UM Prior Authorization Process

Seton Health Plan (SHP) MAP and Charity Reference documents located:

SHP Website - Provider Reference Center

a) Prior Authorization Grids

b) Non-Covered Services Grid

c) Prior Authorization Form

Ascension

MAP and Charity Prior Authorization

Medical Access Program and Charity Program Prior Authorization Resources

Below is a collection of forms and resources to help providers easily access and download prior authorization forms, non-covered and plan limitations lists, and the UM prior authorization process for MAP and Charity program members.

Forms and resources

- MAP Prior Authorization list | MAP Non Covered List & Plan Limitations

  Download these forms to view what CPT/HCPCS codes require a prior authorization, are not covered or have a plan limitation for MAP members.

- Sleep Study Authorization Form utilized for MAP members

  Download this form to request a sleep study prior authorization for MAP members.

- MAP & Charity Prior Authorization Form

  Download this form to request a prior authorization for MAP & Charity members.

- Charity Prior Authorization list | Charity Non Covered list & Plan Limitations

  Download these forms to view what CPT/HCPCS Codes require a prior authorization, are not covered or have a plan limitation for Charity members.

- UM Prior Authorization Process

  Download this document to view the prior authorization form instructions. This form helps you identify what fields need to be completed, how to submit a prior authorization request and includes a listing of the turnaround time for the prior authorization requests.

How to submit files and forms

Once the forms are downloaded and completed, please fax to 512-380-4253.

Prior Authorization Process:

Does Service Require PA?

1. **Review Non-Covered Services and Prior authorization Grid on website**

   a) MAP = MAP CBRACKFQ

   b) Charity/Seton CarePlus, includes MAP Basic

2. **If the service is on Non-Covered List, requesting provider notifies the member that the service is not a covered benefit**

3. **If the services is on the Prior Authorization Grid**

    a) Prior authorization requests are submitted to SHP UM for review/determination

    b) Note: SHP reviews services provided at Ascension Seton facilities and SHP contracted ASCs

    ◦ Ophthalmology services provided at Medical Park Tower, Northwest Surgery Center and UTHealth ASC

    ◦ ENT services provided at Medical Park Tower and Northwest Surgery Center.

Submitting Prior Authorization Requests to SHP UM:

What You Need to Submit Prior Authorization

Be prepared to provide the following information for the request:

• Patient's medical or behavioral health condition

• Proposed treatment plan

• Date of service, estimated length of stay (if the patient is being admitted)

• Patient ID and name/date of birth

• Place of treatment

• Provider NPI

• Diagnosis code(s)

• Procedure code(s) (if applicable)

4. **Complete Prior Authorization Request Form:**

    a) Required Fields are asterisk (*)

    b) Mark as Urgent (to be processed within 3 days) when service is medically urgent

    c) Include Diagnosis code(s)/description; and procedure code(s)/description.

d) Include office visit note(s)/clinical information to support medical necessity of the requested service.

5. **Fax Form and clinical to SHP UM at 512-380-4253**

   a) Include only ONE patient per fax/email

6. SHP UM notify the provider of the determination via fax.
   Processing Times:
   SHP follows Utilization Review Accreditation Commission (URAC) turnaround times
   a) Routine Requests:
      < 15 days of receipt of request
   b) Urgent Requests:
   As soon as possible but no later than 3 business days of receipt of request

7. **For clinical questions call SHP UM: 512.324.3135; or email SHP-Authorization@ascension.org**