



Rochester Region Prior Authorization List (Appendix A)

Please note: This policy applies to an MVP member with a subscriber ID number beginning with an alpha character (ie. A123456789 or LU12345B).

Service or procedure	Comprehensive, Community, Opportunity, Basix, Trivantage Active Lifestyles & Family Focus, Personal Plan HMO, Healthy NY (All Plans), Harris	All Access Plus Plans, Trivantage Healthy Alternatives, Trivantage Plus (all benefit packages), Personal Plan POS	1199	Preferred Gold HMO, Gold Value	Gold Anywhere PPO		MVP Option / MVP Option Family	US Direct PPO (All) PPO Conversion Plan, MyCare, Highland Hospital (all PPO plans)		Preferred EPO, Highland Health Basics Plan	Kodak PPO & PPO Max, Kodak CDHP, Carestream (All Plans), Gleason Health Plan PPO, Gleason HDHP		USA Care PFFS
					In Network	Out of Network		In Network	Out of Network		In Network	Out of Network	
Admissions													
Elective Hospitalizations	X	X	X	X	X	X	X	X	X	X	X	X	P
Mental Health & Chemical Dependency-contact Value Option (VO)	X	X	X	X	X	X	X	X	X	X	X	X	P
Alternate Level of Care (ALC)	X	X	X	NA	NA	NA	X	X	X	X	X	X	P
Organ Transplant	X	X	X	X	X	X	X	X	X	X	X	X	P
Swing Beds	X	X	X	X	X	X	X	X	X	X	X	X	P
Transitional Care	X	X	X	X	X	X	X	X	X	X	X	X	P
Acute Rehabilitation	X	X	X	X	X	X	X	X	X	X	X	X	P
Skilled Nursing Facility (SNF)	X	X	X	X	X	X	X	X	X	X	X	X	P
Partial Hospitalization (Mental Health)- contact Value Option (VO)	X	X	X	X	X	X	X	X	X	X	X	X	P
Air Transportation / Air Ambulance (Elective)	X	X	X	X	R	R	X	R	R	R	X	X	P
Bariatric Surgery	X	X	X	X	X	X	X	X	X	X	X**	X**	
Blepharoplasty / Browlift / Ptosis Repair	X	X	X	X	X	X	X	X	X	X	X	X	
Bone Growth Stimulators	X	X	X	X	X	X	X	X	X	X	X	X	
Botox injections (office procedure only)		X		X	X		X			X	X	X	
Breast Reconstruction Surgery													
Augmentation / Reduction	X	X	X	X	X	X	X	X	X	X	X	X	
Gynecomastia Reduction	X	X	X	X	X	X	X	X	X	X	X	X	
Mastopexy	X	X	X	X	X	X	X	X	X	X	X	X	
Brachytherapy for breast cancer	X	X	X	X	X	X	X			X			
BRCA 1 and 2	X	X	X	X	X	X	X				X	X	
Capsule Endoscopy	X	X	X	X	R	R	X	R	R	R	X	X	
Chemical Dependency Outpatient Evaluation & Treatment - contact Value Option (VO)	X	X	X	X			X						
Chiropractic - contact Landmark	X	X	X	X			N/A						
Cochlear Implants/ Osseointegrated Devices	X	X	X	X	X	X	X	X	X	X	X	X	
Continuous Glucose Monitoring	X	X	X	X	X	X	N/A	X	X	X	X	X	
Court Ordered Services	NA	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	NA	
Deep Brain Stimulation	X	X	X	X	X	X	X			X			
Dental Services (Accidental Injury to Sound Teeth, Outpatient Services, Prophylactic)	R	R	R	R	R	R	R	R	R	R	R	R	

