

March 31, 2023

RE: Policy Updates

Dear Prevea360 Health Plan Provider:

Prevea360 Health Plan's Medical Policy Committee has just approved the [medical policies](#) and [medical benefit drug policies](#) outlined in this notification. These updates, and others, will also be communicated as part of the quarterly provider newsletters and available online. Please share this information with others in your organization who may be affected by these updates.

**Also, in this notice-** changes to [genetic testing policies effective July 1, 2023](#), and attachment titled "Your time is Important- Save it with successful authorization submissions."

Information in this notification is applicable to all Prevea360 Health Plan products, unless specified.

### **Medical Policy Updates**

This section includes links to the online medical policy documents when they are available. The online [Document Library](#) contains current medical policies and, at times, may also include those with future effective dates. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of policy documents.

#### ***Medical Policies Retired***

Effective April 1, 2023:

- Therapeutic Contact Lens MP9201
- Pectus Excavatum and Pectus Carinatum Treatment MP9206
- Back or Spinal Orthosis: Lumbosacral or Thoracolumbosacral MP9261
- Stereotactic Body Radiotherapy MP9459
- Refractive and Therapeutic Keratoplasty MP9461

#### ***Medical Policies Prior Authorization Removed\****

Effective June 1, 2023:

- Neuropsychological Testing MP9493 — Self-funded Administrative Services Only (ASO) plans may require prior authorization. For specific prior authorization requirements, refer to the member's Summary Plan Description (SPD) or call the Customer Service phone number on the member's ID card.
- Implantable Deep Brain Stimulation MP9331

Effective July 1, 2023:

- Genetic Testing: Preimplantation Genetic Testing MP9574
- Genetic Testing: Prenatal Diagnosis (Via Amniocentesis, CVS, or PUBS) and Pregnancy Loss MP9576
- Genetic Testing: Exome and Genome Sequencing for the Diagnosis of Genetic Disorders MP9586

\* Although, prior authorization will not be required in the future for the policies listed above; an appropriate diagnosis code must be on the claim. Claims will be denied in the absence of a covered diagnosis or procedure code(s) or if the coverage criteria are not met.

*Note:* If an authorization request is submitted when prior authorization is not required, the request is reviewed and a “Cancelled” determination status is applied. See the attachment to this notice on how to avoid cancellations, save time, and prevent unnecessary delays in delivering services.

### ***New Medical Policies***

Services listed in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective June 1, 2023:

- Air Ambulance, Non-Emergent MP9632 — Emergent air ambulance transport does not require prior authorization. Non-emergent air ambulance transport is considered medically necessary when ground ambulance transport cannot be provided because it poses a threat or seriously endangers the member’s health. Coverage is based on the member’s medical condition and geographic location. Non-emergent air ambulance transport is considered medically necessary when all of the following criteria are met:
  - Transport is provided by a licensed professional air ambulance
  - Attending physician orders air ambulance transport
  - Member is clinically stable
  - Member requires skilled care or medical monitoring

Non-emergent air ambulance is covered:

- From the hospital where the member was first admitted to the nearest hospital
- When care for member’s condition is not available at the first hospital
- From hospital to nearest post-acute level of care or skilled nursing facility

### ***Medical Policy Revisions***

Services listed in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective April 1, 2023:

- Treatment of Obstructive Sleep Apnea and Related Conditions CPAP, APAP, BiPAP and Oral Devices MP9239 — The criteria for device rental only applies to obstructive sleep apnea, and does not apply to any other diagnoses. Prior authorization is required.
- Bone Marrow or Stem Cell (Peripheral or Umbilical) Transplantation MP9611 — Allogenic transplantation indications added: blastic plasmacytoid dendritic cell neoplasm; Fucosidosis; mixed myelodysplastic/myeloproliferative neoplasms; and primary/secondary myelofibrosis related conditions. Prior authorization is required.
- Heart Transplantation MP9613 — Transplantation indication added: American Heart Association Stage D - objective evidence of severe cardiovascular disease, severe limitations, and symptoms at rest. Prior authorization is required.
- Lung Transplantation MP9615 — Transplantation indication added: acute respiratory distress syndrome (ARDS), including COVID-19-associated ARDS. Prior authorization is required.
- Pancreas Transplantation (Pancreas Alone) MP9616 — Pancreas transplant is considered medically necessary when the medical record indicates the member has labile insulin-dependent diabetes mellitus “with documented life-threatening hypoglycemic unawareness despite optimal medical management.” Prior authorization is required.

