



UM Policy Guide

Prior Authorization Process and Requirements

New York State – Revised January 1, 2026

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)

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 *Formulary and Policy Updates* under *Resources*.

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 behavioral health prompt. For authorizations, fax MVP at **1-855-853-4850**.

Precision Genetic Testing Management (PGTM)

Avalon Healthcare Solutions provides utilization management for precision genetic testing management (PGTM). Providers can request prior authorization in three (3) ways:

- Telephone: by calling Avalon's Pre-service Review Department Monday – Friday 8:00 am – 5:00 PM EST at 1-844-227-5769
- Fax: A Preservice Review Form can be obtained by calling Avalon. Once completed, please fax Preservice Review Department at 1-813-751-3760
- Portal: Avalon's Preservice Review portal is available 24/7 for providers to submit requests and check the status of previous submissions. This can be accessed by visiting mvphealthcare.com/providers and Signing In to your Provider Online Account.

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.

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. Select *Resources*, then under *Reference Library* select *Medical Policies*. Medical policies allow providers to determine if procedures require 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• Transplants	<ul style="list-style-type: none">• Fax a completed PARF* to 1-800-280-7346 or call Provider Services at 1-800-568-0458.• Post Acute Services including SNF and Inpatient Rehabilitation call 1-800-684-9286 or fax 1-866-942-7826 :•
Transplants <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, , MVP Secure, Secure Plus, 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/providers . And select Resources then Pharmacy	<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
Durable Medical Equipment (DME)	<ul style="list-style-type: none">• 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	<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.

	be billed with the office visit.	
Home Care Services	<ul style="list-style-type: none"> Home Infusion Speech Therapy Physical Therapy Occupational Therapy Nursing Terbutaline Therapy 	<ul style="list-style-type: none"> Medicare and USA Care plans: Call 1-800-684-9286 fax 1-866-942-7826 for new or concurrent requests. All other plans: Fax a completed PARF* to 1-800-280-7346 or call 1-800-684-9286

Prior Authorization Requirements for All MVP Plan Types

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"> Acute Inpatient Rehabilitation Air Medical Transport/Air Ambulance (for nonemergent transport) Applied Behavior Analysis Atrial Fibrillation Catheter Ablation Autologous Chondrocyte Implantation 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 Oral Surgery/Orthognathic Surgery Organ Donor Orphan Drugs Orthotic Devices (Refer to DME Prior Authorization List) Panniculectomy/Abdominoplasty Pectus Excavatum 	<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, be sure to review the patient's MVP Member ID card.</p>

<ul style="list-style-type: none"> • 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 • Prosthetic Devices (Refer to DME Prior Authorization List) 	<ul style="list-style-type: none"> • Uvulopalatopharyngoplasty (UPPP) Surgery • Wheelchairs 	
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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 	Fax a completed PARF* to 914-372-2433 or call 1-800-684-9286 .
<ul style="list-style-type: none"> • Court Ordered Services • Erectile Dysfunction Treatment • Mastectomies • Personal Emergency Response System (PERS) • Private Duty Nursing 	Fax a completed PARF* to 1-800-280-7346 or call 1-800-684-9286 .

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
• Complete Wellness • Preferred Gold HMO-POS • Secure Plus HMO-POS • Secure HMO-POS	Yes	No	Yes	Yes	No	No	Yes

• DualAccess D-SNP							
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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 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 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 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**.