

## Prior Authorization Process and Requirements

Revised September 2018

Vermont

This *UM Policy Guide* provides a quick reference of prior authorization requirements for all MVP health plans. The guide should be used in coordination with the *Prior Authorization Request form (PARF)*. All services listed in this document require prior authorization by MVP.

### **MVP Fully-Insured Plans (HMO, POS, PPO, EPO, and Non-Group Indemnity)**

If a procedure or service requires prior authorization, fax a completed PARF to **1-800-280-7346** or call the MVP Utilization Management Unit at **1-800-568-0458**.

The *State of Vermont Uniform Medical Prior Authorization form* for medial services can be downloaded by visiting **mvphealthcare.com** and selecting *Providers*, then *Forms*, then *Prior Authorization*.

### **MVP Self-Funded Plans (ASO-HMO, ASO-POS, ASO-PPO, ASO-EPO, and ASO-Indemnity)**

MVP Select Care (ASO) provides self-funded employer groups with customized health benefits packages. All MVP Select Care members have the employer's name and/or logo listed at the top of their MVP Member ID card. If your patient is an MVP Select Care (ASO) member, fax a completed PARF to **1-800-280-7346** or call the MVP Select Care Utilization Management Unit at **1-800-229-5851**.

### **Prescription Drugs**

Self-administered medications covered under the prescription drug rider requiring prior authorization do not appear in this document. They are contained in the Prescription Drug Formularies. To access the Formularies, visit **mvphealthcare.com** and select *Providers*, then *Pharmacy*.

See the *Prior Authorizations Requirements* on page 3 for more information about medications administered in the outpatient setting.

### **Behavioral Health Services**

The final rules implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 become effective July 1, 2014. These rules, known as Federal Mental Health Parity (FMHP) rules, provide guidance on benefits for and medical management of patients receiving care for mental health and/or substance disorder needs.

Under the FMHP final rules, MVP cannot apply medical management standards more stringently to mental health or substance disorder benefits than those applied to similar medical/surgical benefits. This includes, for example, requiring authorization from MVP prior to a provider rendering services.

Therefore, MVP will no longer require prior authorization in advance of rendering services related to outpatient mental health and/or substance disorder care. As of September 1, 2018, behavioral health care providers will need to contact MVP for such prior authorization. Please note that prior authorization still is required for the following services: ECT, IOP, PHP, psychological testing, substance abuse detoxification and rehabilitation, residential care, and inpatient admissions.

If you have any questions, please contact your MVP Professional Relations Representative at **1-800-380-3530**, option 3.

### **Radiology and Radiation Therapy**

MVP has delegated the utilization management review for all prospective review of Radiation Therapy, MRI/MRA, PET Scan, Nuclear Cardiology, and CT/CTA and 3D rendering imaging to **eviCore healthcare**. eviCore utilizes evidence-based guidelines and recommendations for imaging from national and international medical societies and evidence-based medicine research centers. For more information about eviCore, visit **mvphealthcare.com** and *Sign In* to your online account, then select *Resources*, then *Provider Resource Manual (Section 5)*. To obtain an authorization, submit requests at **evicore.com** or call **1-800-568-0458** and follow the radiology or radiation therapy prompts.

### **naviHealth Services Available for MVP Medicare Advantage Members**

Effective July 1, 2017, **naviHealth, Inc.** will provide Utilization Management for Skilled Nursing Facility (SNF), Acute Inpatient Rehabilitation (AIR,) and Home Health services for MVP Medicare Advantage members only. naviHealth staff will be located in each of the MVP regions to visit facilities and manage the transitions. To contact naviHealth, visit **naviHealth.us** or call **1-844-411-2883**.

## Chiropractic Services

MVP Health Care has delegated **Landmark Healthcare, Inc.** to manage our members' chiropractic care. Landmark case managers, all of whom are licensed chiropractors, use nationally accepted clinical protocols as guidelines to make utilization management determinations. Contact Landmark's Utilization Management Department at **1-800-638-4557**.

## Online Resources

To download the *Prior Authorization Request* form (PARF), visit **mvphealthcare.com** and select *Providers*, then *Forms*, then *Prior Authorization*.

Providers also may review the *Benefits Interpretation Manual (BIM)*, MVP's medical policies, at **mvphealthcare.com**. *Sign In* to your online account and select *Resources*. The BIM allows providers to determine if procedures require an authorization based on CPT code or the member's plan.