Effective June 1, 2023:

- Implantable Deep Brain Stimulation (DBS) MP9331 — Prior authorization not required. Policy criteria does not apply to devices which have been granted a humanitarian device exemption by the U.S Food and Drug Administration (FDA). Deep brain stimulation is considered medically necessary for:
  - Thalamic stimulation for suppression of tremor in the upper extremity in members diagnosed with essential tremor or Parkinsonian tremor which are not controlled with medication and tremor constitutes a significant disability.
  - Stimulation of internal globus pallidus or subthalamic nucleus as an adjunctive therapy in reducing symptoms of advanced levodopa-responsive, Parkinson's disease that is uncontrolled with medication, or intractable primary dystonia.
- Neuropsychological Testing MP9493 — Definitions added: neuropsychological test evaluation services, automated testing and result, and neuropsychological test administration and scoring. The following are considered not medically necessary, and therefore not covered: baseline testing in asymptomatic persons at risk for sport-related concussions and computerized testing when used alone for evaluation of concussions. The following diagnosis are non-covered when used alone: headaches (including migraines), history of myocardial infarction, and intermittent explosive disorders. Prior authorization is not required.

Effective July 1, 2023:

- Transport of Members (Ambulance), Ground and Water MP9137 — Policy was retitled.

### ***Genetic Testing Medical Policy***

The policies listed in the following sub-sections provide an overview of future changes to genetic testing policies. For additional details (e.g., CPT codes, criteria, test names, rationale, and definitions and references), refer to the specific policy. Codes listed in policies are included for informational purposes only, and may be subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Claims will be denied in the absence of appropriate diagnosis and procedure codes and/or if the coverage criteria is not met.

Effective July 1, 2023:

#### General Approach to Genetic Testing

- General Approach to Genetic Testing MP9610 — Targeted mutation analysis for a known familial variant for a genetic condition is considered medically necessary when the condition is adult-onset, and the member is 18 years of age or older.

#### Prenatal Genetic Testing Policies

- Non-Invasive Prenatal Screening (NIPS) MP9573 —
  - NIPS to predict twin zygosity is considered experimental and investigational, and therefore not medically necessary.
  - Maternal serum screening for aneuploidy Penta screen is considered medically necessary.
- Prenatal and Preconception Carrier Screening MP9575 — *SMN1* Sequencing and/or Deletion/Duplication Analysis: criteria added.
- Prenatal Diagnosis (via Amniocentesis CVS or PUBS) and Pregnancy Loss MP9576 —
  - CMA for Pregnancy Loss: recurrent miscarriage definition clarified.
  - Prenatal Diagnosis for Noonan Spectrum Disorders/RASopathies: fetal criteria expanded, and gene list revised to include more tests available on the market.

- Preimplantation Genetic Testing MP9574 — Background and rationale expanded.

#### Rare Disease Genetic Testing Policies

- Whole Exome and Genome Sequencing for the Diagnosis of Genetic Disorders MP9586 — Standard Exome Sequencing: coverage expanded to include members with unexplained epilepsy.
- Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay MP9587 — *FMR1* Repeat and Methylation Analysis: criteria expanded for females undergoing testing.