* MVP Healthcare reserves the right to review any service for medical necessity

** Not covered for Gleason Products

Service or procedure	Comprehensive, Community, Opportunity, Basix, Trivantage Active Lifestyles & Family Focus, Personal Plan HMO, Healthy NY (All Plans), Harris	All Access Plus Plans, Trivantage Healthy Alternatives, Trivantage Plus (all benefit packages), Personal Plan POS	1199	Preferred Gold HMO, Gold Value	Gold Anywhere PPO		MVP Option / MVP Option Family	US Direct PPO (All) PPO Conversion Plan, MyCare, Highland Hospital (all PPO plans)		Preferred EPO, Highland Health Basics Plan	Kodak PPO & PPO Max, Kodak CDHP, Carestream (All Plans), Gleason Health Plan PPO, Gleason HDHP		USA Care PFFS
					In Network	Out of Network		In Network	Out of Network		In Network	Out of Network	
<ul style="list-style-type: none"> • X = prior authorization required before the actual date of service • R = documentation required for medical necessity review upon receipt of claim • Blank = no review required • P = Pre-service review recommended • N/A = not a reimbursable service 													
Dermabrasion	X	X	X	X	X	X	X	X	X	X	X	X	
Drug Therapy (refer to the Medical and Pharmaceutical Policies)	For a complete listing of all prior authorization requirements, STEP therapies, and quantity limitations please call the Professional Relations Service Center or refer to: http://www.mvphealthcare.com/provider/rochester/PriorAuthList.html												
Durable Medical Equipment / External Prosthetics/ Orthotics	For a complete listing of all prior authorization requirements, please call the Professional Relations Service Center or refer to: https://www.mvphealthcare.com/provider/dme.html												
Air fluidized bed											X	X	
CPAP/ BiPAP													
Continuous Passive Motion (excludes total knee replacement)													
Cryocuff Compression Dressing											X	X	
Insulin Pumps											X	X	
Limb Prosthetics (electric/power)											X	X	
Male Vacuum Erection System											X	X	
Negative Pressure Wound Therapy											X	X	
Neuromuscular Stimulator (NMS)											X	X	
Nocturnal Airway Patency Appliance (NAPA)											X	X	
Reid Sleeve											X	X	
Speech Augmentation Devices											X	X	
ThAIRapy Vest											X	X	
Wheelchairs, Scooters & Accessories Electric, Custom or Non-standard											X	X	
Eating Disorders (outpatient services)- Contact VO	X	X	X	X			X				X	X	
Endovascular Procedures	X	X	X	X	X	X	X	X	X	X	X	X	
ESWT for Musculoskeletal Indications	X	X	R	X	R	R	X	R	R	R	X	X	
Gaucher's Disease Treatment	X	X	X	X	X	X	X			X	X	X	
Genetic Testing and Chromosomal Studies	X	X	X	X	X	X	X			X	X	X	
Home Care (some agencies have a contractual exclusion from prior justification)	X	X	X	X	X	X	X	X	X	X	X	X	
Hyperbaric Oxygen	X	X	X	X	X	X	X	X	X	X	X	X	
Hysterectomy	X	X	X	X	X	X	X	X	X	X	X	X	
Hyperhidrosis Treatment	X	X	X	X	X	X	X			X			
Implantable Cardiac Defibrillator	X	X	X	X			X			X	X	X	
Implants & Internal Prosthetics (includes penile, breast and cochlear)	X	X	X	X	X	X	X	X	X	X	X	X	
Intensity Modulated Radiation Therapy	X	X	X	X	R	R	X	R	R	R	X	X	
IVIG		X	X	X	X	X	X	X	X	X	X	X	
New Technology	X	X	X	X	X	X	X	X	X	X	X	X	
Infertility (Advanced or Secondary, i.e. GIFT, ZIFT, Gender Surgery, also see Drug Therapy above)	X	X		X	X	X	X	X	X	X	X	X	
In Vitro Fertilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Joint Replacement - Knee (Elective)	X	X		X	X	X	X	X	X	X	X	X	
Joint Replacement - Hip (Elective)	X		X	X	X	X	X	X	X	X	X		

* MVP Healthcare reserves the right to review any service for medical necessity

** Not covered for Gleason Products

Service or procedure	Comprehensive, Community, Opportunity, Basix, Trivantage Active Lifestyles & Family Focus, Personal Plan HMO, Healthy NY (All Plans), Harris	All Access Plus Plans, Trivantage Healthy Alternatives, Trivantage Plus (all benefit packages), Personal Plan POS	1199	Preferred Gold HMO, Gold Value	Gold Anywhere PPO		MVP Option / MVP Option Family	US Direct PPO (All) PPO Conversion Plan, MyCare, Highland Hospital (all PPO plans)		Preferred EPO, Highland Health Basics Plan	Kodak PPO & PPO Max, Kodak CDHP, Carestream (All Plans), Gleason Health Plan PPO, Gleason HDHP		USA Care PFFS
					In Network	Out of Network		In Network	Out of Network		In Network	Out of Network	
Kyphoplasty - Vertebroplasty	X	X	X	X	R	R	X	R	R	R	X	X	
Lumbar Laminectomy	X	X	X	X	X	X	X	X	X	X	X		
Metal-On-Metal Total Hip Resurfacing	X	X	X	X	X	X	X	X	X	X	X	X	
Mental Health Outpatient - contact Value Option (VO)	X	X	X	X	X	X	X	X	X	X	X		
Multiple Sleep Latency Testing	X	X	X	X	X	X	X	X	X	X	X	X	
Neuropsychological Testing	X	X	X	X			X						
Oncotype Diagnostic Testing	X	X	X	X	X	X	X			X	X	X	
Oral Surgery	X	X									X	X	
Orthognathic Surgery	X	X	X	X	X	X	X	X	X	X	X	X	
Panniculectomy	X	X	X	X	X	X	X	X	X	X	X	X	
Pectus Excavatum	X	X	X	X	R	R	X	R	R	R	X	X	
Erectile Dysfunction (non-implants; Implants see below)							X						
Phototherapy for pre-malignancy and malignancy		X	X	X	X	X	X			X			
Private Duty Nursing	X	X	X	X	X	X	X	N/A	N/A	N/A	X	X	
Radiology - Imaging Studies													
CT Abdomen or Abdomen / Pelvis or Pelvis	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Angiography Chest	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Calcium Scoring	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Coronary Arteries with or without Calcium scoring	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Chest	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Cervical Spine	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Heart	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Lumbar Spine	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Thoracic Spine	X	X	X	X	X	X	X	X	X	X	X	X	X
CT Limited or Follow-Up Study	X	X	X	X	X	X	X	X	X	X	X	X	X
MR Angiography Abdomen											X	X	
MR Angiography Chest											X	X	
MR Angiography Head											X	X	
MR Angiography Neck											X	X	
MR Angiography Upper Extremity Joint											X	X	
MR Angiography Pelvis											X	X	
MR Cholangiopancreatography	X	X	X	X	X	X	X	X	X	X	X	X	X
MR Spectroscopy	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI Abdomen	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI Breast Bilateral / Unilateral,	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI Cervical Spine, Lumbar Spine, Thoracic Spine,	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI Hip,	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI TMJ,	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI Lower Extremity Joint	X	X	X	X	X	X	X	X	X	X	X	X	X
MRI Upper Extremity Joint	X	X	X	X	X	X	X	X	X	X	X	X	X

