

# AUTHORIZATION GUIDELINES FOR CONTRACTED PROVIDERS

These guidelines are for contracted providers only. All services rendered by non-contracted providers require prior authorization.

If you have any questions, please contact VHP Utilization Management Department at **408.885.4647**.

## SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION OR REFERRALS

### Emergency Services

Please refer member to the nearest emergency room. Our contracted hospitals are El Camino, Lucille Packard, Santa Clara Valley Medical Center, and Stanford.

### Routine Care and Self-Referral Services:

- Immunizations and Vaccines
- Travel Vaccines (Walgreens & Safeway Pharmacies)
- Fetal Non-Stress Testing
- Ultrasound/X-Ray
- Hospice Care
- Routine and Diagnostic Mammograms
- Lab Services
- OB/GYN Services (Professional Fees)

## SERVICES THAT REQUIRE PRIOR AUTHORIZATION

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| • Acupuncture Services                              | • Genetic Testing                   | • Outpatient Procedures     |
| • Amniocentesis                                     | • Holter Monitoring                 | • PET Scan                  |
| • ASC/ Outpatient Surgery                           | • Home Health Care                  | • Physical Therapy          |
| • Bone Density (DEXA Scan)                          | • Hyperbaric Oxygen Treatment       | • Prosthetics and Orthotics |
| • CT Scan   | • Injections (for non-immunization) | • Psychiatry                |
| • Clinical Trials                                   | • Infertility Services              | • Psychological Testing     |
| • Dialysis  | • Infusion Services                 | • Radiation Therapy         |
| • Durable Medical Equipment (DME)                   | • Inpatient Admissions              | • Second Opinions           |
| • Echocardiogram<br>(outside of physician's office) | • MRI Scans or Open MRI Scan        | • Specialty Care            |
| • Electroconvulsive Therapy (ECT)                   | • Nerve Conduction Study            | • Speech Therapy            |
| • Epidural Injection                                | • Non-Emergency Transport           | • Stress Test/Treadmill     |
| • Formulas and Enteral Therapy                      | • Non-Formulary Prescription Drugs  | • Transplants               |
|   | • Occupational Therapy              |                             |

**Please use “Admit” section in Valley Express for admissions authorizations. This includes:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| • Inpatient Admissions             | • Skilled Nursing Facilities (SNF) |
| • Maternity Services               | • Skilled Nursing Units (SNU)      |
| • Outpatient Procedures or Surgery |                                    |

**Please use the “Retro” section in Valley Express to submit post-service authorizations.**

**Information is subject to change**