

Plan de Salud Menonita – Vital
 Prior Authorization List
 PA Fax Number: (787) 332-0921

- All Non-Par Providers require authorization regardless of services or codes. PA required for Office Visits, Surgical Procedures, Labs, Diagnostic Studies & In-patient stays (except for emergencies).
- No PA Required for Emergency Services.
- Some services listed may not be covered, please refer to ASES contract for benefit coverage and non-covered services.
- The absence of a code from this list should not be used to determine whether a service is or is not covered.
- Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member’s eligibility on the date(s) of service, benefit limitations or exclusions, and other applicable standards during the claim review, including coding rules and the terms of any applicable provider agreement.
- PSM requires PA, as well as medical necessity documentation and rationale to be submitted with the PA request for all Unlisted/Miscellaneous codes.

- SURGERY AND MEDICAL PROCEDURES (refer to PSM’s PA list for specific codes)
- RADIOLOGY
 - MRI/MRA
 - PET and CT scans
 - Radiation Oncology Procedures
 - Nuclear Medicine
- MISCELLANEOUS
 - Cardiovascular/Vascular Tests (Stress Test, Echo, Duplex/Doppler)
 - Nerve Conduction Studies/EMG
 - Prosthetics and Orthotics
 - Home Health and Hospice
 - DME and Devices
 - All Unlisted and Temporary Codes

- GENETIC TESTS
- OUTPATIENT REHABILITATION THERAPY
 - Physical Therapy after first 15 sessions
 - Hyperbaric Oxygen Therapy
 - Wound Care
- SKILLED NURSING FACILITY
- INPATIENT REHABILITATION FACILITY
- NON-EMERGENCY TRANSPORTATION
- DURABLE MEDICAL EQUIPMENT (DME)
- HOME CARE

*This list is subject to periodical and prospective changes; the provider should regularly verify it.

***Federal regulation require that the sterilization consent form may be signed at least 30 days before the date of the procedure.**