

Vista Access PPO Evidence of Coverage

Plan Year 2025

Group ID: G-14827

Mojave Crest Assurance Company

Las Vegas, Nevada

## SECTION 3: COVERED SERVICES AND BENEFITS

### 3.1 Medical/Surgical Benefits

#### Inpatient Hospital Services

- Room and board in a semi-private room
- General nursing care
- Intensive care unit services
- Operating room charges
- Diagnostic and therapeutic services
- Physician services (when billed by hospital)

Prior Authorization: Required for non-emergency inpatient admissions

#### Inpatient Rehabilitation Services

Inpatient rehabilitation facility services are covered when medically necessary following:

- Stroke
- Major surgery requiring intensive rehabilitation
- Spinal cord injury
- Traumatic brain injury
- Other conditions requiring 24-hour rehabilitation nursing

Coverage includes up to 60 days per calendar year in an inpatient rehabilitation facility.

Extension beyond 60 days requires medical necessity review.

Prior Authorization: Required

### 3.2 Mental Health and Substance Use Disorder Benefits

#### Inpatient Mental Health Services

Coverage includes inpatient psychiatric care in a licensed psychiatric facility when medically necessary. Benefits include:

- Room and board
- Nursing care

- Psychiatric evaluation and treatment
- Group and individual therapy
- Medication management

Prior Authorization: Required for non-emergency admissions

#### Residential Substance Use Disorder Treatment

Coverage includes residential treatment in a licensed substance use disorder treatment facility when medically necessary. To be eligible for residential level of care, the member must meet ALL of the following criteria:

1. The member has a substance use disorder diagnosis requiring 24-hour structured treatment
2. The member has attempted and failed at less intensive levels of care (outpatient, IOP) OR has medical or psychiatric conditions requiring 24-hour supervision during withdrawal
3. The treatment plan demonstrates medical necessity for residential level of care
4. The facility is licensed and accredited for residential SUD treatment

Coverage includes up to 30 days per calendar year in a residential treatment facility.

Extension beyond 30 days requires medical necessity review.

Prior Authorization: Required

Note: Step therapy applies. Members must demonstrate failure at outpatient and intensive outpatient levels of care unless medical or psychiatric conditions require immediate residential placement.

### 3.3 Outpatient Services

Outpatient mental health services and substance use disorder services are covered including:

- Individual therapy
- Group therapy
- Family therapy
- Medication management
- Intensive outpatient programs (IOP)
- Partial hospitalization programs (PHP)

## SECTION 7: APPEALS AND GRIEVANCES

### 7.1 Appeals Process

You have the right to appeal any adverse benefit determination. An appeal is a formal request to have a denial, reduction, or termination of benefits reviewed.

#### Time Limits for Appeals:

- You must file an appeal within 180 days of the date of the original denial
- Expedited appeals are available when the standard timeline could seriously jeopardize your life, health, or ability to regain maximum function
- Concurrent care appeals must be decided before the reduction or termination takes effect

#### Who May File an Appeal:

- You, the member
- Your authorized representative (must submit written authorization)
- Your treating provider (for pre-service and concurrent care appeals only)

### 7.2 External Review

If your appeal is denied, you have the right to request an independent external review by Canyon Ridge Review Services. You must request external review within 120 days of the date of the final internal determination.

## SECTION 9: EXCLUSIONS AND LIMITATIONS

### 9.1 General Exclusions

The following services are not covered:

- Services not medically necessary
- Experimental or investigational services
- Cosmetic surgery (unless reconstructive following accident or disease)
- Custodial care
- Services provided by non-licensed practitioners

### 9.2 Specific Limitations

Residential SUD treatment requires prior authorization and step therapy compliance.

Inpatient rehabilitation does not require step therapy for post-acute conditions.

Document Version: EOC\_G-14827\_2025

Effective Date: January 1, 2025

End of Document