## Samples of MVP Member ID Cards

Plan information, including samples of MVP Member ID cards, is available as part of the *MVP Provider Resource Manual*. Visit **mvphealthcare.com** and *Sign In* to your online account, then select *Resources*, then *Providers Resource Manual*, then *MVP Plan Type Information (Section 3)* for details.

## In-Office Procedure and Inpatient Surgery Lists

As of August 1, 2017, participating providers and their office staff can access the *In-Office Procedure List* and *Inpatient Surgery List* by visiting **mvphealthcare.com** and selecting *Providers*, then *Reference Library*.

The *In-Office Procedure List* details the CPT® codes that MVP requires to be performed in the physician's office. Claims submitted with a place of service other than the physician's office will be denied unless prior authorization is obtained.

The *Inpatient Surgery List* specifies the CPT®/HCPCS codes that MVP will reimburse when performed in the inpatient setting. Claims submitted with an inpatient place of service for codes not on this list will be denied unless prior authorization was obtained.

All procedures are subject to the member's plan type and benefits.

## Prior Authorization Requirements for All MVP Plan Types

Effective July 1, 2017

Procedures/Services Requiring Prior Authorization	Contacts for Prior Authorization
<ul style="list-style-type: none"> <li>All Elective Inpatient Admissions</li> <li>Advanced Infertility</li> <li>Inpatient Rehabilitation</li> <li>Skilled Nursing Facilities</li> <li>Inpatient Rehabilitation for Medicaid and Commercial plan members</li> <li>Skilled Nursing Facilities for Medicaid and Commercial plan members</li> </ul>	Fax a completed PARF* to <b>1-800-280-7346</b> or call Provider Services at <b>1-800-568-0458</b> . <b>Inpatient Rehabilitation for Medicare and USA Care plan members and Skilled Nursing Facilities, contact naviHealth:</b> <ul style="list-style-type: none"> <li>New requests, call <b>1-844-411-2883</b> or fax <b>1-866-683-6976</b>.</li> <li>Concurrent requests, fax <b>1-866-683-7082</b>.</li> </ul>
<ul style="list-style-type: none"> <li>Transplants</li> </ul>	Call <b>1-866-942-7966</b>
Medications (IV and most IM dosage forms) given in the office or outpatient setting that require prior authorization: <ul style="list-style-type: none"> <li>Commerical Formulary (HMO, POS, PPO, EPO, and some ASO plans)</li> <li>Medicare Part D Formulary (Preferred Gold, GoldAnywhere, GoldValue, USA Care, and RxCare)</li> <li>Health Insurance Marketplace Formulary (Individual and Small Group On and Off Marketplace)</li> </ul> Formularies are available at <a href="http://mvphealthcare.com">mvphealthcare.com</a> . Select <i>Providers</i> and then <i>Pharmacy</i> .	<b>Medicare plans:</b> <ul style="list-style-type: none"> <li>Fax a completed PARF* to <b>1-800-401-0915</b>.</li> </ul> <b>All other plans:</b> <ul style="list-style-type: none"> <li>Fax a completed PARF* to <b>1-800-376-6373</b>.</li> </ul>

## Durable Medical Equipment and Home Care Services

All fully-insured HMO, HMO-POS, EPO, PPO, and Medicare Gold. Self-insured ASO and MVP/CIGNA affiliated plans vary by plan type.

Service	Procedures/Services/Treatments Needed	Contact for Prior Authorization
<b>Durable Medical Equipment (DME)</b>	Durable Medical Equipment (DME) can be dispensed/billed from a physician's or podiatrist's office for stabilization and to prevent further injury, without prior authorization. This is to assure safe mobility and transportation home. The DME item must be billed with the office visit.	<b>MVP DME Unit:</b> <ul style="list-style-type: none"> <li>Call <b>1-800-684-9286</b> or fax to <b>1-888-452-5947</b>.</li> </ul> To access DME Prior Authorization Codes List and other DME Information, visit <a href="http://mvphealthcare.com">mvphealthcare.com</a> and select <i>Providers</i> , then <i>Reference Library</i> .
<b>Home Care Services</b>	<ul style="list-style-type: none"> <li>Home Infusion</li> <li>Speech Therapy</li> <li>Physical Therapy<sup>†</sup></li> <li>Occupational Therapy<sup>†</sup></li> <li>Nursing<sup>†</sup></li> <li>Terbutaline Therapy</li> </ul>	<b>Medicare and USA Care plans:</b> <ul style="list-style-type: none"> <li>Call naviHealth at <b>1-844-411-2883</b>, fax <b>1-866-683-6976</b> for new requests, or fax <b>1-866-683-7082</b> for concurrent requests.</li> </ul> <b>All other plans:</b> <ul style="list-style-type: none"> <li>Fax a completed PARF* to <b>1-800-280-7346</b> or call Provider Services at <b>1-800-684-9286</b>.</li> </ul>

