

Plan Type	PCP Referral Required	Pre-Auth. Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission	Access to MVP America Network	Out of Network Benefits
ASO-HMO	Yes	Yes	Varies by Employer Group	No	No	No
ASO-POS	Yes	Yes	Varies by Employer Group	For Out-of-Network Care Only	No	Yes
ASO-PPO	No	No	Varies by Employer Group	Varies by Employer Group	Yes	Yes
ASO-Indemnity	No	No	Varies by Employer Group	Varies by Employer Group	Yes	Yes
ASO-EPO America	No	No	Varies by Employer Group	Varies by Employer Group	Yes	No

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

Plan Type	PCP Referral Required	Pre-Auth. Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission	Access to MVP America Network	Out of Network Benefits
MVP HMO (including Comp Care)	Yes	Yes	Yes	No	No	No
MVP POS	Yes	Yes	Yes	For Out-of-Network Care Only	No	Yes
MVP Direct Access HMO	Yes	No	Yes	No	No	No
MVP Direct Access POS	Yes	No	Yes	For Out-of-Network Care Only	No	Yes
MVP PPO	No	No	Yes	Yes	Yes	Yes
MVP PPO Select	No	No	Yes	Yes	No	Yes
MVP Indemnity	No	No	No	Yes	Yes	Yes
MVP EPO	No	No	Yes	Yes	No	No
EPO America	No	No	Yes	Yes	Yes	No
Healthy NY	Yes	Yes	Yes	No	No	No
MVP Care/SSI	Yes	Yes	Yes	No	No	No
MVP Care/SSI	Yes	Yes	N/A	No	No	No
Child Health Plus	Yes	Yes	Yes	No	No	No
Family Health Plus	Yes	Yes	Yes	No	No	No

### MVP Fully-Insured Plans

## Comparison of Plan Types



# UM Policy Guide

Effective May 1, 2006

## MVP Pre-Authorization Process

This *UM Policy Guide* provides a quick reference of pre-authorization requirements for MVP's fully-insured and self-insured plans. The guide should be used in coordination with the **Pre-Authorization Request Form (PARF)**. All services listed in this document require pre-authorization by MVP.

### MVP Fully-Insured Plans (HMO, POS, Direct Access)

If a procedure or service requires pre-authorization:

- fax a completed PARF to 1-800-280-7346 or
- call the MVP Utilization Management Unit at 1-800-568-0458.

### MVP Self-Funded Plans (ASO-HMO, ASO-POS, ASO-PPO, ASO-EPO, 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 ID cards. 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 UM Unit at 1-800-229-5851.

### Prescription Drugs

Covered prescription drugs requiring pre-authorization do not appear in this document. They are contained in the MVP *Formulary*.

### Behavioral Health Services

MVP does not accept or require referrals (paper or electronic) from PCPs for behavioral health services when care is rendered by a network practitioner. However there is a notification requirement and either the practitioner or member must call the MVP Behavioral Health Access Center at **1-800-568-0458** to register care prior to treatment. To request additional visits beyond the initial authorization, a behavioral health practitioner must complete and submit an Outpatient Treatment Report (OTR) prior to using all of the initially authorized visits. OTRs are available on the MVP Web site at [www.mvphealthcare.com](http://www.mvphealthcare.com). Please note: PPO, EPO and Indemnity plans do not require notification, however PPO Select does require notification.

### Online Resources

Visit MVP online at [www.mvphealthcare.com](http://www.mvphealthcare.com) to print a Pre-Authorization Request Form (PARF), review the *Physician Quality Improvement Manual and Tool Kit*, and to access information and forms.

### In-Office Procedure and Ambulatory Surgery Lists

Participating providers and their office staff can access the In-Office Procedure and Ambulatory Surgery Lists at [www.mvphealthcare.com](http://www.mvphealthcare.com). Contact your professional relations representative if you prefer a paper copy.

