



UM Policy Guide

Prior Authorization Process and Requirements

Vermont – Revised February 2024

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)**.

MVP Fully Insured Plans (HMO, POS, PPO, and 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 Customer Care Center for 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/providers and select *Pharmacy* under *Resources*. 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 Equality Act of 2008 became 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 use 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.

MVP does not require prior authorization in advance of rendering services related to outpatient mental health and/or substance disorder care. Prior authorization is required for Applied Behavior Analysis (ABA) and Transcranial Magnetic Stimulation (TMS). Notification of admission to mental health and/or substance use inpatient and residential treatment centers is required within two (2) business days of admission.

Behavioral Health providers will need to contact MVP for any prior authorization and/or notification of admission needs.

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 1-855-853-485.

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 the Outpatient Imaging Service and Radiation Therapy Management table within this document. For more information about eviCore, visit mvphealthcare.com/policies and select the *Inpatient and Outpatient Service Policy*. To obtain an authorization, submit requests at evicore.com or call 1-800-568-0458 and follow the radiology or radiation therapy prompts.

Oncology Medications

MVP has delegated utilization management for oncology medications billed under the medical benefit to Optum. MVP Health Care is making this change as part of our commitment to working with care providers to help support improved population health outcomes, affordable evidence-based treatment and leverage Optum's expertise in the oncology and specialty fields. The Optum portal is not used for requesting prior authorization for the following: CAR-T therapies, chemotherapy drug(s) for non-oncology diagnosis, chemotherapy ordered and/or administered as part of inpatient or home care, drugs without prior authorization requirements, oral drug authorizations and stem-cell or bone marrow transplant regimens. For a list of prior authorization requirements, visit www.mvphealthcare.com/providers and sign into your MVP Provider Online Account.

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 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 Members must utilize the MVP Chiropractic/Acupuncture network. 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/forms and select *Admissions and Prior Authorizations*.

Providers also may review the Benefits Interpretation Manual (BIM), MVP's medical policies, at mvphealthcare.com/providers. *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

Policies. Visit mvphealthcare.com/policies, 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.

Prior Authorization Requirements for All MVP Plan Types

Procedures/Services Requiring Prior Authorization	Contact for Prior Authorization
<ul style="list-style-type: none"> All Elective Inpatient Admissions for Physical and Mental Health Advanced Infertility Services Inpatient Rehabilitation Skilled Nursing Facilities Inpatient Rehabilitation for Medicaid and Commercial plan Members Skilled Nursing Facilities for Medicaid and Commercial plan Members 	<ul style="list-style-type: none"> 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: New requests, call 1-844-411-2883 or fax 1-866-683-6976 Concurrent requests, fax 1-866-683-7082
<p>Transplants</p> <ul style="list-style-type: none"> Medications (IV and most IM dosage forms) given in the office or outpatient setting that require prior authorization: Commercial Formulary (HMO, POS, MVP Child Health Plus, PPO, EPO, and some ASO plans) MVP Medicaid Formulary Medicare Part D Formulary (Preferred Gold, GoldAnywhere, MVP Secure, Secure Plus, Gold PPO, USA Care, WellSelect, and RxCare) Health Insurance Marketplace Formulary (Individual and Small Group On and Off Marketplace) <p>Formularies are available at mvphealthcare.com/providers. And select <i>Resources</i> then <i>Pharmacy</i></p>	<ul style="list-style-type: none"> Call 1-866-942-7966 Medicare plans: Fax a completed PARF* to 1-800-401-0915 All other plans: 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
<p>Durable Medical Equipment (DME)</p>	<p>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.</p>	<ul style="list-style-type: none"> MVP DME Unit: 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 and select Providers, then Reference Library.
<p>Home Care Services</p>	<ul style="list-style-type: none"> Home Infusion Speech Therapy 	<ul style="list-style-type: none"> Medicare and USA Care plans:

	<ul style="list-style-type: none"> Physical Therapy Occupational Therapy Nursing Terbutaline Therapy 	<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: Fax a completed PARF* to 1-800-280-7346 or call 1-800-684-9286
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Prior Authorization Requirements for All MVP Plan Types

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	<ul style="list-style-type: none"> Imaging reviews for MVP and Radiation Therapy Management requirements: 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 and Radiation Therapy Not all self-insured plans require prior authorization of imaging service.	<ul style="list-style-type: none"> Contracts with Imaging Authorization requirements and/or Radiation Therapy Management requirements: Call eviCore National at 1-866-665-8341 and follow the imaging prompts or submit requests at evicore.com
Medicare Advantage Plans	Radiation Therapy	<ul style="list-style-type: none"> Radiation Therapy Management requirements: 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	<ul style="list-style-type: none"> Radiation Therapy Management requirements: 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, Medicare Advantage, and MVP Medicaid 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 	<ul style="list-style-type: none"> Gaucher's Disease Treatment Gender Affirming Treatment Genetic Testing/Chromosomal Studies Hepatitis C Drug Treatment Hereditary Angioedema Home Care Services
	<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

<ul style="list-style-type: none"> • Automatic External Defibrillators • Benign Prostatic Hyperplasia (BPH) Treatments • Bone Growth Stimulators • Breast Reduction Surgery • Cochlear Implants and Osseointegrated Devices • Continuous Glucose Monitoring • Cosmetic vs. Reconstructive Surgery • Dental Services (Accidental Injury to Sound) • Teeth, Outpatient Services, Prophylactic) • DME/Prosthetics/Orthotics • (Refer to DME Prior Authorization List) • Enteral Therapy • Fertility Preservation Services • Gas Permeable Scleral Contact Lens • Nasal/Sinus Endoscopy Surgery • 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 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"> • Hyperbaric Oxygen Therapy • Hyperhidrosis Treatment • Idiopathic Scoliosis Surgery • Immunoglobulin Therapy • Infertility Treatment (In Vitro Fertilization [IVF including drugs (e.g., Follotropins, Menotropin • Insulin Pumps • Inpatient/Residential Mental Health/ Substance Use Disorders • Laser Treatment of Skin Lesions • Lumbar Laminectomy (Discectomy) • Melody Valve • MitraClip • Prostatic Urethral Lift System (Urolift) • Rezum-Water Vapor Thermal Therapy • Rhinoplasty • Sacral Nerve Stimulation • Sacroiliac Joint Fusion • Speech Generating Devices • Speech Therapy-Selected Contracts • 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 • UPPP Surgery • Wound Vacs 	<p>Some employer groups offer more than one MVP plan, be sure to review the patient's MVP Member ID card.</p>
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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	Contact for Prior Authorization
<ul style="list-style-type: none"> • Adult Day Health Care Services (ADHC) • AIDS Adult Day Health Care Services (AIDS ADHC) • Consumer Directed Personal Assistant Program (CDPAP) • Consumer Directed Personal Assistant Services (CDPAS) • Long Term Home Care Services • Personal Care Services 	<p>Fax a completed PARF* to 914-372-2433 or call 1-800-684-9286.</p>
<ul style="list-style-type: none"> • Court Ordered Services • Erectile Dysfunction Treatment • 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 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.

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

Comparison of MVP Plan Types

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	Yes	No	Yes	Yes	No	No	Yes
Secure Plus HMO-POS							
Secure HMO-POS							
UVM Health Advantage PPO							
MVP EPO	No	No	Yes	Yes	No	No	Yes
WellSelect Plus PPO	No	No	Yes	Yes	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
MVP 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
Healthy NY Gold	Yes	No	Yes	Yes	No	No	Yes
MVP Student Health Plan	No	No	No	Yes	No	Yes	Yes

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
POS	Yes	No	Varies by Employer Group	Varies by Employer Group	For Out-of-Network Care Only		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		Varies by	Varies by	No	Yes	No

			Employer Group	Employer Group			
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- †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 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**.