



## 2018 Provider Reference Guide

**Corporate Mission Statement:** VIVA HEALTH is an Alabama-based health plan committed to offering quality health care coverage at an affordable price. We strive to meet this commitment by maintaining a highly dedicated and skilled workforce and by fostering a corporate culture that promotes continuous improvement, innovation, teamwork, and integrity. We value our relationships with employers, health care providers, and members and strive to be responsive to their needs and to deliver superior service.

**Medical Management:** will assist your staff with all authorization requests. VIVA HEALTH requires all providers to request an authorization in advance of rendering services. Please note although Medicare allows up to 14 calendar days to process a decision, Medical Management attempts to process ALL authorization requests within 7 calendar days upon receipt of required information.

**Telephone:** (205) 558-7475, (205) 933-1201, or (800) 294-7780; **Fax:** (205) 933-1232 or (205) 449-7049

### Authorization List

*\*THIS AUTHORIZATION LIST IS NOT ALL-INCLUSIVE AND SUBJECT TO CHANGE\**

<ul style="list-style-type: none"> <li>Some VIVA HEALTH Plans require a PCP referral to see a specialist. See VIVA HEALTH Product Descriptions on reverse-side of Provider Reference Guide.</li> </ul>	<ul style="list-style-type: none"> <li>Arteriograms</li> <li><b>Select Injections</b></li> </ul>
<ul style="list-style-type: none"> <li>All In-Patient Admissions, including 23 hour observation (<b>for emergencies, VIVA HEALTH should be notified within 24 hours of admission or next business day</b>)</li> </ul>	<ul style="list-style-type: none"> <li><b>Genetic Testing</b></li> </ul>
<ul style="list-style-type: none"> <li>Outpatient Surgery, including Wound Care</li> </ul>	<ul style="list-style-type: none"> <li>Cardiac Caths</li> </ul>
<ul style="list-style-type: none"> <li>Inpatient Rehabilitation or Day Treatment (letter of medical necessity required)</li> </ul>	<ul style="list-style-type: none"> <li>Cardiac and Pulmonary Rehab</li> </ul>
<ul style="list-style-type: none"> <li>Non-emergent out-of-network, out-of-panel, or out-of-area services</li> </ul>	<ul style="list-style-type: none"> <li>Holter Monitors worn longer than 24 hours</li> </ul>
<ul style="list-style-type: none"> <li>Non-emergent Ambulance Transport</li> </ul>	<ul style="list-style-type: none"> <li>Myelograms and Discograms</li> </ul>
<ul style="list-style-type: none"> <li>Transplant Services</li> </ul>	<ul style="list-style-type: none"> <li>Sleep Studies: C-PAP, MSLT, PSNG (copies of medical records with symptoms listed required)</li> </ul>
<ul style="list-style-type: none"> <li>All Sinus or Nasal Surgery (copies of medical records required ) <b>excluding in-office scopes</b></li> </ul>	<ul style="list-style-type: none"> <li>Pain Clinic Care</li> </ul>
<ul style="list-style-type: none"> <li>All Plastic Surgery regardless of the place of service (copies of medical records, pre-op photos and letter of medical necessity required)</li> </ul>	<ul style="list-style-type: none"> <li>All Ancillary Services (home health, IV therapy, hospice care, orthotics, prosthetics, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Skilled Nursing Facility Admissions</li> <li><b>Most in-office surgeries</b></li> </ul>	<ul style="list-style-type: none"> <li>DME: If DME equipment is distributed by the physician's office but billed by the DME provider, an authorization is required. However, DME equipment with charges less than \$500.00 and billed by a physician does not require an authorization; <b>except</b> diabetic shoes/ inserts, which always require an authorization.</li> </ul>
<ul style="list-style-type: none"> <li>Rehabilitation Services: Physical, Occupational, and Speech Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Prescriptions requiring Prior Authorization</li> </ul>
<ul style="list-style-type: none"> <li>Photodynamic Therapy regardless of place of service</li> </ul>	<ul style="list-style-type: none"> <li>Neuropsych Testing</li> </ul>
<ul style="list-style-type: none"> <li>All scopes performed outside the physician's office <b>excluding Colonoscopy and EGD</b></li> <li>Pain Management requires a PCP referral</li> </ul>	<ul style="list-style-type: none"> <li><b>Radiology (MRI, MRA, PET, CT, CTAs) – Contact eviCore to obtain</b></li> <li><b>Note : (Nuclear Med) authorizations are required for Medicare Me Plans only – Contact VIVA to obtain</b></li> </ul>

**\*Radiology authorizations must be attained through eviCore Healthcare.**

For authorization forms visit: [www.carecorenational.com](http://www.carecorenational.com)

Or call eviCore Healthcare at: (855) 774-1322

### Contact Information



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**Provider Customer Service:** Provides assistance with office changes, EOB, and application requests, eligibility, benefit, and payment inquiries.

