

Prior Authorization Process and Requirements

Revised January 2022

Vermont

This UM Policy Guide provides a quick reference of prior authorizations for all MVP Health Care® 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 **1-800-684-9286**.

The *Prior Authorization Request Form (VT)* can be downloaded by visiting mvphealthcare.com/providers and selecting *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/providers and select *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, PHP, 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 prompt. For authorizations, fax MVP 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, refer to Outpatient Imaging Services and Radiation Therapy Management table within this document. For more information about eviCore, visit mvphealthcare.com/policies and select *Inpatient and Outpatient Service Program*. 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

naviHealth, Inc. provides 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 and Acupuncture

MVP is discontinuing its relationship with eviCore (previously Landmark) for Chiropractic and Acupuncture care. MVP Members must utilize the MVP Chiropractic/Acupuncture network; however, transition of care will be offered for 90 days after January 1, 2021. These services will not require prior authorization and are subject to benefit limitations. Out-of-network rules apply.

Online Resources

To download the *Prior Authorization Request form (PARF)*, visit **mvphealthcare.com/providers** and select *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

Participating providers and their office staff can access the *In-Office Procedure List and Inpatient Surgery List* by visiting **mvphealthcare.com/policies**.

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 nonemergent 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 contact Magellan Healthcare to seek prior authorization for procedures. 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](https://www.radmd.com)** or by calling **1-866-249-1578**.

Prior Authorization Requirements for All MVP Plan Types

Effective January 2022

Procedures/Services Requiring Prior Authorization	Contact for Prior Authorization
<ul style="list-style-type: none"> All Elective Inpatient Admissions Advanced Infertility Inpatient Rehabilitation Skilled Nursing Facilities Inpatient Rehabilitation for Commercial plan Members Skilled Nursing Facilities for 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 <p>Medications (IV and most IM dosage forms) given in the office or outpatient setting that require prior authorization:</p> <ul style="list-style-type: none"> Commercial Formulary (HMO, POS, PPO, EPO, and some ASO plans) Medicare Part D Formulary (Preferred Gold, GoldAnywhere, Secure Plus, WellSelect Plus PPO, USA Care, and WellSelect) Health Insurance Marketplace Formulary (Individual and Small Group On and Off Marketplace) <p>Formularies are available at mvphealthcare.com. Select <i>Providers</i> and then <i>Pharmacy</i>.</p>	Call 1-866-942-7966 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, and Medicare Advantage 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 Code List and other DME information, visit mvphealthcare.com/providers and select <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 1-800-684-9286

Musculoskeletal Reviews

All fully-insured HMO, HMO-POS, EPO, PPO, and Medicare Advantage 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 a prior authorization at RadMD.com .
Self-Funded Plans	Intervention pain management, and Lumbar and Cervical spine surgeries. Surgeries of the hips, knees, and shoulders <i>Not all self-insured plans require prior authorization from Magellan Healthcare.</i>	Call the MVP Select Care Customer Care Utilization Management Department at 1-800-684-9286 to ensure your Select Care Member utilizes the services of Magellan Healthcare.

*Prior Authorization Request form (PARF). To download the PARF, visit mvphealthcare.com/providers and select *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 2022

Outpatient Imaging Service and Radiation Therapy Management

All fully-insured HMO, HMO-POS, EPO, and PPO plans require prior authorization for Imaging Services and Radiation Therapy Management. Self-insured ASO and MVP/Cigna affiliated plans vary by plan type. Medicare Advantage and MVP Medicaid require prior authorization for Radiation Therapy only. As of January 1, 2022, Medicare Advantage, MVP Medicaid, MVP Harmonious Health Care Plan* (HARP), and Child Health Plus do not require prior authorization for MRIs, MRA, CT Scans (including Virtual Colonoscopy), PET Scans, Nuclear Cardiology, and Radiation Therapy when performed by a participating facility. Members will still need prior authorization from MVP for use of out-of-network providers.

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 1-866-665-8341 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 1-866-665-8341 and follow the imaging prompts or submit requests at evicore.com
Medicare Advantage Plans	Radiation Therapy	Radiation Therapy Management requirements: <ul style="list-style-type: none"> Call eviCore National at 1-866-665-8341 and follow the imaging prompts or submit requests at evicore.com
Medicaid, HARP, and Child Health Plus	Radiation Therapy	Radiation Therapy Management requirements: <ul style="list-style-type: none"> Call eviCore National at 1-866-665-8341 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 the MVP Customer Care Center for Provider Services at **1-800-864-9286** the next business day.