## Outpatient Imaging Services and Radiation Therapy Management

All fully-insured HMO, HMO-POS, EPO, PPO, and Medicare Gold. Self-insured ASO and MVP/CIGNA affiliated plans vary by plan type.

Plan Type	Services Requiring Prior Authorization	Contact for Prior Authorization
<b>Fully-Insured Plans</b>	MRIs, MRA, CT Scans (including Virtual Colonoscopy), PET Scans, Nuclear Cardiology, and Radiation Therapy	<b>Imaging reviews for MVP and Radiation Therapy Management requirements:</b> <ul style="list-style-type: none"> <li>Call eviCore National at <b>1-800-684-9286</b> and follow the imaging prompts or submit requests at <a href="http://evicore.com">evicore.com</a>.</li> </ul>
<b>Self-Funded Plans</b>	MRIs, MRAs, CT Scans, PET Scans, and Nuclear Cardiology <i>Not all self-insured plans require prior authorization of imaging service.</i>	<b>Contracts with Imaging Authorization requirements and/or Radiation Therapy Management requirements:</b> <ul style="list-style-type: none"> <li>Call eviCore National at <b>1-800-684-9286</b> and follow the imaging prompts or submit requests at <a href="http://evicore.com">evicore.com</a>.</li> </ul>

If a physician sends a patient for a clinically urgent imaging study during nonbusiness hours (i.e., evenings, weekends, or holidays), the physician should call MVP Provider Services at **1-800-864-9286** the next business day.

\*Prior Authorization Request form (PARF). To download the PARF, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Providers*, then *Forms*, then *Prior Authorization*.

<sup>†</sup>Home Health Aid agencies to refer to their contract or the MVP Provider Resource Manual. Criteria for these procedures may be found in the MVP Medical Policy (Benefit Interpretation Manual) available at [mvphealthcare.com](http://mvphealthcare.com).

