Magellan Complete Care of Virginia
Prior Authorization List

**Announcement:** Magellan Complete Care of Virginia (MCC of VA) and Availity are proud partners in bringing you a better way to submit service authorization requests. We are requesting all inpatient authorization requests now be submitted through our new Availity portal.

If you need training, please visit our Provider Tools->Training page to view our recorded training about the Availity provider authorization portal.

Sign up for the Availity provider portal if you are not yet registered:
2. Click “Register” in the upper right-hand corner
3. Follow the prompts to register your account

Call Availity at 1-800-828-4548 if you have any issues registering.

If you are already submitting requests via the portal please complete the following steps to submit for a concurrent review:
1. Go to “Auth Inquiry” OR “Clinical Update.”
2. Enter in the previous authorization number.
3. Attach continued stay clinical documentation.

Your pending request for concurrent review will then be routed to the Utilization Management (UM) team.

**If you are still submitting requests via phone or fax, please fax all supporting documentation with the request.**

Please use the prior authorization request form on [MCCofVA.com](http://MCCofVA.com) for all requests.

**Inpatient Services**
- Inpatient care (medical and behavioral)
- Long-term acute care
- Inpatient rehabilitative
- Skilled nursing facility
- Transplants
- Long stay hospital
Outpatient Services

- Cosmetic and plastic procedures
- Chiropractic services for <21 years of age
- Genetic testing
- Outpatient procedures
- Outpatient surgeries
- Hyperbaric oxygen treatment
- Medical pharmacy (J-Codes)
- Transplants evaluation and services
- Physical therapy visits*
- Occupational therapy visits*
- Speech therapy visits*
- Cardiac rehabilitation
- Pulmonary rehabilitation

* An authorization request form is required for all outpatient physical, occupational or speech therapy before start of care for any visit.

Please note that notification for all hospice services by way of the 421A enrollment/disenrollment is required.

Home Care Services (skilled)

- Home health aides
- Private duty nursing
- Skilled nurse visits
- Physical therapy visits
- Occupational therapy visits
- Speech therapy visits
- Social worker visits
- Skilled respite services

Community Mental Health Rehabilitation Services (CMHRS)

All services:
- Behavioral therapy/Applied Behavioral Analysis (ABA)
- Day treatment/ Partial hospitalization for adults
- Psychosocial rehabilitation
- Therapeutic Day Treatment for children
- Mental Health Skill-Building Services
- Intensive In-Home

Authorization required on initial and then registration for a continued stay request:
- Intensive community treatment
Registration required on initial and then authorization for a continued stay request:
- Mental health peer support services/Family support partners individual and group
- Crisis stabilization
- Crisis intervention

Registration only required:
- Mental health case management

Other Services
- Addiction and Recovery Treatment Services (ARTS)
- Experimental and investigational services
- Fixed wing transports
- Hearing aids – members < 21 – no coverage for adults (unless a FAMIS member)
- Nutritional supplements – enterals
- Prosthetics and orthotics >$500 – and/or if code requires a prior authorization
  - >$500 billed – include invoice
  - Note: orthotics are covered for members < 21 (no coverage for adults). The only exception is when it is recommended as part of an approved intensive rehabilitation program.
- Durable Medical Equipment >$500 – and/or if code requires a prior authorization
  - >$500 billed – include invoice

If there are any questions about what requires a prior authorization, please call the MCC of VA UM department at 1-800-424-4524.

Unskilled Long-term Services and Supports (LTSS)
- Adult day health care
- Assistive technology
- Environmental Modification (EM)
- Personal care - unskilled
- Personal Emergency Response System (PERS)
- Respite care - unskilled
- Specialized care
- Transition services

Services managed by National Imaging Associates (NIA) **
- Cardiac Resynchronization Therapy (CRT)
- Implantable Cardioverter Defibrillator (ICD)
- Transthoracic Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)
- Stress echocardiography
- Heart catheterization
- Pacemaker insertion
- Sleep disorder treatment initiation and management
- Sleep study attended
- Intervventional pain management
  - Epidurals
  - Facets
  - Radiofrequency neurolysis
- High-tech radiology
  - Positron Emission Tomography (PETS)
  - Magnetic-Resonance Imaging (MRIs)
  - Magnetic Resonance Angiography (MRAs)
  - Multigated Acquisition (MUGAs)
  - Computed Tomography (CTs)
  - Computed Tomography Angiography (CTAs)
  - Nuclear cardiology study
- Low dose CT for lung cancer screening
- Radiation oncology therapy/treatment
- Lumbar and cervical spine surgeries
  - Fusions
  - Microdiscectomy
  - Decompression
  - Artificial discs

** If checking to see if a code requires prior authorization please go to Provider Tools < Forms < UM-Authorizations on MCCofVA.com. Here you will find the 3 NIA Forms with the authorization codes. If the code you are looking for is listed please contact NIA at 1-800-642-7820 or http://www.niahealthcare.com.

All non-participating providers require an authorization before services are rendered except for family planning, new member continuity of care, emergent dialysis, deliveries and emergency care.

Services requiring registration to assist in care coordination:
- Deliveries
- Early interventions (must include the completed Individualized Family Service Plan (IFSP))
- Nursing facility stays (custodial)
- Peer recovery supports

Ready to join our network? Please visit the provider page of MCCofVA.com and select Join Our Network. We look forward to hearing from you!

Transportation services - Will be provided through Veyo (1-833-273-7416)
Dental benefits - Will be provided through DentaQuest (1-844-824-2016)
Vision benefits – Will be provided through VSP (1-800-877-7195)
Authorizations are not a guarantee of payment, but are based on medical necessity review, appropriate coding and benefits. Benefits may be subject to qualifications and/or limitation and will be determined when the claim is received for processing. Payment is contingent upon the eligibility of the member at the time of service, services billed must be within the provider’s scope of practice as determined by the applicable payment/fee schedule and the claim timely filing limits. For further questions, please contact Magellan Complete Care of Virginia at 1-800-424-4524.