



# UM Policy Guide

## Prior Authorization Process and Requirements

**Vermont** – 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, 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](http://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.

### **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](http://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](http://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](http://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](http://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](http://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](http://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"><li>• All Elective Inpatient Admissions for Physical and Mental Health</li><li>• Advanced Infertility Services</li><li>• Inpatient Rehabilitation</li><li>• Skilled Nursing Facilities (SNF)</li><li>• Transplants</li></ul>	<ul style="list-style-type: none"><li>• Fax a completed PARF* to <b>1-800-280-7346</b> or call Provider Services at <b>1-800-568-0458</b>.</li><li>• Post acute services including SNF and Inpatient Rehabilitation New or concurrent requests call <b>1-800-684-9286</b> or fax <b>1-866-942-7826</b></li></ul>
<b>Transplants</b> <ul style="list-style-type: none"><li>• Medications (IV and most IM dosage forms) given in the office or outpatient setting that require prior authorization:</li><li>• Commercial Formulary (HMO, POS, MVP Child Health Plus, PPO, EPO, and some ASO plans) MVP Medicaid Formulary</li><li>• Health Insurance Marketplace Formulary (Individual and Small Group On and Off Marketplace)</li></ul> Formularies are available at <a href="http://mvphealthcare.com/providers">mvphealthcare.com/providers</a> . And select <i>Resources</i> then <i>Pharmacy</i>	<ul style="list-style-type: none"><li>• Call <b>1-866-942-7966</b></li><li>• Fax a completed PARF* to <b>1-800-401-0915</b></li><li>• All other plans: Fax a completed PARF* to <b>1-800-376-6373</b></li></ul>

## 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
<b>Durable Medical Equipment (DME)</b>	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.	<ul style="list-style-type: none"><li>• Call <b>1-800-684-9286</b> or fax to <b>1-888-452-5947</b></li><li>• To access DME Prior Authorization Code List and other DME information, visit <a href="http://mvphealthcare.com">mvphealthcare.com</a></li><li>• and select Providers, then Reference Library.</li></ul>

<b>Home Care Services</b>	<ul style="list-style-type: none"> <li>• Home Infusion</li> <li>• Speech Therapy</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Nursing</li> <li>• Terbutaline Therapy</li> </ul>	Fax a completed PARF* to <b>1-800-280-7346</b> or call <b>1-800-684-9286</b>
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## 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"> <li>• Acute Inpatient Rehabilitation</li> <li>• Air Medical Transport/Air Ambulance (for nonemergent transport)</li> <li>• Applied Behavior Analysis</li> <li>• Atrial Fibrillation Catheter Ablation</li> <li>• Autologous Chondrocyte Implantation</li> <li>• Automatic External Defibrillators</li> <li>• Benign Prostatic Hyperplasia (BPH) Treatments</li> <li>• Bone Growth Stimulators</li> <li>• Breast Reduction Surgery</li> <li>• Cochlear Implants and Osseointegrated Devices</li> <li>• Continuous Glucose Monitoring</li> <li>• Cosmetic vs. Reconstructive Surgery</li> <li>• Dental Services (Accidental Injury to Sound)</li> <li>• Teeth, Outpatient Services, Prophylactic)</li> <li>• DME/Prosthetics/Orthotics (Refer to DME Prior Authorization List)</li> <li>• Enteral Therapy</li> <li>• Fertility Preservation Services</li> <li>• Gas Permeable Scleral Contact Lens</li> <li>• Nasal/Sinus Endoscopy Surgery</li> <li>• Negative Pressure Wound Therapy Pumps</li> <li>• New Technology</li> <li>• Obstructive Sleep Apnea Devices/Diagnosis/Surgical</li> <li>• Oral Surgery/Orthognathic Surgery</li> <li>• Organ Donor</li> <li>• Orphan Drugs</li> <li>• Orthotic Devices (Refer to DME Prior Authorization List)</li> <li>• Panniculectomy/Abdominoplasty</li> <li>• Pectus Excavatum</li> <li>• Penile Implants for Erectile Dysfunction</li> <li>• Percutaneous Left Atrial Appendage (LAA) Closure Devices</li> </ul>	<ul style="list-style-type: none"> <li>• Gaucher's Disease Treatment</li> <li>• Gender Affirming Treatment</li> <li>• Hepatitis C Drug Treatment</li> <li>• Hereditary Angioedema</li> <li>• Home Care Services</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Hyperhidrosis Treatment</li> <li>• Idiopathic Scoliosis Surgery</li> <li>• Immunoglobulin Therapy</li> <li>• Infertility Treatment (In Vitro Fertilization [IVF including drugs (e.g., Follitropins, Menotropin</li> <li>• Insulin Pumps</li> <li>• Inpatient/Residential Mental Health/ Substance Use Disorders</li> <li>• Laser Treatment of Skin Lesions</li> <li>• Lumbar Laminectomy (Discectomy)</li> <li>• Melody Valve</li> <li>• MitraClip</li> <li>• Prostatic Urethral Lift System (Urolift)</li> <li>• Rezum-Water Vapor Thermal Therapy</li> <li>• Rhinoplasty</li> <li>• Sacral Nerve Stimulation</li> <li>• Sacroiliac Joint Fusion</li> <li>• Speech Generating Devices</li> <li>• Speech Therapy-Selected Contracts</li> <li>• Spinal Cord Stimulator</li> <li>• Synagis (Injectable for RSV)</li> <li>• Temporomandibular Joint Dysfunction (TMJ)</li> <li>• Tissue-Engineered Skin Substitutes</li> <li>• Total Artificial Heart</li> <li>• Transcranial Magnetic Stimulation (TMS)</li> <li>• Transplants</li> <li>• UPPP Surgery</li> <li>• Wound Vacs</li> </ul>	<p>All plans:</p> <ul style="list-style-type: none"> <li>• Fax a completed PARF* to <b>1-800-280-7346</b> or call Utilization Management at <b>1-800-684-9286</b></li> </ul> <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"> <li>• Percutaneous Vertebroplasty/Kyphoplasty</li> <li>• Photodynamic Therapy (Malignant conditions)</li> <li>• Polysomnography (Facility Based)</li> <li>• Power Mobility Devices</li> <li>• Private Duty Nursing</li> </ul>		
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## Additional Services