## Prior Authorization Requirements for All MVP Plan Types

Effective July 1, 2017

Procedures/Services Requiring Prior Authorization			Contacts for Prior Authorization
<ul style="list-style-type: none"> <li>• Air Medical Transport/ Air Ambulance (for non-emergency transport)</li> <li>• Autologous Chondrocyte Implantation</li> <li>• Bariatric Surgery</li> <li>• Blepharoplasty</li> <li>• Botox Injections (office procedure only)</li> <li>• BRCA 1/BRCA 2 (genetic testing for breast cancer)</li> <li>• Breast Implantation</li> <li>• Breast Reduction Surgery</li> <li>• Cochlear Implants and Osseointegrated Devices</li> <li>• Continuous Glucose Monitoring</li> <li>• Cosmetic vs. Reconstructive Surgery</li> <li>• Deep Brain Stimulation</li> <li>• Dental Services (accidental Injury to Sound Teeth, Outpatient Services, Prophylactic)</li> <li>• DME/Prosthetics/Orthotics</li> <li>• Endovascular Treatment for AAA and Carotid Artery Disease</li> <li>• Gas Permeable Scleral contact lens</li> <li>• Gaucher's Disease Treatment</li> <li>• Gender Reassignment Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Genetic Testing/ Chromosomal Studies</li> <li>• Hereditary Angioedema</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Hyperhidrosis Treatment</li> <li>• Immunoglobulin Therapy</li> <li>• Implantable Cardiac Defibrillators</li> <li>• IMRT</li> <li>• Infertility (advanced and/or secondary), available with Rider               <ul style="list-style-type: none"> <li>◦ including drugs (e.g., Follotropins, Menotropins)</li> <li>◦ GIFT/ZIFT are not covered</li> </ul> </li> <li>• Intraoperative Neurophysiological Monitoring</li> <li>• Interstim (Sacral Nerve Stimulator)</li> <li>• Laser Treatment of Port Wine Stains</li> <li>• Left Ventricular Assist Device</li> <li>• Lumbar Laminectomy (Discectomy)</li> <li>• MSLT–Multiple Sleep Latency Testing</li> <li>• Nasal/Sinus Endoscopy</li> <li>• New Technology</li> <li>• Oncotype Diagnostic Testing</li> <li>• Oral Surgery/Orthognathic Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Organ Donor</li> <li>• Orphan Drugs</li> <li>• Panniculectomy/ Abdominoplasty</li> <li>• Pectus Excavatum</li> <li>• Penile Implants</li> <li>• Percutaneous Diskectomy</li> <li>• Percutaneous Vertebroplasty/ Kyphoplasty</li> <li>• Photodynamic Therapy (Malignant conditions)</li> <li>• Rhinoplasty</li> <li>• Rhizotomy/Radiofrequency Ablation</li> <li>• Sclerotherapy</li> <li>• Septoplasty</li> <li>• Shoulder Resurfacing</li> <li>• Speech Generating Devices</li> <li>• Speech Therapy–Selected Contracts</li> <li>• Spinal Fusion Lumbosacral</li> <li>• Spinal Stimulator</li> <li>• Synagis (Injectable for RSV)</li> <li>• Thoracic Electrical Bioimpedance</li> <li>• TMD/TMJ</li> <li>• Treatment of Obstructive Sleep Apnea (Policies A and B)</li> <li>• UPPP Surgery</li> <li>• VNUS/EVLT Varicose Vein Treatment</li> <li>• Wound Vacs</li> </ul>	<p><b>MVP Select Care (ASO) plans:</b></p> <ul style="list-style-type: none"> <li>• Call the MVP Select Care Member Services Department at <b>1-800-229-5851</b> to confirm member benefits.</li> <li>• Fax a completed PARF to <b>1-800-280-7346</b> or call the Select Care Utilization Management Department at <b>1-800-229-5851</b>.</li> </ul> <p><b>All other plans:</b></p> <ul style="list-style-type: none"> <li>• Fax a completed PARF to <b>1-800-280-7346</b> or call Utilization Management at <b>1-800-568-0458</b>.</li> </ul> <p>Some employer groups offer more than one MVP plan, so be sure to review the patient's MVP Member ID card.</p>

## Comparison of MVP Plan Types

Effective July 1, 2017

### MVP Health Care Fully-Insured Plans

Plan Type	PCP	Referral Required	Prior Authorization Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission	Access to a National Network	Out-of-Network Benefits
<b>MVP Preferred PPO</b>	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
<b>GoldValue HMO-POS</b>							
<b>GoldAnywhere PPO</b>	No	No	Yes	Yes	No	No	Yes
<b>Gold PPO</b>	No	No	Yes	Yes	No	No	Yes
<b>BasiCare PPO</b>	No	No	Yes	Yes	No	No	Yes
<b>MVP Preferred EPO</b>	No	No	Yes	Yes	No	Yes	No
<b>MVPVT Vitality</b>	Yes	No	Yes	Yes	No	No	No
<b>MVPVT Vitality Plus</b>	Yes	No	Yes	Yes	No	No	No
<b>MVP Secure</b>	Yes	No	Yes	Yes	No	No	No
<b>Non-Group Indemnity</b>	No	No	Yes	No	No	Yes	Yes

### MVP Health Care Self-Funded (Select Care ASO) Plans

Plan Type	PCP	Referral Required	Prior Authorization Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission <sup>†</sup>	Access to a National Network	Out-of-Network Benefits
<b>ASO-HMO</b>	Yes	No	Yes	Varies by Employer Group	No	No	No
<b>ASO-POS</b>	Yes	No	Varies by Employer Group	Varies by Employer Group	For Out-of-Network Care Only	No	Yes
<b>ASO-PPO</b>	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	Yes
<b>ASO-Indemnity</b>	No	No	Varies by Employer Group	Varies by Employer Group	No	N/A	Yes
<b>ASO-EPO</b>	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	No

Prior authorization requirements can be confirmed by calling MVP Provider Services at **1-800-684-9286**. Full benefits are not listed above.

<sup>†</sup>Reduction of benefits for the member also applies for same day surgery.

MVP has attempted to capture all prior authorization requirements for each plan type in this document. However, benefit plans, as with member eligibility, are subject to change and do, frequently. If you have questions concerning a member's benefit coverage or about services/procedures not part of this document, call MVP Provider Services at **1-800-684-9286**.