Please note:

- The In-Office Procedure List details the CPT® codes that MVP will reimburse for when performed in the physician's office. Claims submitted with a place of service other than the physician's office will be denied unless pre-authorization is obtained.
- The Ambulatory Surgery list specifies the CPT®/HCPCS codes that MVP will reimburse for when performed in the ambulatory surgery or in-office settings. Claims submitted with an inpatient setting will be denied unless pre-authorization is obtained.
- All procedures are subject to the member's plan type and benefits.

### Sample of MVP Member ID Card

Subscriber ID: 81234567800 New York  
**JOSEPH SAMPLE**  
 Member #: 81234567801 Member Name: EDIE SAMPLE  
 81234567802 JULIAN SAMPLE  
 81234567803 VICTOR SAMPLE  
 81234567804 ANTHONY SAMPLE  
 Plan Type: HMO  
 Group #: 210723 Effective Date: 01/01/2006  
 PCP Office Visit: \$25 Specialist Office Visit: \$40  
 Hospital Inpatient: \$500 Referral Required  
 Emergency Room: \$100  
 Rx Group #: MVPRX Bin #: 610927 Processor #: VL



# Pre-Authorization Requirements

## All Plan Types

Procedures/Services That Require Pre-Authorization	For Pre-Authorization Contact:
<ul style="list-style-type: none"> <li>All Elective Inpatient Admissions and Surgeries</li> <li>Advanced Infertility (available per contract, age requirement per NYS mandate)</li> <li>Diagnostic Laparoscopy*</li> <li>Hysterectomy*</li> <li>Inpatient Rehabilitation</li> <li>Lumbar Laminectomy (Discectomy)*</li> <li>Septoplasty*</li> <li>Sinus Surgery*</li> <li>Skilled Nursing Facilities</li> <li>Spinal Fusion – Lumbosacral*</li> <li>Transplants</li> </ul>	<p>Fax a completed PARF to 1-800-280-7346 or call UM at 1-800-568-0458.</p> <p>For MVP Select Care (ASO) members, fax a completed PARF to 1-800-280-7346 or call the Select Care UM Dept. at 1-800-229-5851.</p>

## DME and Home Care Services (HMO, POS, Direct Access, MVP Care, Child Health Plus, Family Health Plus and MVP Select Care-ASO Plan Types)

Services	Procedures/Services/Treatments Needed	For Pre-Authorization Contact:
<b>Durable Medical Equipment</b>	Durable Medical Equipment (DME) under \$300 can be dispensed/billed from a physician's or podiatrist's office to assure musculoskeletal stabilization, safe mobility and transportation home. Midlevel professionals practicing in a participating physician's office may order DME as indicated in the DME policy. DME over \$300 requires pre-authorization. All foot orthotics require pre-authorization.	<p>MVP DME Unit: 1-800-452-6966</p> <p>Select Care UM Dept: 1-800-229-5851</p>
<b>Home Care Services</b>	<ul style="list-style-type: none"> <li>Home Infusion</li> <li>Nursing</li> <li>Physical Therapy</li> <li>Terbutaline Therapy</li> <li>Hospice Care</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> </ul>	<p>MVP Case Management: 1-800-568-0458</p> <p>Select Care UM Dept: 1-800-229-5851</p>

## Outpatient Imaging Services (HMO, POS, Direct Access, MVP Care, Child Health Plus, Family Health Plus and MVP Select Care-ASO Plan Types)

Plan Types	Services That Require Pre-Authorization	For Pre-Authorization Contact:
<b>Fully-Insured Plans</b>	MRAs/MRIs, PET Scans, CT Scans (exception: CT Scans of the sinus and orbit) (MVMA primary care physicians cannot order MRIs and CT scans of the joints)	<p>Fax a completed PARF to 1-800-280-7346 for PET Scans.</p> <p>Call UM at 1-800-568-0458 for MRIs and CT Scans.</p>
<b>Self-Funded Plans</b>	Pre-authorization requirements vary by employer group. Please call MVP for specific services that require pre-authorization.	<p>For MVP Select Care (ASO) members, fax a completed PARF to 1-800-280-7346 for PET Scans. Call the Select Care UM Dept. at 1-800-229-5851 for MRIs and CT Scans.</p>