#### System Specialty Specific Genetic Testing Policies

- Aortopathies and Connective Tissue Disorders MP9588 —
  - Loeys-Dietz Syndrome: criteria expanded from “all” to “at least two” clinical features.
  - Familial Thoracic Aortic Aneurysm and Dissection (TAAD) Multigene Panel: “thoracic aneurysm” added to criteria.
  - Vascular Ehlers-Danlos Syndrome (vEDS): “the member has a close relative with a clinical diagnosis” added.
- Cardiac Disorders MP9589 —
  - Comprehensive Arrhythmia and Cardiomyopathy (Sudden Death or Unexplained Death) Panels: coverage added for individuals who meet criteria for arrhythmia and cardiomyopathy conditions.
  - Multigene panel testing criteria clarified: comprehensive cardiomyopathy, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy, Long QT Syndrome, Brugada Syndrome, and *SCNSA* Variant Analysis.
  - Simultaneous germline and tumor molecular profiling criteria removed.
- Dermatologic Conditions MP9590 — Multigene panels for congenital ichthyosis and epidermolysis bullosa criteria revised.
- Epilepsy, Neurodegenerative and Neuromuscular Disorders MP9591 —
  - *PSEN1*, *PSEN2*, and *APP* Sequencing and/or Deletion/Duplication Analysis or Multigene Panel: expanded criteria to include individuals with a personal and family history of dementia.
  - *FXN* Repeat Analysis: coverage expanded to any member with a biological sibling with Friedreich’s ataxia or any member with cerebellar ataxia for whom non-genetic causes have been ruled out.
  - *PMP22* Sequencing and/or Deletion/Duplication or Multigene Panel: criteria expanded to include “evidence on physical examination of previous nerve palsy such as focal weakness, atrophy, or sensory loss.”
  - Parkinson’s Disease: coverage expanded to allow an “affected individual or family history of Parkinson’s disease.”
- Eye Disorders MP9592 — Support content expanded.
- Gastroenterologic Disorders (Non-Cancerous) MP9593 —
  - Hereditary Pancreatitis Multigene Panel: removed “member has a first or second degree relative with pancreatitis.”

- *HFE* Sequencing and/or Deletion/Duplication Analysis: criteria added “based on family history.”
- Hearing Loss MP9594 — CPT codes revised.
- Hematologic Conditions (Non-Cancerous) MP9595 — Factor V Leiden and Prothrombin Variant Analysis for Inherited Thrombophilia: criteria clarified.
- Hereditary Cancer Susceptibility Syndromes MP9596 —
  - *SMAD4* and/or *BMPR1A* Sequencing and/or Deletion/Duplication Analysis: criteria expanded to include: “a personal history of cancer and *SMAD4* or *BMPR1A* pathogenic or likely pathogenic variant was detected by tumor profiling and a germline analysis has not been performed.”
  - *TP53* Sequencing and/or Deletion/Duplication Analysis: criteria expanded to include “member was diagnosed with pediatric hypodiploid acute lymphoblastic leukemia.”
  - *SMAO4* and/or *BMPR1A* Sequencing and/or Deletion/Duplication Analysis: criteria expanded to include: “a personal history of cancer and pathogenic or likely pathogenic variant was detected by tumor profiling and germline analysis not performed yet.”
  - Criteria revised per NCCN Guidelines (e.g., age for personal history of breast cancer changed from 45 or younger to 50 and younger):
    - Hereditary Breast Cancer Susceptibility Panels
    - *BRCA1/BRCA2* Sequencing and/or Deletion/Duplication Analysis
    - *PALB2* Sequencing and Deletion/Duplication Analysis
- Immune, Autoimmune, and Rheumatoid Disorders MP9597 — Known Familial Variant Analysis for Immune, Autoimmune, and Rheumatoid Disorders: criteria added.
- Kidney Disorders MP9598 —
  - Polycystic Kidney Disease Targeted Variant Analysis: *PKHD1* is not associated with autosomal dominant polycystic kidney disease.
  - Comprehensive Kidney Disease Panels: criteria expanded to include “cystic renal disease” and “congenital nephropathy.”
- Lung Disorders MP9599 — *SERP/NA1* Common Variant Analysis or Sequencing and/or Deletion/Duplication Analysis: criteria clarified.
- Metabolic, Endocrine, and Mitochondrial Disorders MP9600 —
  - Maturity-onset Diabetes of the Young (MODY) Panel: criteria expanded.
  - Other Covered Multisystem Inherited Disorders added: maple syrup urine disease, glycogen storage disease type 1, mucopolysaccharidosis IV, urea cycle disorders including OTC deficiency.
- Pharmacogenetics MP9602 —
  - Pharmacogenetics Panel tests: added descriptive information.
  - CYP2D6, CYP4R2, and VKORC1 Variant Analysis: additional indications specified.
- Skeletal Dysplasia and Rare Bone Disorders MP9603 —
  - CPT codes and test examples revised.

