

Prior Authorization Process and Requirements

Revised January 2020

New York

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, and EPO)

If a procedure or service requires prior authorization, fax a completed PARF to **1-800-280-7346** or call MVP Provider Services at **1-800-684-9286**.

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 **1-800-684-9286**.

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

MVP is administering behavioral health coverage for:

- NY Commercial
- NY Self-Funded
- NY Medicare
- MVP Managed Medicaid
- MVP Child Health Plus
- MVP Harmonious
- Health Care Plan
- NY Essential Plan All ASO (self-funded) plans

For all questions related to behavioral health services, contact MVP at **1-800-684-9286** and listen for the behavior health prompt prompt. For authorizations, fax us at **1-855-853-4850**.

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/PRM** selecting *Inpatient and Outpatient Services*. 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* 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/PRM.

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.

Interventional Pain Management and Musculoskeletal Reviews

MVP has entered into an agreement with Magellan Healthcare to implement a Musculoskeletal (MSK) Management program. This program requires prior authorization for MVP members for non-emergent MSK procedures including: outpatient, interventional spine pain management services (IPM); and inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries. This decision is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

Providers can begin contacting Magellan Healthcare on December 1, 2018 to seek prior authorization for procedures scheduled on or after January 1, 2019. The ordering physician must obtain prior authorization with Magellan Healthcare prior to performing the surgery/procedure. The validity period (authorization time span) for all procedures of this program will be 90 days from the requested date of service. This is a change from MVP's current process.

Ordering physicians will be able to request prior authorization via Magellan Healthcare at RadMD.com or by calling **1-866-249-1578**.

Prior Authorization Requirements for All MVP Plan Types

Effective January 2020

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

Durable Medical Equipment and Home Care Services

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

Service	Procedures/Services/Treatments Needed	Contact for Prior Authorization
Durable Medical Equipment (DME)	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.	MVP DME Unit: <ul style="list-style-type: none"> Call 1-800-684-9286 or fax to 1-888-452-5947. To access DME Prior Authorization Codes List and other DME Information, visit mvphealthcare.com and select <i>Providers</i> , then <i>Reference Library</i> .
Home Care Services	<ul style="list-style-type: none"> Home Infusion Speech Therapy Physical Therapy[†] Occupational Therapy[†] Nursing[†] Terbutaline Therapy 	Medicare and USA Care plans: <ul style="list-style-type: none"> Call naviHealth at 1-844-411-2883, fax 1-866-683-6976 for new requests, or fax 1-866-683-7082 for concurrent requests. All other plans: <ul style="list-style-type: none"> Fax a completed PARF* to 1-800-280-7346 or call Provider Services at 1-800-684-9286.

Outpatient Imaging Services and Radiation Therapy Management

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

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

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 and select *Providers*, then *Forms*, then *Prior Authorization*.

[†]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.

Prior Authorization Requirements for All MVP Plan Types

Effective January 2020

Musculoskeletal Reviews

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

Plan Type	Services Requiring Prior Authorization	Contact for Prior Authorization
Fully-Insured Plans	Intervention pain management, and Lumbar and Cervical spine surgeries. Surgeries of the hips, knees, and shoulders.	Providers can call Magellan Healthcare at 1-866-249-1578 or submit prior authorizations at RadMD.com .
Self-Funded Plans	Interventional pain management, and Lumbar and Cervical spine surgeries. Surgeries of the hips, knees, and shoulders. Not all self-insured plans require prior authorization from Magellan Healthcare.	Call the MVP Select Care Customer Care Utilization Management Department at 1-800-684-9286 to ensure if your Select Care member utilizes the services of Magellan Healthcare.

