VIRGINIA STANDARD PRECERTIFICATION / PRIOR AUTHORIZATION REQUIREMENTS

Preferred Provider Organization (PPO), Healthkeepers (HMO), POS AdvantageOne, Act Wise (CDH plans)

Revision Date: 01/01/2019

Eligibility and benefits
Eligibility and benefits can be verified by accessing Availity.com or by calling the number on the back of the member’s identification card. Service preapproval is based on member’s benefit plan/eligibility at the time the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract effective dates. The provider is responsible for verification of member eligibility and covered benefits.

Precertification / Prior Authorization Responsibility
The ordering or rendering provider of service is responsible for completing the prior authorization process.

HMO Plans: Services listed below require prior approval and will be denied if rendered without the appropriate prior authorization for in-network providers. HMO members may not have benefits for non-emergency services rendered outside of the network and are subject to review and may be denied.

PPO Plans: Prior approval for the services listed below is highly recommended. If not completed in advance, a pre-payment review of the claim will occur and may result in a denial of claim reimbursement.

Notification Process
For non-urgent requests, submit all required clinical information 14 calendar days before the proposed service when possible. For institutional admissions – All facilities must notify the plan by the next business day or within 48 hours after the admission whichever is earlier. Failure to timely notify the plan may result in a financial penalty for late notification.

To Request Prior Authorization with the Virginia Plan
➢ Access VA Point of Care via Availity.com
   (Monday –Saturday: 6 AM - Midnight, Sunday 6 AM - 1 PM, 8 PM – Midnight)
➢ For maternity, medical, surgical prior authorizations, call the number listed on the back of the member’s ID card for “Authorizations”
   (Monday – Friday, 8:00 am - 5:00 pm)
➢ For mental health and substance abuse prior authorizations, call 800-755-0851
   Professionals are available 24 hours a day, seven days a week.

Refer to the AIM Specialty Health section for a listing of programs managed by AIM.
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Services Requiring Precertification / Prior Approval from the Virginia Plan

Inpatient Admissions – includes hospital and physician services

- Elective admissions
- Emergency admissions
- Inpatient hospice
- Inpatient acute rehabilitation admissions
- Inpatient skilled nursing facility admissions
- Inpatient long term acute care admissions
- Inpatient NICU
- Inpatient maternity complications not related to routine delivery
- Inpatient behavioral health and substance abuse admissions, including residential
- Acute to Acute Inter-facility transfers for all admissions

Failure to obtain preapproval may result in a reimbursement denial to the receiving facility if the transfer was not related to the patient's need for higher level of acuity services.

The following services require prior authorization with the plan and may be subject to a denial for reimbursement if not reviewed in advance:

NOTE: For services noted with ‘**’, access Anthem Coverage/ Clinical Guidelines to determine the specific services requiring prior authorization for that category. The guidelines provide the specific CPT/HCPC codes that will need review.

**Ambulance
- Air Ambulance

**Behavioral Health
- Partial hospital program (PHP)
- Intensive outpatient programs (IOP)
- Intensive in-home services
- Transcranial magnetic stimulation (TMS)
- Applied behavior analysis (ABA)
- Outpatient Services (varies by product and member benefits)
- Psychological Testing (varies by product and member benefits)

**Cosmetic and Reconstructive Services/Surgery

** Durable Medical Equipment (DME)

** Experimental/Investigative Services/Surgery

** Genetics (HMO products only when not performed by LabCorp)
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**Home Services
- Enteral Services
- Home Health
- Hospice
- Home Infusions
- Private Duty Nursing

Infertility Treatments/Surgery

**Lab/Pathology

**Medical Diagnostic/Treatment Services

Morbid Obesity Treatment/Surgery

**Orthotics and Prosthetics

Out of Network/out of area services

**Radiology

**Rehabilitative Services
- Early Intervention
- Speech
- Cognitive Rehabilitation

**Specialty Drugs
- Applies to medical benefit
- Non-Oncology Drugs
- Site of Service Review

**Surgery
- Site of Service review may be applied
- All outpatient facility based surgery requires prior authorization for HMO plans

**Transplants
- Organ
- Bone Marrow
AIM Specialty Health (AIM)

AIM, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of Virginia for certain health plan members. For more information about AIM and their services, visit the AIM Specialty Health® site at [AIM Specialty Health](http://AIMSpecialtyHealth.com).

By clicking on the link above, you will be linked to sites created and/or maintained by another, separate entity ("External Site"). Upon linking you are subject to the terms of use, privacy, copyright and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites. The information contained on the External Sites should not be interpreted as medical advice or treatment provided by us.

AIM requires prior approval for the following programs:

Unless otherwise noted, these programs apply to HMO/PPO fully insured plans and ASO plans.

- Advanced Imaging Studies (including MRI/MRA, PET & CAT scans, Level of Care)
- Genetic Testing (PPO fully insured; check member benefits for ASO prior approval requirements)
- Cardiology Program (Advanced Cardiology effective 1/1/2019)
- Radiation Therapy Services
- Outpatient Sleep Apnea testing and Therapy Services
- Cancer Care Quality Program
- Musculoskeletal (MSK) Program (including spine & joint surgeries, interventional pain management, level of care/settng reviews, pre-op days/expected inpatient length of stay. All fully insured HMO/PPO plans require review for MSK. Check member benefits for ASO prior approval requirements.
- Surgical GI (effective 1/1/2019)
- All fully insured HMO/PPO plans require review for Surgical GI. Check member benefits for ASO prior approval requirements.

For more details on these programs and clinical guidelines, please click [AIM Clinical Guidelines](http://AIMClinicalGuidelines.com).

To Request Prior Authorization Reviewed by AIM

- Access AIM [ProviderPortalSM](http://providerportal.com) directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 866-789-0158, Monday – Friday, 8:00 am - 5:00 pm.