

Prior Authorization



**Prior Authorization is required
for the following covered services**

2018 Superior Select Health Plans
Authorization by Service Level

- **Durable Medical Equipment and Related Supplies**
- **Inpatient Hospital Care**
- **Inpatient Mental Health Care**
- **Outpatient High Tech Radiological Diagnostic Services**
Includes MRI, MRA, PET, CTA, CT and SPET Scans
- **Outpatient Surgeries**
- **Prosthetic Devices and Related Supplies**
- **Skilled Nursing Facility (SNF) Care**

Arkansas

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.