All fully insured HMO, HMO-POS, EPO, PPO, 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"> <li>• Adult Day Health Care Services (ADHC)</li> <li>• AIDS Adult Day Health Care Services (AIDS ADHC)</li> <li>• Consumer Directed Personal Assistant Program (CDPAP)</li> <li>• Consumer Directed Personal Assistant Services (CDPAS)</li> <li>• Long Term Home Care Services</li> <li>• Personal Care Services</li> </ul>	Fax a completed PARF* to <b>914-372-2433</b> or call <b>1-800-684-9286</b> .
<ul style="list-style-type: none"> <li>• Court Ordered Services</li> <li>• Erectile Dysfunction Treatment</li> <li>• Mastectomies</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Private Duty Nursing</li> </ul>	Fax a completed PARF* to 1-800-280-7346 or call <b>1-800-684-9286</b> .

\*Prior Authorization Request form (PARF). To download the PARF, visit [mvphealthcare.com](http://mvphealthcare.com) and select Providers, then Forms, then Prior Authorization.

## 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
<b>MVP HMO</b>	Yes	No	Yes	Yes	No	No	No
<b>MVP POS</b>	Yes	No	Yes	Yes	For Out-of-Network Care Only	No	Yes
<b>MVP PPO</b>	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
<b>MVP EPO</b>	No	No	Yes	Yes	No	No	Yes
<b>MVP EPO/PPO</b>	No	No	Yes	Yes	No	Yes	No
<b>MVP Secure</b>	Yes	No	Yes	Yes	No	No	No

<b>MVP Select Care, Inc. Self-Funded (ASO) Plans</b>							
<b>Plan Type</b>	<b>PCP</b>	<b>Referral Required</b>	<b>Prior Authorization Required</b>	<b>Formulary</b>	<b>Reduction of Benefits for Not Notifying MVP of Inpatient Admission†</b>	<b>Access to a National Network</b>	<b>Out-of-Network Benefits</b>
<b>HMO</b>	Yes	No	Yes	Varies by Employer Group	No		No
<b>POS</b>	Yes	No	Varies by Employer Group	Varies by Employer Group	For Out-of-Network Care Only		Yes
<b>PPO</b>	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	Yes
<b>Indemnity</b>	No	No	Varies by Employer Group	Varies by Employer Group	No	N/A	Yes
<b>EPO</b>	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**.