

Services Requiring Prior Authorization for Vital Coverage
(for example, adding instructions on how or where to submit the request).
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Primary care physicians may refer you to most medical services; however, certain services require prior approval from the Plan. Before issuing such approval, the Plan will verify that the service is covered, and is medically necessary, and meets commonly accepted medical standards. This process is referred to as **Prior authorization**.

Benefits will be provided when they are medically necessary for the prevention, diagnosis, or treatment of their illness or health condition. Authorization must be obtained for the following services or benefits:

- Radiology (CT, PET, PET/CT, MRI, MRA, nuclear medicine)
- Surgeries and medical procedures
- Cardiovascular or vascular tests
- Nerve conduction studies
- Prosthetics and orthotics
- Home health care and hospice
- Rental or purchase of durable medical equipment
- Chemotherapy medications and genetic testing
- Skilled nursing facility
- Inpatient rehabilitation facility
- Non-emergency transportation
- Outpatient rehabilitation (physical therapy after the first 15 visits, hyperbaric chamber therapy, and ulcer and wound care)
- Bariatric surgery
- Polysomnography

Services provided by non-participating providers require prior authorization, regardless of the type of service or billing codes. Prior authorization is required for office visits, surgical procedures, laboratory tests, diagnostic studies, and hospitalizations (except in emergency cases).

Prior authorization does not guarantee payment for services. Payment will be made in accordance with the member's eligibility determination on the date(s) of service, benefit limitations or exclusions, and other applicable guidelines during the claims review process, including coding rules and the terms of any applicable provider agreement.

When the Plan requires prior authorization, documentation supporting medical necessity must be submitted along with the prior authorization request.

Prior authorization is not required for emergency services. This list is subject to periodic and prospective changes; providers should verify it regularly.