



## Authorization Requirements Listing




Vibra Health Plan's Utilization Management approach designates certain health care services as requiring a request for service prior to delivery of service to Vibra Health Plan PPO Members. Each request for authorization made prior to or within a designated timeframe of the delivery of care and service will be evaluated for medical necessity in compliance with regulatory timeframes. A list of these services is provided for reference below and updated annually and/or periodically as needed with notification to providers in advance of changes becoming effective.

Our Utilization Management (UM) team of specially trained clinicians will work closely with Vibra Health Plan network providers and non-network providers to support timely and efficient handling of service requests to facilitate care coordination. Vibra Health Plan's UM Team conducts their reviews using standardized, evidence-based criteria to support consistency of reviews in determining medical necessity and appropriateness of level of care. Criteria used to make a determination is available upon request.

Preauthorization does not generally apply to services/items that are specifically excluded from coverage under the Member's Benefit Contract. In addition, Vibra Health Plan requires authorization for services/items that are considered to be experimental, investigational and/or cosmetic.

Requests for authorization may be made via the Provider Portal (online) and by fax, telephonic, e-mail or postal mail submission. Authorization entry can be completed using the Provider Portal by visiting Vibra Health Plan's website at [www.vibrahealthplan.com](http://www.vibrahealthplan.com), signing into the Provider Portal and selecting **Authorizations** then clicking on the **Submit an Authorization** link. Instructions can be found under the Help button. Vibra Health Plan also provides an **Authorization Form** that is accessible online and can be completed and faxed to **1-844-303-0324** or it can be e-mailed to [um\\_fax@vibrahealthplan.com](mailto:um_fax@vibrahealthplan.com). To access the form, go to the Vibra Health Plan website and select **For Providers** section of the website (link at top of page), then go to documents under **Documents and Resources**, then access the **Authorization Form 2018** link. This **Authorization Requirements List** is located in the same section of the website. Telephonically, we can be reached by calling **844-440-4629**, and pressing 1 for the UM department.

Below are some tips for improving response time to your authorization request:

-  Fully complete online form, print form and fax to **844-303-0324**. Unreadable and/or incomplete forms may result in delays in handling the request.
-  Ensure codes submitted are accurate for the service planned/delivered.
-  Access online form with each request. Forms are revised periodically to support improvements in capturing key information to facilitate handing of your request. Outdated forms may cause a delay.

**IMPORTANT:** All Providers are responsible for verifying Vibra Health Plan member eligibility and benefits prior to service delivery. Member eligibility and benefits can be confirmed by contacting our Provider Services Team, Monday through Friday, 8:00 AM to 8:00 PM by calling **844-388-8268**.

For discussion regarding UM requests or questions about an active authorization request, our UM Team is available Monday through Friday, 8:00 AM to 6:00 PM by calling **844-575-4387**. Providers may leave voice mails on our confidential secure lines after hours, as needed.



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For benefits to be paid, the Member must be eligible on the date of service and the service must be a covered benefit. Failure to obtain prior authorization for the designated services *may* result in a denial for reimbursement, except in the case of an emergency.