Telephone: (205) 558-7474 or (800) 294-7780

Fax: (205) 449-7849

Website: [www.vivaprovider.com](http://www.vivaprovider.com)

Provider Services Email: [vivaproviderservices@uabmc.edu](mailto:vivaproviderservices@uabmc.edu)

Provider Credentialing Email: [vivacredentialing@uabmc.edu](mailto:vivacredentialing@uabmc.edu)

- Our website contains useful forms, tools, and resources for your office staff. There you may find fax authorization request forms, provider manuals and directories, SNP MOC, and CMS-Required Compliance Training.
- **The Provider Portal** is a secure web-based application designed to give providers fast access to member eligibility, authorization status, and claim payment information. For access visit <http://www.vivaprovider.com/ePower/Register.aspx>. Complete and submit the Provider Portal online registration form. Provider Customer Service will contact you directly with your login ID and password.

**Claims:** Claims must be submitted within 180 days of the date of service. A request to reprocess or adjust a claim must be received within 180 days of the original check/explanation of payment date.

**Appeals:** A written appeal should explain the reason for the appeal and provide detailed service(s) and date(s). Please attach all pertinent information to support the appeal, such as medical records, proof of timely filing, or the other carrier's Explanation of Payment.

**VIVA HEALTH Claims:** PO Box 55926 Birmingham, AL 35255-5926

**VIVA MEDICARE:** PO Box 55209 Birmingham, AL 35255-5209

**Provider Appeals:** 417 20<sup>th</sup> Street North, Suite 1100  
Birmingham, Alabama 35203

**Electronic Claims Submission:** VIVA Clearinghouse Vendor:  
Change Healthcare (Formerly Emdeon); Payer ID: 63114

**Lab Testing and Services:** VIVA HEALTH covers most in-office lab tests and services. Physicians may use any independent or hospital-based labs contracted with VIVA HEALTH.

**Secondary Carrier:** Must file paper claims and include primary carrier's Explanation of Payment.

### VIVA HEALTH Products Descriptions: All plans must use participating providers

**VIVA Access:** "Open access" means a PCP referral is not required to see a specialist. ID card will identify "no referral required."

**VIVA HEALTH:** "Gatekeeper" means a PCP referral is required to see a specialist **except** for OB/GYN, Optometry, and Ophthalmology. ID card will indicate the name and telephone number of the chosen PCP.

**UAB Students:** "Gatekeeper" means services must be rendered by UAB network providers **except:**

- Dependents under age 18 may use any VIVA HEALTH Participating Hospital and Physician. No referrals needed.
- May see any participating OB/GYN, Optometry, and Ophthalmology services.

**VIVA UAB:** "Gatekeeper" means a PCP referral is required to see a specialist **except** for OB/GYN, Optometry, & Ophthalmology. Adults must use UAB Health System providers **except** for Vision and Pain Management. ID card will indicate the name and telephone number of the chosen PCP. Dependents under age 18 may use any VIVA HEALTH Participating Hospital and Physician. No referrals needed.

**VIVA MEDICARE:** VIVA MEDICARE is only available in participating counties and the member must choose a PCP. No PCP referral is required for members of VIVA MEDICARE *Plus, Premier, Select, or Extra Value* to see a participating specialist (**except for Pain Management**) within the chosen provider system.

**VIVA MEDICARE Me:** This plan is available within either the VIVA MEDICARE *Me* at Baptist Health or the VIVA MEDICARE *Me* at St. Vincent's provider networks. Members of this plan must reside in Jefferson, Blount, Shelby, St. Clair, Talladega, or Walker county. The plan ID card will indicate the member's PCP and Provider System as either VIVA MEDICARE *Me* at Baptist Health or VIVA MEDICARE *Me* at St. Vincent's. This plan has a limited network. Members who see providers in either the Baptist Physician Alliance or the St. Vincent's Physician Alliance networks do not require a PCP referral (**except for Pain Management**). However, a PCP referral will be required to see a specialist in either the VIVA MEDICARE *Me* at Baptist Health supplemental network or the VIVA MEDICARE *Me* at St. Vincent's supplemental network.

**Open Provider System:** The ID card will indicate the PCP and Provider System as open access to see any participating specialist at any par hospital. **A PCP Referral is required for Pain Management.**

**Closed Provider System:** UAB, St. Vincent's East (including Blount and St. Clair), and Medical West members must receive **all care** within their chosen provider network. The ID card will indicate the PCP and Hospital affiliated with their Provider System. However, the following specialties are **open** in the Closed Provider System:

- Podiatry, Chiropractic, Optometry, and Ophthalmology are open to all. Pain Management is open and **requires a PCP referral**.
- Rheumatology and Endocrinology are open to all **except** UAB and Medical West.
- Dermatology is open to all except UAB.
- Allergy and Immunology are open to all.

This and other pertinent information can be found in VIVA HEALTH's provider resources page at <http://www.vivaprovider.com/Resources/Manuals>.