



Procedures Requiring Prior Authorization from VIVA HEALTH and VIVA MEDICARE

All VIVA HEALTH or VIVA MEDICARE members require the Primary Care Physician and/or Specialist to contact VIVA HEALTH'S Medical Management Department in advance for the following:

<ul style="list-style-type: none"> All inpatient admissions, either elective or emergent (including 23 hour observations). For emergencies, VIVA HEALTH should be contacted within 24 hours of admission (or the next business day). 	<ul style="list-style-type: none"> All sinus or nasal surgery (copies of records required)
<ul style="list-style-type: none"> All out of network, out of panel or out of area services 	<ul style="list-style-type: none"> Sleep studies: C-PAP, MSLT, PSNG (copies of records listing symptoms required)
<ul style="list-style-type: none"> All referrals from the PCP to the Specialist (only required for VIVA HEALTH "Gatekeeper" model HMO products), excluding OB/Gyn, ophthalmologist and optometrist services from participating providers 	<ul style="list-style-type: none"> Arteriograms
<ul style="list-style-type: none"> Outpatient surgery, including wound care 	<ul style="list-style-type: none"> All angiograms except CT guided
<ul style="list-style-type: none"> Inpatient Rehabilitation or Day Treatment (letter of medical necessity required) 	<ul style="list-style-type: none"> Cardiac Caths
<ul style="list-style-type: none"> Rehabilitation Services: Physical Therapy, Occupational Therapy, and Speech Therapy 	<ul style="list-style-type: none"> Cardiac Rehab, Pulmonary Rehab
<ul style="list-style-type: none"> Pain Clinic Care 	<ul style="list-style-type: none"> Holter monitors, if worn longer than 24 hours
<ul style="list-style-type: none"> Prescriptions requiring Prior Authorization 	<ul style="list-style-type: none"> Myelograms, Discograms, and PET scans
<ul style="list-style-type: none"> All ancillary services (home health, IV therapy, hospice care, durable medical equipment (DME), orthotics, prosthetics, etc.) 	<ul style="list-style-type: none"> Orthotics
<ul style="list-style-type: none"> All scopes performed outside the physician's office, excluding colonoscopy & EGD 	<ul style="list-style-type: none"> Skilled Nursing Facility admissions
<ul style="list-style-type: none"> All plastic surgery, even if performed in physician's office (copies of records, pre-op photos and letter of medical necessity required) 	<ul style="list-style-type: none"> Transplant services
<ul style="list-style-type: none"> All DME distributed from a physician's office but supplied and/or billed by a DME provider. 	<ul style="list-style-type: none"> Neuropsych Testing
<ul style="list-style-type: none"> Diabetic shoes/inserts, from physician office or DME provider 	<ul style="list-style-type: none"> DME from a physician office where charges are \$500 or more
<ul style="list-style-type: none"> Non-emergency ambulance transport 	<ul style="list-style-type: none"> Photodynamic therapy, even if performed in physician's office