## Oncology Genetic Testing Policies

- Algorithmic Testing MP9605 — Breast Cancer Treatment and Prognostic Algorithmic Tests: menopausal status clarified.
- Cancer Screening MP9606 — FIT-DNA Testing (Stool DNA Testing) criteria revised.
- Cytogenetic Testing MP9607 — Tumor Specific *PD-L1* Protein Analysis Fusion, Tumor Specific *PML1/RARA* Gene Arrangement (Qualitative FISH and PCR): criteria clarified.
- Molecular Analysis of Solid Tumors and Hematologic Malignancies MP9608 —
  - Tumor Specific *IDH1* and *IDH2* Variant Analysis: “acute myeloid leukemia” criteria added.
  - Red Blood Cell Genotyping in Multiple Myeloma: removed requirement for auto or allo antibodies detected or RBC phenotyping unable to be performed due to a transfusion within the past three months.
  - Tumor Specific *TP53* Variant Analysis: “acute myeloid leukemia” added.
  - Tumor Mutational Burden: testicular cancer specified as nonseminoma type.
  - Tumor Type Agnostic Solid Tumor Molecular Profiling Panel Tests: repeat testing criteria added.
- Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy) MP9609 —
  - Comprehensive Molecular Profiling Panel Tests via Circulating Tumor DNA:
    - Added coverage for advanced (stage III or higher) cutaneous melanoma.
    - Added “progression or recurrent” as an indication for testing.
    - Melanoma Focused Panel Tests via Circulating Tumor DNA: considered medically necessary.
  - *BRAF* Variant and *KRAS* Variant Analysis via ctDNA: considered medical necessary.

## Medical Benefit Drug Policy Updates

Prevea360 Health Plan requires providers to obtain prior authorization approval on all drugs with documented policies. Authorization requests should be submitted to either the Health Plan or Navitus as noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

Please email questions about drug policy updates to [DHPPharmacyServices@deancare.com](mailto:DHPPharmacyServices@deancare.com).

### ***Pharmacy Drug Formulary Maintenance***

Effective for dates of service on and after May 1, 2023:

- **Colonoscopy bowel preps (Suprep Equiv, Clenpiq, Moviprep Equiv, Osmoprep, & Sutab)**
  - **Clenpiq:** Moved to not covered.
  - **Suprep Equiv & Moviprep Equiv:** \$0 cost share and addition of quantity limit.
  - **Osmoprep:** No change.
  - **Sutab:** No change.
- **Levalbuterol (Xopenex Equiv) 0.31, 0.63, 1.25 mg solution** — Moved from non-preferred brand to the non-preferred generic tier.
- **Purixan (mercaptopurine) 20 mg/mL oral suspension** — Prior authorization required if 9 years or older, and moved to non-preferred brand.

- **Self-injectables (Depo-Medrol [methylprednisolone acetate inj] & Kenalog [triamcinolone acetonide inj])** — Moved from Not covered to generics will be on the preferred generic tier and branded products will be on the non-preferred brand tier.
- **Spiriva Respimat (tiotropium) 1.25 mcg/actuation inhaler** — Addition of Symbicort to Step Therapy criteria.
- **Topical acyclovir products (5% cream & 5% ointment [Zovirax equiv])**
  - **Cream (O/Y):** Moved to not covered.
  - **Ointment (Y):** Moved to Preferred Generic.
  - **Ointment (O):** Moved to Non-preferred brand.

