not Medically Necessary.

Out of Network or Out of Area Services

All out-of-network or out of area services, including but not limited to, inpatient, outpatient hospital admissions, procedures, referrals, evaluations, specialty services and/or treatments are excluded from coverage unless prior authorized.

Transportation

- Non-emergent ground ambulance services, including facility to facility transport
- All Air Transport Services