* MVP Healthcare reserves the right to review any service for medical necessity

** Not covered for Gleason Products

Service or procedure	Comprehensive, Community, Opportunity, Basix, Trivantage Active Lifestyles & Family Focus, Personal Plan HMO, Healthy NY (All Plans), Harris	All Access Plus Plans, Trivantage Healthy Alternatives, Trivantage Plus (all benefit packages), Personal Plan POS		1199	Preferred Gold HMO, Gold Value	Gold Anywhere PPO		MVP Option / MVP Option Family	US Direct PPO (All) PPO Conversion Plan, MyCare, Highland Hospital (all PPO plans)		Preferred EPO, Highland Health Basics Plan	Kodak PPO & PPO Max, Kodak CDHP, Carestream (All Plans), Gleason Health Plan PPO, Gleason HDHP		USA Care PFFS
		In Network	Out of Network			In Network	Out of Network		In Network	Out of Network		In Network	Out of Network	
• X = prior authorization required before the actual date of service														
• R = documentation required for medical necessity review upon receipt of claim														
• Blank = no review required														
• P = Pre-service review recommended														
• N/A = not a reimbursable service														
PET (Positive Emission Tomography) Scan: Brain, Heart, Tumor Imaging, Dx or surgical planning for Breast cancer, Dx Cervical, Restaging Ovarian, site not otherwise stated	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rhinoplasty	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rhizotomy/ Radiofrequency Ablation	X	X	X	X	X	X	X	X	X	X	X	X	X	
Sacral Nerve Stimulation with Implantable Neuroprosthesis		X	X	X	X	X	X	X			X			
Sclerotherapy	X	X	X	X	X	X	X	X	X	X	X	X	X	
Septoplasty	X	X	X	X				X				X	X	
Skin End Point Titration		X	X	X				X			X			
Stereotactic Radiosurgery	X	X	X	X	X	X	X	X			X			
Speech Therapy								X						
Spinal Cord Stimulator	X	X	X	X	X	X	X	X	X	X	X	X	X	
Spinal Fusion	X	X	X	X	X	X	X	X			X			
Surgical Management of Obesity	X	X	X	X	X	X	X	X	X	X	X	X**	X**	
Surgical Management of Sleep Apnea	X	X	X	X	X	X	X	X	X	X	X	X	X	
Telehealth or telemonitoring								X						
Thoracic Electric Bioimpedence	X	X	X	X	R	R	X	R	R	R	R			
TMD/ TMJ	X	X	X	X	X	X	X	X			X	X	X	
Ventricular Assist Device, Left (LVAD)	X	X	X	X	R	R	X	R	R	R	R	X	X	
Vertebroplasty	X	X	X	X	R	R	X	R	R	R	R	X	X	
VNUS/EVLT		X	X	X	X	X	X	X	X	X	X	X	X	
Virtual Colonoscopy	X	X	X	X				X				X	X	
Weight Loss Programs and Medical Treatment of Obesity	X	X	X	X	X	X	X	X	X	X	X			
Yttrium- 90 Microspheres for Treatment of Liver cancer	X	X	X	X	X	X	X	X	X	X	X			

* MVP Healthcare reserves the right to review any service for medical necessity

** Not covered for Gleason Products