Effective for dates of service on and after May 15, 2023:

- **COVID-19 Vaccines** — Added to the flu and standard vaccine list.
- **COVID-19 Testing Kits** — Removed from formulary to over the counter (OTC) and moved to the Excluded Tier.
- **COVID-19 Therapeutics (Paxlovid [nirmatrelvir/ritonavir] & Lagevrio [molnupiravir])** — Moved to Preferred Brand and Quantity Limit added.

#### ***Pharmacy Drug New or Expanded Formulations***

Effective for dates of service on and after June 1, 2023:

- **Erleada (apalutamide) 240 mg tablet** — Moved to preferred brand or specialty tier with prior authorization, quantity limit, and mandatory specialty pharmacy.
- **Takhzyro (lanadelumab) 150 mg/1 mL prefilled syringe** — Moved to preferred brand or specialty tier with prior authorization, quantity limit, and limited distribution.

#### ***New Medical Benefit Drug Policies***

Effective for dates of service on and after April 1, 2023:

- **Continuous Blood Glucose MB2302** — New Medical Policy and no prior authorization required.

Effective for dates of service on and after June 1, 2023:

- **ADSTILADRIN (nadofaragene firadenovec-vncg)** - New Medical Policy and Prior Authorization is required.
- **BRIUMVI (ublituximab-xiyy)** — New Medical Policy and Prior Authorization is required.
- **LUNSUMIO (mosunetuzumab-axgb)** — New Medical Policy and Prior Authorization is required.

#### ***Changes to Medical Benefit Drug Policies***

Effective for dates of service on and after April 1, 2023:

- **Medicare Step B Therapy 2023 MAPD 2011** — Policy updated with additional step therapy drugs missed originally.
- **Oncology Policies with Magellan Rx (MRx)** — The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the “Medical Oncology Drugs” link on the [Prevea360 Health Medical Management web page](#).
  - ABRAXANE (paclitaxel protein bound particles)
  - ADCETRIS (brentuximab vedotin)
  - BAVENCIO (avelumab)
  - BELEODAQ (benlinostat)
  - BEVACIZUMAB (Avastin, Mvasi, Zirabev, Alymsys, Velgezma)

- BLINCYTO (blinatumomab)
  - CYRAMZA (ramucirumab)
  - DARZALEX (daratumumab)
  - DARZALEX FASPRO (daratumumab)
  - ERBITUX (cetuximab)
  - GAZYVA (obinutuzumab)
  - IMFINZI (durvalumab)
  - JEMPERLI (dostarlimab-gxly)
  - KEYTRUDA (pembrolizumab)
  - LEVOLEUCOVORIN (Fusilev, Khapzory)
  - LIBTAYO (cemipilimab-rwlc)
  - MARGENZA (margetuximab-cmkb)
  - OPDIVO (nivolumab)
  - PEMETREXED (Alimta, Pemfexy)
  - PERJETA (pertuzumab)
  - RITUXIMAB IV
  - RITUXIMAB SQ
  - TECENTRIQ (atezolizumab)
  - TIVDAK (tisotumab vedotin-tftv)
  - TRASTUZUMAB IV
  - TRODELVY (sacituzumab govitecan hziy)
  - YERVOY (ipilimumab)
  - YONDELIS (trabectedin)
  - ZEPZELCA (lurbinectedin)
- **SPEVIGO (spesolimab)** — Added J Code J1747.
  - **TECVAYLI (teclistamab-cqyv)** — Added HCPCs Code C9333 and reference updates.
  - **XENPOZYME (olipudase alfa)** — Added J code J0218.

Effective for dates of service on and after July 1, 2023:

- **ENJAYMO (sutimlimab-jome)** — Added age requirement of 18 years or older, removed pediatric specialist restriction, updated renewal criteria, and changed approval period from 12 months to 6 months.
- **KRYSTEXXA (pegloticase)** — Added age requirement of 18 years or older, minimum 3-month trial of only one treatment with maximally tolerated xanthine oxidase inhibitors or uricosuric agents, removed specialist requirement, and changed approval period from 12 months to 6 months.
- **TEZSPIRE-tezepelumab** — Removed specialist requirement, updated renewal criteria, and changed approval period from 12 months to 6 months.

