



Preauthorization Requirements and Process

Overview

At Imperial Insurance Companies, we are committed to transparency and ease of access to care. Below you will find information about our **preauthorization process**, including services that require prior approval, the documentation needed, criteria used, and approval/denial statistics. This information is provided in accordance with **Texas Insurance Code § 843.3481**.

What Is Preauthorization?

Preauthorization is a review process required for certain medical services and procedures before they are provided. This process helps determine whether a proposed service or treatment meets the health plan's coverage requirements.

How the Preauthorization Process Works

- 1. Submit Request:** Your provider submits a preauthorization request through our secure portal <https://providerportal.imperialhealthplan.com/login> or **by fax (please refer to Exhibit A on page 2 for fax submission details)**.
- 2. Review:** Our clinical team reviews the request for medical necessity based upon established review hierarchy guidelines- see Medical Necessity Review Hierarchy under the “Forms” section of our provider page <https://exchange.imperialhealthplan.com/texas/provider/>.
- 3. Decision:** We provide a written decision to the provider (and member, if applicable) within the required turn-around time.
- 4. Appeal Rights:** If denied, you or your provider may appeal the decision. Details are included in your determination letter.

For questions, contact our Utilization Management Department at 626-838-5100.

Services That Require Preauthorization

A list of services that require preauthorization can be found under the “Forms” section of our provider page <https://exchange.imperialhealthplan.com/texas/provider/>. The effective date of the preauthorization requirement is located on the footer of the Prior Authorization List. All preauthorization

requests must be submitted with supporting clinical documentation including clinical notes, applicable imaging results, and exam findings.

Access to Proprietary Criteria

Some preauthorization criteria are developed using licensed or copyrighted clinical guidelines. To comply with applicable laws:

- **Full details** are available upon request by contacting (626) 838-5100.
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Exhibit A: Fax Submission Details

Please ensure requests are submitted to the appropriate fax number listed below. Requests sent to an incorrect fax number may result in processing delays.

Outpatient Request	Inpatient/Facility Request
Fax: (214) 452-1905	Fax: (214) 452-1906

Questions?

If you are a provider or enrollee and have questions about the preauthorization process, please contact us at:

Phone: (626) 838-5100