## Additional Services (HMO, POS, Direct Access, MVP Care, Child Health Plus, Family Health Plus, ASO/HMO and ASO/POS Plan Types)

Procedures/Services That Require Pre-Authorization	For Pre-Authorization Contact:
<ul style="list-style-type: none"> <li>Air Medical Transport/Air Ambulance (for non-emergency transport)</li> <li>Autologous Chondrocyte Implantation (Carticel)</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>Buprenorphine</li> <li>Capsule Endoscopy</li> <li>Cardiac Rehab (outpatient over 12 visits – Phases 2 and 3)</li> <li>Cataract Surgery* (Direct Access only)</li> <li>Cochlear Implants</li> <li>Cosmetic vs. Reconstructive Surgery</li> <li>Court Ordered Services (coverage for MVP Care, FHP only)</li> <li>Dental (prophylactic)</li> <li>Dental Care (Outpatient Services, Accidental Injury to Sound Teeth)</li> <li>Dermabrasion</li> <li>DME/Prosthetics/Orthotics (over \$300)</li> <li>Dorsal Column Stimulator</li> <li>Endovascular Treatment for AAA and Carotid Artery Disease</li> <li>Gamma Globulin</li> <li>Gastric Surgery for Morbid Obesity</li> <li>Gaucher's Disease Treatment</li> <li>Genetic Testing/Chromosomal Studies</li> <li>Growth Hormone</li> <li>Hammer Toe Surgery* (Direct Access only)</li> <li>Hearing Aids (coverage for MVP Care, FHP, CHP only)</li> <li>Hemorrhoidectomy* (Direct Access only)</li> <li>Hyperbaric Oxygen Therapy</li> <li>Hyperhidrosis</li> <li>Infertility (Advanced and/or Secondary), available with Rider <ul style="list-style-type: none"> <li>IUI, HCG, including drugs (e.g., Clomid, Clomiphene, Follitropins, Menotropins)</li> <li>GIFT/ZIFT are not covered</li> </ul> </li> <li>Interstim (Sacral Nerve Stimulator)</li> <li>Intracoronary Radiation/Intracoronary Brachytherapy</li> <li>Laser Treatment, Port Wine Stain/Rosacea/Warts</li> <li>LDL Apheresis</li> <li>Liposuction</li> <li>Low Vision Aids (coverage for MVP Care, FHP, CHP only)</li> <li>Mental Health for VT and NYS FEP contracts (Behavioral Health Unit)</li> <li>Methadone Maintenance/Opiate–VT HMO, PPO, Compcare and NYS FEP</li> <li>New Technology</li> <li>Non-Covered Drugs</li> <li>Oral Surgery/Orthognathic Surgery</li> <li>Organ Donor</li> <li>Orphan Drugs</li> <li>Panniculectomy/Abdominoplasty</li> <li>Pectus Excavatum</li> <li>Percutaneous Vertebroplasty/Kyphoplasty</li> <li>Photodynamic Therapy/VISUDYNE</li> <li>Photographs of Skin Lesions</li> <li>Prevnar® (for patients over 23 months)</li> <li>Private Duty Nursing (coverage for MVP Care, FHP, CHP only)</li> <li>Psoriasis Treatment</li> <li>Pulmonary Rehab</li> <li>Rhinoplasty</li> <li>Rhizotomy/Radiofrequency Ablation</li> <li>Sclerotherapy</li> <li>Shoulder Arthroscopy* (Direct Access only)</li> <li>Skin Endpoint Titration</li> <li>Sleep Studies and Clinics</li> <li>Smoking Cessation (coverage for FHP only)</li> <li>Speech Generating Devices</li> <li>Speech Therapy</li> <li>Stereotactic Radiosurgery (SRS)</li> <li>Synagis/Respigam (injectables for RSV)</li> <li>Thoracic Electrical Bioimpedance</li> <li>TMJ (NYS and VT)</li> <li>Treatment of Obstructive Sleep Apnea (policies A &amp; B)</li> <li>UPPP Surgery</li> <li>Uterine Artery Embolization</li> <li>Video EEG Monitoring</li> <li>Virtual Colonoscopy</li> <li>VNUS/EVLT</li> <li>Wound Care Centers</li> </ul>	<p>Fax a completed PARF to 1-800-280-7346 or call UM at 1-800-568-0458.</p> <p>For MVP Select Care (ASO) members:</p> <ul style="list-style-type: none"> <li>Call the Select Care Member Services Dept. at 1-800-229-5851 to confirm member benefits</li> <li>Fax a completed PARF to 1-800-280-7346 or call the Select Care UM Dept. at 1-800-229-5851</li> </ul> <p><i>Some employer groups offer more than one MVP plan, so be sure to review the member's ID card.</i></p>