### ***Retired Medical Benefit Drug Policies***

Effective April 1, 2023:

- **BLNREP (belantamab mafodotin-blmf)**

### **Locating Medical Policies & Medical Benefit Drug Policies**

The Prevea360 Health Plan Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents.

Providers are encouraged to track updates and review policies in their entirety. The Prevea360 Health Plan Document Library is directly accessible at [prevea360.com/document-library](https://prevea360.com/document-library) or by



visiting [prevea360.com](http://prevea360.com) and following the step-by-step instructions below:

- Select **Providers**, and then **Medical Management**.
- Under Policies, click the **Medical Policies** or **Drug Policies** link.
- From the Document Library page, for best results, in the **By Audience** dropdown, select **Provider** and in the **By Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
- In the **Search for** field, enter the policy name or numerical digits of the assigned policy number (e.g., entering 1234 of the medical benefit policy number MB1234) and click **Go** to access the policy.

Oncology and oncology-related medical benefit drug policies that have been developed by Prevea360 Health Plan's vendor Magellan Rx (MRx) are available via links in the Health Plan's Medical Injectables list, not the Document Library.

#### **Locating Pharmacy Benefit Drug Policies**

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Navitus Prescriber Portal at [prescribers.navitus.com](http://prescribers.navitus.com).

Sincerely,

Prevea360 Health Plan

*This notification will be published on the [Prevea360 Health Plan's Provider Communications web page](#). Visit this page for on-demand access to current and past communications.*

# Your time is Important—Save it with successful authorization submissions

Prevea360 Health Plan offers a variety of resources to help providers successfully navigate prior authorizations. This article highlights how to avoid cancelled authorization requests and when to submit a prior authorization request to the Health Plan or to one of our contracted vendors.

## Cancelled Prior Authorization Requests

*Save your time and prevent unnecessary delays in delivering services- Don't send an authorization request when prior authorization isn't required.*

Not all services require prior authorization approval. If an authorization request is submitted when prior authorization is not required, the request is reviewed and a "Canceled" determination status is applied. The following are common reasons why an authorization request may be cancelled with tips on how to avoid cancellations.

- **Service or procedure does not require prior authorization.** For example, the Health Plan frequently receives authorization requests for observation stays which do not require prior authorization approval.

How to avoid cancellations for this:

- ✓ Check the [Master Service List](#) (MSL). In addition to listing policies and services that do require authorization, the MSL also includes a number of services that do not require prior authorization, denoted in the purple-colored sections.
- ✓ Check the [Document Library](#) to search for specific policies.
- ✓ Check the [Medical Injectables List](#) for commonly prescribed drugs and whether prior authorization is required.
- ✓ Check the [Non-covered Services List](#) if you can't find the service in any of the above resources.
- ✓ *Note:* For Medicare Advantage plans, check authorization criteria in the Prevea360 Health Plan Medicare Advantage Medical Services Prior Authorization List on the [Prevea360 Medicare Advantage Medical Management page](#).

- **Authorization requirements vary based on whether a provider is in-network or out-of-network.**

How to avoid cancellations for this:

- ✓ Check the MSL for differentiating authorization requirements for in-network and out-of-network providers.

- **Authorization request is submitted by an out-of-network provider.**

How to avoid cancellations for this:

- ✓ In-network providers submit authorization requests.
- ✓ Check the Provider Directory from the Find a Doctor link on [prevea360.com](https://prevea360.com) to see if the needed service can be provided within Prevea360 Health Plan's provider network. If out-of-network services are deemed necessary, an in-network provider must submit the authorization request for the out-of-network provider.

