



PROCEDURES REQUIRING PRIOR AUTHORIZATION

VIVA HEALTH requires the Primary Care Physician and/or Specialist to contact the Medical Management Department for the following:

- **All referrals to providers outside the member's selected provider system.** The name of the member's provider system appears on his/her VIVA MEDICARE *PLUS* ID card. Referrals outside the selected provider system are generally only approved when the services the member requires are not available within the provider system. Referrals will be authorized to other VIVA MEDICARE *PLUS* contracted providers whenever possible. **While PCP referrals to specialist are not required within the member's selected provider system, the specialist should provide a consultation report to the PCP within a time frame that is appropriate for the patient's condition, but not more than 45 days after the patient's last visit.**
- All inpatient admissions, either elective or emergent (including 23 hour observations). For emergencies, VIVA MEDICARE *PLUS* should be contacted within 24 hours of admission (or the next business day).
- Outpatient surgery including wound care
- All out of network, out of panel, or out of area services (except emergency services anywhere, urgently needed services, and dialysis services outside the service area.)
- All ancillary services (Home Health, IV Therapy, hospice care, DME, prosthetics, and orthotics, etc.)
- Rehabilitation Services: Physical Therapy, Speech Therapy, and Occupational Therapy
- Inpatient Rehabilitation or Day Treatment (letter of medical necessity required)
- Pain Clinic Care
- Sleep studies: C-PAP, MSLT, PSNG (copies of records listing symptoms required)
- All plastic surgery, even if performed in the physician's office (copies of records, pre-op photos and letter of medical necessity required)
- All sinus or nasal surgery (copies of records required)
- All colonoscopy & EGD (regardless of place of service) All other scopes performed outside the physician's office
- Arteriograms
- All angiograms except CT guided
- Cardiac Caths
- Cardiac Rehab, Pulmonary Rehab
- Holter monitors, if worn longer than 24 hours
- Myelograms and PET scans
- Skilled Nursing Facility admissions
- Non-emergency Ambulance Transports
- Covered transplant services

Extended referrals may be requested for VIVA MEDICARE *PLUS* members. VIVA HEALTH's guidelines for extended referrals are as follows:

Physical Therapy:

- A set number of visits will be initially granted.
- Physical, Speech and Occupational Therapy providers **MUST** fax requests for further extension of services to (205) 933-1232 or 1-800-364-0814.

Outpatient Referrals:

- Outpatient referrals will be approved for six visits. A referral is valid for up to a year from the date the referral is issued by VIVA HEALTH, Inc. The PCP or the Specialist may request additional visits as needed.

The prior authorizations and referrals described above are required whether VIVA MEDICARE *PLUS* is the primary payer or is secondary to other insurance. Failure to secure required prior authorization will result in non-payment and the member may not be balanced billed.