Authorization Submission Quick Reference Guide

Member/Recipient Coverage and Eligibility

When submitting a service authorization request (SAR), remember to select the correct eligibility type for Vaya Partners members and recipients:

- Eligibility may display for multiple types of coverage, including Medicare, State funding, and third-party insurance.
- Choose only the eligibility type that funds the requested service. Selecting an incorrect eligibility type will result in a denial or dismissal.
- **Please be aware that Vaya Partners manages physical health services only for Medicaid members of the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan (Tailored Plan).** State funding does not cover any physical health services. NCDHHS continues to manage physical health services for members with coverage through NC Medicaid Direct.
- Remember to select the eligibility type that corresponds with the **dates of service being requested.**
- In cases of retroactive Medicaid requests, you may need to attach your request to an inactive eligibility type.

Third-Party Administrator Service Authorization Requests

Vaya Partners works with several delegated subcontractors as part of Tailored Plan Medicaid operations. Links to each subcontractor's provider portal are available on the ProviderCONNECT page of Vaya Partners' ProviderCENTRAL website.

Please submit the following types of authorization requests through the applicable vendor portal:

- **EviCore:** Outpatient speech therapy, outpatient physical therapy, outpatient occupational therapy cardiology and radiology services, and durable medical equipment (DME)
- **Modivcare:** Non-Emergency Medical Transportation (NEMT)
- **Avēsis:** Vision services
- **Navitus Health Solutions:** Pharmacy services (authorization requests for physician-administered medications should be submitted through the ProviderCONNECT portal)

Vaya Partners ProviderCONNECT Submissions

Concurrent Authorization Requests

Some services require you to reopen a previous authorization to request reauthorization of service dates/units following an initial approval. These are services that are billed as "admit to discharge." These services include Acute Inpatient, Skilled Nursing Facility (SNF), Institutions for Mental Disease (IMD), Acute Rehabilitation, Observation, and Detoxification services.

Review the ProviderCONNECT Portal Main Job Aid for instructions on opening previously submitted authorizations. Once you have reopened an authorization, select "View," add the requested additional time or units, and attach any necessary notes or documentation to support the request, and select "Resubmit Authorization." Do not change the service code.

Authorization Types

The authorization type you select routes your request to the correct work queue for Vaya Partners' Utilization Management Department, ensuring the quickest, most efficient processing. Choosing the incorrect authorization type may lead to delays or dismissed requests.

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Behavioral Health, I/DD, and TBI Authorization Types	

Inpatient
• Acute Psychiatric Hospitalization
• Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
• Facility-based Crisis (FBC) services
 	
Home and Community-Based Services
• 1915(i) services
• NC Innovations Waiver services
	Outpatient
	• Outpatient child mental health services
	  ○ Residential Treatment (levels II-IV)
	  ○ Enhanced mental health/substance use services
	• Psychiatric Residential Treatment Facility (PRTF)
	• Outpatient Partial Hospitalization
	• Outpatient I/DD and TBI services, including 1915(b)(3) and State-funded I/DD and TBI services
	• Outpatient Adult MHSUD
	• Outpatient Other, including Value-Added Services
	• Enhanced services, e.g., Assertive Community Treatment, Community Support Team
	• Research-Based-Behavioral Health Treatment (RB-BHT), for Applied Behavior Analysis (ABA) only
	• Professional behavioral health services
	• I/DD Residential Services
	• I/DD and TBI State-funded Residential Services
	• Long-term Community Supports, all levels

Physical Health Authorization Types	
Inpatient • Acute Hospitalization • Acute Rehab • Inpatient Other • Inpatient Procedure • SNF	**Outpatient** • Select DME (B codes and W codes) • Home Health • Hospice • Medical Pharmacy • Partial Hospitalization • Outpatient Surgery

Authorization Priority

- **Urgent Prior Authorization Requests:** Requests that meet health and safety expedited criteria only
- **Non-urgent Prior Authorization Requests:** Behavioral health outpatient requests, including all concurrent/ reauthorization requests, and physical health requests that do not meet urgent request criteria
- **Retrospective Authorization Requests:** For retroactive Medicaid requests and requests that were not submitted prior to the stated dates of service
- **Concurrent Authorization Requests:** For physical health services that meet the definition of concurrent auths above

Choosing the Correct Service Code

Review the selected service code to make sure the description matches the service code and/or dates of service.

Other Resources

For more information, see the Prior Authorization page of our ProviderCENTRAL website and ProviderCONNECT Job Aids.