### Prior Authorization (PA) is Required for Services Listed Below – EFFECTIVE 1/1/2017

SERVICES	QUALIFIERS
Advanced Imaging (MRI, MRA, CT, PET, Tx Radiology, MEG)	Authorization Required
Air Ambulance	Authorization Required – Non-Emergent Only
Artificial Insemination	Authorization Required
Automatic/Artificial Implantable Cardioverter-Defibrillator (ACID) / Pacemakers	Authorization Required – Non-Emergent Only
Bariatric Surgery	Authorization Required
Blepharoplasty	Authorization Required
Breast Reconstruction	Authorization Required
Breast Surgery	Authorization Required
Cardiac Catheterization	Authorization Required – Non-Emergent Only
Cardiovascular Surgery	Authorization Required – Non-Emergent Only
Chiropractic Therapy	Authorization Required >12 Visits
Chronic Wound Treatment	Authorization Required
Clotting Factors	Authorization Required
Cochlear Implant/Bone Anchored Hearing	Authorization Required
Cranial Neurostimulation	Authorization Required
DME Rentals & Purchases - Crutches, Canes and Walkers	<p>Prior Authorization for All Rentals</p> <p>Prior Authorization for Purchases &gt; \$300 (case by case basis)</p>
DME Rentals & Purchases - Devices	
DME Rentals & Purchases - Diabetic Supplies	
DME Rentals & Purchases - Equipment	
DME Rentals & Purchases - Miscellaneous	
DME Rentals & Purchases - Orthotic/Prosthetic	
DME Rentals & Purchases - Statutory Exclusions	
DME Rentals & Purchases - Supplies	
DME Rentals & Purchases - UV Light	
DME Rentals & Purchases - Vision	
DME Rentals & Purchases - Wheelchairs and Accessories	
DME Rentals & Purchases - Wound Therapy	



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SERVICES	QUALIFIERS
Electroconvulsive Therapy	Authorization Required
Enhanced External Counterpulsation	Authorization Required
Extra-Corporeal Shock Wave Therapy	Authorization Required
Eye Ptosis Surgery	Authorization Required
Genetic Testing and Sequencing	Authorization Required
Home Health	Authorization Required
Hyaluronate Injection	Authorization Required
Hyperbaric Oxygen	Authorization Required
Inpatient Admission – Acute Care (AC) Facility, Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Long Term Acute Care Facility (LTAC), Behavioral Health (BH) Facility	Authorization Required for Elective Admissions (5 days or more prior) Authorization Required for Urgent/Emergent Admissions within 24 hours Interqual® Criteria Used
Intersex Surgery	Authorization Required
Investigational/Experimental/Clinical Trial	Authorization Required; not covered except per Medicare policy
Joint Replacement	Authorization Required
Keratoplasty	Authorization Required
Laminectomy	Authorization Required
Mohs Surgery	Authorization Required
Non-emergent Ambulance Transport (ALS/BLS)	Authorization Required
Nuclear Medicine	Authorization Required
Observation	Authorization Required within 48 hours
Oral Surgery	Authorization Required – Non-Emergent Only
Orthopedics	Authorization Required – Non-Emergent Only
Outpatient Rehab – Speech Therapy (ST), Physical Therapy (PT), Occupational Therapy (OT), Comprehensive Outpatient Rehabilitation Facility (CORF)	Authorization Required >12 visits
Pain Management	Authorization Required
Part B Drugs - Chemotherapy/Biologics	Authorization Required
Partial Hospitalization - Behavioral Health	Authorization Required
Plastics - Abdominoplasty & Excessive Skin Removal	Authorization Required
Plastics - Facial	Authorization Required



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SERVICES	QUALIFIERS
Plastics - GYN (Intersex)	Authorization Required
Plastics - Liposuction	Authorization Required
Plastics - Rhinoplasty	Authorization Required
Radiation Oncology	Authorization Required
Radiofrequency Ablation of Tumors	Authorization Required Per LCD Policy
Skin Substitutes	Authorization Required
Sleep Studies	Authorization Required >1 Study
Spinal Stimulation	Authorization Required
Transplant - Bone Marrow	Authorization Required
Transplant - Heart	Authorization Required
Transplant - Intestine	Authorization Required
Transplant - Islet Cell	Authorization Required
Transplant - Kidney	Authorization Required
Transplant - Liver	Authorization Required
Transplant - Lung	Authorization Required
Transplant - Organ	Authorization Required
Transplant - Pancreas	Authorization Required
Unlisted Codes	Authorization Required
Vein Procedure	Authorization Required
Ventricular Assist Device (VAD)	Authorization Required
Vertebroplasty	Authorization Required
Wearable Cardiac Defibrillator	Authorization Required
Wound Therapy	Authorization Required