Additional Services

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

Procedures/Services Requiring Prior Authorization	Contacts for Prior Authorization
<ul style="list-style-type: none"> Air Medical Transport/ Air Ambulance (for non-emergency transport) Autologous Chondrocyte Implantation Bariatric Surgery Blepharoplasty Botox Injections (office procedure only) BRCA 1/BRCA 2 (genetic testing for breast cancer) Breast Implantation Breast Reduction Surgery Cochlear Implants and Osseointegrated Devices Continuous Glucose Monitoring Cosmetic vs. Reconstructive Surgery Deep Brain Stimulation Dental Services (accidental Injury to Sound Teeth, Outpatient Services, Prophylactic) DME/Prosthetics/Orthotics Endovascular Treatment for AAA and Carotid Artery Disease Gas Permeable Scleral contact lens Gaucher's Disease Treatment Gender Reassignment Surgery Genetic Testing/ Chromosomal Studies Hereditary Angioedema HIFU High Intensity Focused Ultrasound Hyaluronic Acid Derivatives Hyperbaric Oxygen Therapy Hyperhidrosis Treatment Immunoglobulin Therapy Implantable Cardiac Defibrillators IMRT Infertility (advanced and/or secondary), available with Rider <ul style="list-style-type: none"> including drugs (e.g., Follotropins, Menotropins) GIFT/ZIFT are not covered Intraoperative Neurophysiological Monitoring Interstim (Sacral Nerve Stimulator) Laser Treatment of Port Wine Stains Left Ventricular Assist Device Lumbar Laminectomy (Discectomy) Melody Valve MitraClip MSLT–Multiple Sleep Latency Testing Nasal/Sinus Endoscopy New Technology Oncotype Diagnostic Testing Oral Surgery/Orthognathic Surgery Organ Donor Orphan Drugs Panniculectomy/ Abdominoplasty Pectus Excavatum Penile Implants Percutaneous Discectomy Percutaneous Vertebroplasty/ Kyphoplasty Photodynamic Therapy (Malignant conditions) Private Duty Nursing (Coverage for MVP Child Health Plus only) Prostatic Urethral Lift System (Urolift) Rezum–water vapor thermal therapy Rhinoplasty Rhizotomy/Radiofrequency Ablation Sclerotherapy Septoplasty Shoulder Resurfacing Speech Generating Devices Speech Therapy–Selected Contracts Spinal Fusion Lumbosacral Spinal Stimulator Synagis (Injectable for RSV) Thoracic Electrical Bioimpedance TMD/TMJ Treatment of Obstructive Sleep Apnea (Policies A and B) UPPP Surgery VNUS/EVLT Varicose Vein Treatment Wound Vacs 	<p>All plans:</p> <ul style="list-style-type: none"> Fax a completed PARF* to 1-800-280-7346 or call Utilization Management at 1-800-684-9286. <p>Some employer groups offer more than one MVP plan, so be sure to review the patient's MVP Member ID card.</p>

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

Prior Authorization Requirements for All MVP Plan Types

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Additional Services *(continued from page 4)*

Additional Service Requiring Prior Authorization for MVP Medicaid Only	Contacts for Prior Authorization
<ul style="list-style-type: none"> • Adult Day Health Care Services (ADHC) • AIDS Adult Health Care Services (AIDS ADHC) • Consumer Directed Personal Assistant Program Services (CDPAP) • Long Term Home Care Services • Personal Care Services 	<p>Fax a completed PARF* to 914-372-2433 or call Provider Services at 1-800-684-9286.</p>
<ul style="list-style-type: none"> • Court Ordered Services • Erectile Dysfunction Treatment • Hyaluronic Acid Derivatives • Mastectomies • Personal Emergency Response System (PERS) • Private Duty Nursing • TENS Units and TENS Leads 	<p>Fax a completed PARF* to 1-800-280-7346 or call Provider Services at 1-800-684-9286.</p>

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

Comparison of MVP Plan Types

Effective January 2019

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
MVP HMO	Yes	No	Yes	Yes	No	No	No
MVP POS	Yes	No	Yes	Yes	For Out-of-Network Care Only	No	Yes
MVP PPO	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
Preferred Gold HMO-POS GoldValue HMO-POS GoldSecure HMO-POS	Yes	No	Yes	Yes	No	No	Yes
GoldAnywhere PPO	No	No	Yes	Yes	No	No	Yes
BasiCare PPO WellSelectSM PPO	No	No	Yes	Yes	No	No	Yes
MVP EPO	No	No	Yes	Yes	No	Yes	No
Gold PPO	No	No	Yes	Yes	No	No	Yes
SmartFundTM MSA	No	No	Yes	No	No	No	Yes
MVP Medicaid Managed Care	Yes	No	Yes	Yes	No	No	No
MVP Child Health Plus	Yes	No	Yes	Yes	No	No	No
USA Care[®] PPO	No	No	Yes	Yes	No	No	Yes
MVP Premier	Yes	No	Yes	Yes	No	No	No
MVP Premier Plus	Yes	No	Yes	Yes	No	No	No
MVP Liberty EPO/PPO	No	No	Yes	Yes	No	Yes	No
MVP Secure	Yes	No	Yes	Yes	No	No	No
Essential Plan	Yes	No	Yes	Yes	No	No	No

MVP Select Care, Inc. Self-Funded (ASO) 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
HMO	Yes	No	Yes	Varies by Employer Group	No	No	No
POS	Yes	No	Varies by Employer Group	Varies by Employer Group	For Out-of-Network Care Only	No	Yes
PPO	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	Yes
Indemnity	No	No	Varies by Employer Group	Varies by Employer Group	No	N/A	Yes
EPO	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	No

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

[†]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 the MVP Customer Care Center for Provider Services at **1-800-684-9286**.