## EPO/PPO Plan Types

Procedures/Services That Require Pre-Authorization	For Pre-Authorization Contact:
<ul style="list-style-type: none"> <li>Elective Inpatient Admissions</li> <li>ACI Carticel</li> <li>Advanced Infertility (available per contract, age requirement per NYS mandate)</li> <li>Air Transport</li> <li>Bariatric Surgery</li> <li>Blepharoplasty</li> <li>Breast Implantation</li> <li>Breast Reduction</li> <li>Cataract Surgery*</li> <li>Cochlear Implant</li> <li>Diagnostic Laparoscopy*</li> <li>Dorsal Column Stimulator</li> <li>Endovascular Treatment for AAA and Carotid Artery Disease</li> <li>Hammer Toe Surgery*</li> <li>Hemorrhoidectomy*</li> <li>Hysterectomy*</li> <li>Laser Treatment</li> <li>Liposuction</li> <li>Lumbar Laminectomy (Discectomy)*</li> <li>Orthognathic Surgery</li> <li>Panniculectomy</li> <li>Pectus Excavatum</li> <li>Percutaneous Vertebroplasty/Kyphoplasty</li> <li>Rhinoplasty</li> <li>Rhizotomy</li> <li>Sacral Nerve Stimulator</li> <li>Sclerotherapy</li> <li>Septoplasty*</li> <li>Shoulder Arthroscopy*</li> <li>Sinus Surgery*</li> <li>Spinal Fusion – Lumbosacral*</li> <li>TMD/TMJ</li> <li>Uterine Artery Embolization</li> <li>Varicose Vein Treatment</li> </ul>	<p>Fax a completed PARF to 1-800-280-7346 or call UM at 1-800-568-0458.</p> <p>For MVP Select Care (ASO) members, fax a completed PARF to 1-800-280-7346 or call the Select Care UM Dept. at 1-800-229-5851.</p>

## IBM Plan Types

Procedures/Services That Require Pre-Authorization	For Pre-Authorization Contact:
<ul style="list-style-type: none"> <li>Elective Inpatient Admissions</li> <li>Bariatric Surgery</li> <li>Organ Transplants</li> <li>Rehabilitation Facilities</li> <li>Skilled Home Care</li> <li>Skilled Nursing Care</li> <li>Speech/Occupational/Physical Therapy (more than 40 visits per year)</li> </ul> <p>For members enrolled in the IBM Medicare Supplement POS plan, please follow the pre-authorization instructions for MVP Select Care (ASO) members in this <i>UM Policy Guide</i>.</p>	<p>Call the Select Care UM Dept. at 1-800-229-5851.</p>

\*Denotes when InterQual® criteria is used for the procedure.