Additional Services

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

Procedures/Services Requiring Prior Authorization	Contact for Prior Authorization
<ul style="list-style-type: none"> Air Medical Transport/Air Ambulance (for nonemergent transport) Applied Behavior Analysis Atrial Fibrillation Catheter Ablation Autologous Chondrocyte Implantation Bariatric Surgery, Revisions Benign Prostatic Hyperplasia (BPH) Treatments Bone Growth Stimulators 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 (Refer to DME Prior Authorization List) Endovascular Treatment for AAA and Carotid Artery Disease Fertility Preservation Services Gas Permeable Scleral Contact Lens 	<ul style="list-style-type: none"> Gaucher's Disease Treatment Gender Dysphoria Treatment Genetic Testing/Chromosomal Studies Hepatitis C Drug Treatment Hereditary Angioedema Home Care Services Hyperbaric Oxygen Therapy Hyperhidrosis Treatment Idiopathic Scoliosis Surgery Immunoglobulin Therapy Implantable Cardiac Defibrillators Infertility Treatment (In Vitro Fertilization [IVF]), including drugs (e.g., Follotropins, Menotropins) Insulin Pumps Intraoperative Neuropsychological Monitoring Inpatient/Residential Mental Health/Substance Use Disorders Laser Treatment of skin lesions Lumbar Laminectomy (Discectomy) Melody Valve MitraClip Multiple Sleep Latency Testing (MLST) Nasal/Sinus Endoscopy Surgery
	MVP Select Care (ASO) plans: <ul style="list-style-type: none"> Call the MVP Select Care Member Services Department at 1-800-229-5851 to confirm Member benefits Fax a completed PARF* to 1-800-280-7346 or call the Select Care Utilization Management Department at 1-800-229-5851 All other plans: <ul style="list-style-type: none"> Fax a completed PARF* to 1-800-280-7346 or call Utilization Management at 1-800-568-0458 <p>Some employer groups offer more than one MVP plan, be sure to review the patient's MVP Member ID card.</p>

Additional Services Prior Authorization Requirements continued on page 5

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

Prior Authorization Requirements for All MVP Plan Types

Effective January 2022

Additional Services *continued*

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

Procedures/Services Requiring Prior Authorization	Contact for Prior Authorization
<ul style="list-style-type: none"> • Negative Pressure Wound Therapy Pumps • New Technology • Obstructive Sleep Apnea Devices/Diagnosis/Surgical • OncotypeDX Prostate Cancer Assay[†] • OncotypeDX Colon Cancer Assay[†] • Oral Surgery/Orthognathic Surgery • Organ Donor • Orphan Drugs • Orthotic Devices (Refer to DME Prior Authorization List) • Panniculectomy/Abdominoplasty • Pectus Excavatum • Penile Implants for Erectile Dysfunction • Percutaneous Diskectomy • Percutaneous Left Atrial Appendage (LAA) Closure Devices • Percutaneous Vertebroplasty/Kyphoplasty • Photodynamic Therapy (Malignant Conditions) • Polysomnography (Facility Based) • Power Mobility Devices • Private Duty Nursing 	<ul style="list-style-type: none"> • Prosthetic Devices (Refer to DME Prior Authorization List) • Prostatic Urethral Lift System (Urolift) • Rezum-Water Vapor Thermal Therapy • Rhinoplasty • Rhizotomy/Radiofrequency Ablation • Sacral Nerve Stimulation • Sacroiliac Joint Fusion • Shoulder Resurfacing or Replacement • Speech Generating Devices • Speech Therapy-Selected Contracts • Spinal Fusion Lumbar, Cervical • Spinal Cord Stimulator • Synagis (Injectable for RSV) • Temporomandibular Joint Dysfunction (TMJ) • Thoracic Electrical Bioimpedance • Tissue-Engineered Skin Substitutes • Total Artificial Heart • Transcranial Magnetic Stimulation (TMS) • Transplants • Ventricular Assist Devices • Uvulopalatopharyngoplasty (UPPP) Surgery • Wheelchairs
	<p>MVP Select Care (ASO) plans:</p> <ul style="list-style-type: none"> • Call the MVP Select Care Member Services Department at 1-800-229-5851 to confirm Member benefits • Fax a completed PARF* to 1-800-280-7346 or call the Select Care Utilization Management Department at 1-800-229-5851 <p>All other plans:</p> <ul style="list-style-type: none"> • Fax a completed PARF* to 1-800-280-7346 or call Utilization Management at 1-800-568-0458 <p>Some employer groups offer more than one MVP plan, be sure to review the patient's MVP Member ID card.</p>

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

[†]No prior authorization required for OncotypeDX Breast Cancer Assay (81519) and MammaPrint (81521).

Comparison of MVP Plan Types

Effective January 2022

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/POS	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
Secure Plus HMO-POS							
GoldSecure	No	No	Yes	Yes	No	No	Yes
MVP Medicare WellSelect[®] PPO	No	No	Yes	Yes	No	No	Yes
MVP Medicare Preferred Gold HMO/POS	No	No	Yes	Yes	No	No	Yes
UVM Health Advantage Select/Secure/Preferred PPO	No	No	Yes	Yes	No	No	Yes
MVP HMO	No	No	Yes	Yes	No	Yes	No
MVP VT	Yes	No	Yes	Yes	No	No	No
MVP VT Plus	Yes	No	Yes	Yes	No	No	No
MVP Secure VT	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

[†]Reduction of benefits for the Member also applies for same day surgery.

Prior Authorization requirements can be confirmed by calling **1-800-684-9286**. Full benefits are not listed above.

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**.