

Prior Authorization for Elective Services Performed at Seton Healthcare Family facilities

Uninsured Adults (excludes trauma/OB)

Seton Healthcare Family has in place a prior authorization process that parallels the requirements of patients with commercial insurance for elective procedures at SMCH, SMCW, DSMC, SSW, SMCA, SNW. Non-emergency care services requiring prior-authorization for uninsured adult patients must be referred to the Seton Health Plan (SHP) for authorization.

Services requiring prior authorization

Radiology/Imaging

- ◆ CT, MRI, MRA, HIDA, Arthrogram, nuclear medicine imaging

Elective inpatient admissions

- ◆ Surgery
- ◆ Procedures

Elective outpatient procedures including but not limited to:

- ◆ Interventional radiology
- ◆ Chemotherapy
- ◆ Surgery

For more details go to either: www.seton.net/health-plan/providers/
<http://www.abs-tpa.com>

The request will be reviewed to determine the following:

- ◆ Is the requested service a covered benefit of Seton charity program?
- ◆ Is the requested service medically necessary?
- ◆ Is the patient eligible for health insurance through the Marketplace, a government or community sponsored program, or Seton Charity Program?

The provider will receive a report on the status of request within 72 hours of receipt.

To request authorization prior to scheduling for an uninsured patient for services, that require prior authorization:

Fax request to Seton Health Plan at: 512-380-4253

Include the following information:

- ◆ Seton Health Plan Referral Form
- ◆ Patient Demographics (Valid primary and alternate phone numbers)
- ◆ Clinical information to support request

Any questions call Seton Health Plan at: 512-324-3135

Voicemail and fax request received after regular business hours will be addressed the next business day. (M-F 8am-5pm)