- **Authorization request is submitted by an in-network provider (e.g., primary care provider) for the services of another in-network provider (e.g., specialist).**

How to avoid cancellations for this:

- ✓ Prior authorization is not required from an in-network provider for the services of another in-network provider for specialist visits. However, keep in mind that if a service or procedure requires prior authorization, then an approved authorization for the service or procedure will need to be obtained.
- ✓ Check the Provider Directory from the Find a Doctor link on [prevea360.com](https://prevea360.com) to see if the provider is part of the Prevea360 Health Plan network.

- **Authorization request is a duplicate from the same organization.**

How to avoid cancellations for this:

- ✓ Check the View Authorization application in the Prevea360 Health Plan Provider Portal to see if your organization has already submitted an authorization request for the member and service.

## Authorization of Certain Services

*Know where to submit authorization requests to avoid unnecessary delays.*

For most services, authorization requests should be submitted to Prevea360 Health Plan through the Prevea360 Health Plan Provider Portal. However, we contract with other entities for the review and authorization of certain services. In these cases, authorization requests should be submitted to the designated vendor, not Prevea360 Health Plan.

If out-of-network services are thought necessary for a service that is authorized through one of our vendors, two authorization requests must be submitted- one to the vendor for medical necessity approval of the service and the other to Prevea360 Health Plan for approval to have the service provided out-of-network.

Whenever possible, we encourage providers to submit their authorization requests electronically. Links to the Prevea360 Health Plan Provider Portal and our vendor's portals are conveniently available in the MSL and from our [Account Login](#) page.

Refer to the table below as a quick reference. When in doubt, refer to the "Submission Method" information in the MSL which lists to whom and how to submit authorization requests for specific policies and services. Remember, authorization requirements and submission methods for a policy/service can vary by product.

Service	Whom to Submit	How to Submit
Pharmacy Benefit Drug Authorizations	Navitus/Navi-Gate	Authorization forms and submission through the Navitus Prescriber Portal at <a href="http://prescribers.navitus.com">prescribers.navitus.com</a> or via fax information on the form.
Medical Benefit Drug Authorizations	Prevea360 Health Plan	Authorization forms are available through the Navitus Prescriber Portal at <a href="http://prescribers.navitus.com">prescribers.navitus.com</a> , but should be submitted to Prevea360 Health Plan via the <a href="#">Health Plan Provider Portal</a> or via fax, mail, or phone information on the form.
Medical Injectables <i>* For benefit classifications and submission information, see our <a href="#">Medical Injectables List</a>.</i>	Prevea360 Health Plan (for Medical Benefit medications) or Navitus/Navi-Gate (for Pharmacy Benefit medications)	Authorization forms are available through the Navitus Prescriber Portal at <a href="http://prescribers.navitus.com">prescribers.navitus.com</a> .  Submit Medical Benefit medications through the <a href="#">Prevea360 Health Plan Provider Portal</a> or via fax, mail, or phone information on the form.  Submit Pharmacy Benefit medications through the <a href="#">Navitus Prescriber Portal</a> or via fax information on the form.
Services/Procedures requiring authorization per	Prevea360 Health Plan	<a href="#">Prevea360 Health Plan Provider Portal</a> is always preferred or via the service-

<p>Prevea360 Health Plan Medical Policies  <i>* See our <a href="#">Master Service List</a> to know if authorization is required and where and how to submit authorizations.</i></p>		<p>specific authorization form available from the Medical Management page, if there is one.</p>
<p>Physical and Occupational Therapy Services Authorizations  <i>* For more information, see our <a href="#">Physical health (PT/OT) web page</a>.</i></p>	<p>NIA Magellan</p>	<p><a href="#">RadMD Portal</a></p>
<p>Radiology Prior Authorizations  <i>* For more information, see our <a href="#">Radiology policies (NIA) web page</a>.</i></p>	<p>NIA Magellan</p>	<p><a href="#">RadMD Portal</a></p>
<p>Musculoskeletal Authorizations (MSK) (inpatient hip and knee and inpatient and outpatient shoulder and spine surgeries)  <i>* For more information, go to our <a href="#">Musculoskeletal Program web page</a>.</i></p>	<p>NIA Magellan</p>	<p><a href="#">RadMD Portal</a></p>