

## Important Information

- This list is not all inclusive
- To verify benefit coverage call 1-800-261-2393
- All procedures performed in Ambulatory Surgery Centers (Place of Service 24) require a referral to be submitted to the health plan. Fax clinical documentation for services that require Pre-Authorization to 410-424-4890
- All CPT Codes classified as Category III (0016T-0222T) or unlisted (i.e. 49999,69979) by the American Medical Association require Pre-Authorization
- AON Plan Members- Must stay in-network / No out-of-network benefits
- JHHSC/JHH/HCGH Basic Plan Members- PCP Referral required/Must stay in-network / No out-of-network benefits
- All Other EHP Plan Members-Have direct access to specialty providers in- or out-of-network (no referral required)
- Laboratory/ Radiology- Participating freestanding facilities preferred
- See back of Outpatient Referral and Pre-Authorization Guidelines for additional information specific to Plan.
- For additional information about EHP, refer to the website at: [www.jhhc.com](http://www.jhhc.com)

## No Referral or Pre-Authorization Required

- All EHP Plan Members (except for AON and JHHSC/JHH/HCGH Basic Plan) have direct access to specialty providers in- and out-of-network (no referral required, except if listed in the Referral Required or the Pre-Authorization Sections)
- Procedures not listed in the Pre-Authorization required section which are performed in participating outpatient hospital setting (place of service 22)
- Procedures not listed in the Pre-Authorization required section which are performed in participating provider office (place of service 11)

Nutritional Counseling – Initial 2 Visits

Urgent Care Centers

Wound Clinic - Initial 10 visits

## Referral Required

- This section lists the services and/or plans that require a referral from the PCP or referring physician, which must be submitted to Care Management
- For urgent requests (*delay will seriously jeopardize the life or health of a member, or severe pain*), mark Urgent and fax to 410-762-5205 or call 1-800-261-2421
- Fax the universal referral form to Outpatient Intake Services to 410-424-4890 (For plan specific benefits refer to grid on back)
- All JHHSC/JHH/HCGH Basic Plan members - Referral required for all services
- AON members - to maximize benefits referral is required

## Pre-Authorization Required

- The health plan will perform Medical Review of requested services before they are rendered
- Fax pertinent clinical documentation to Medical Review at 410-762-5205
- For plan specific benefits refer to grid on back
- Fax documentation for all Durable Medical Equipment (DME) /Durable Medical Services (DMS) to Medical Review at 410-762-5205 (For plan specific benefits refer to grid on back)
- For urgent requests (*delay will seriously jeopardize the life or health of a member, or severe pain*), mark Urgent and fax to 410-762-5205 or call 1-800-261-2421
- To check authorization status, access McNet ([www.jhhcmcnet.com](http://www.jhhcmcnet.com)) or call Customer Service at 1-800-261-2393
- The requesting provider will be notified of all Pre-Authorization decisions

- ? Acne Surgery
- ? Alveolotomy/Alveoplasty
- ? Ambulance, non emergent
- ? Autologous Chondrocyte Implantation (knee)
- ? Blepharoplasty, Brow Ptosis, Entropion, Ectropion
- ? Bone Anchored Hearing Devices
- ? Botox Type A and B
- ? Breast Reduction
- ? Bunionectomy
- ? Capsule Endoscopy
- ? Cardiac Exercise Program for patients with PVD
- ? Cardiac Rehabilitation
- ? Carpal Tunnel Surgical Decompression
- ? Clinical Trials (including NCI trials)
- ? Cochlear Implants
- ? Continuous Glucose Monitoring
- ? CT Heart/Angiography
- ? Dexa Scans
- ? DME/DMS\*

- ? Electron Beam Computer Tomograph
- ? External Counterpulsation
- ? Feeding Programs
- ? Genetic Testing
- ? Gynecomastia Surgery
- ? Home Health Care
- ? Hospice
- ? Hyperbaric Oxygen Therapy
- ? Laser Treatment for Psoriasis
- ? MEG/MSI - Magnetoencephalography
- ? MRI of Breast
- ? Neuropsychological Testing
- ? Neurostimulators
- ? Nutrition Counseling > 2 visits
- ? Occupational Therapy (see grid on back)
- ? Orthotics\*
- ? Osteogenic Stimulation for Fractures
- ? PET - Positron Emission Tomography
- ? Physical Therapy (see grid on back)

- ? Potentially Cosmetic Procedures\*
- ? Prosthetics
- ? Pulmonary Rehabilitation
- ? Pulse Dye Laser for Port Wine Stain
- ? PUVA - Phototherapy and Photochemotherapy
- ? Rhinoplasty
- ? Radiofrequency Ablation for Chronic Back Pain
- ? Sclerotherapy
- ? Septoplasty
- ? Skin Tag Removal
- ? Sleep Study (home only)
- ? Speech Therapy (non developmental)
- ? TMJ Treatment
- ? Transplants (except corneal)
- ? Uvulotomy, palatopharyngoplasty, LAUP (Laser Assisted Uvuloplasty)
- ? Varicose Vein Ligation
- ? Wig
- ? Wound Clinic > 10 Visits
- ? Wound Vac

## Behavioral Health

- Providers call 410-424-4845 or 1-800-261-2429
- AON and JHHSC/JHH/HCGH Basic Plan Members - Must coordinate care with EHP Behavioral Health. All other plan members do not need to coordinate care with EHP Behavioral Health
- AON members - to maximize benefits referral is required
- For services which require Pre-Authorization the Health Plan will perform Medical Review before they are rendered

### Pre-Authorization Required

- ? Ambulatory Detox
- ? Electro Convulsive Therapy
- ? IOP - Intensive Outpatient Program

? Light Box Therapy-SAD

? Psychological Testing

## Commonly Requested Non-Covered Services

- The following services are not part of the EHP benefit
- For plan specific benefits refer to grid on back

- ? Autopsy
- ? Bed Boards
- ? Breast Ductal Lavage and Fiberoptic Ductoscopy
- ? Cosmetic Procedures
- ? Cryopreservation (reproductive)
- ? Diabetic Shoes
- ? Diapers (including pull-ups and Depends)
- ? Exercise Equipment and Devices
- ? Exhaled Nitric Oxide Measurement
- ? Extracorporeal Shockwave Therapy for Plantar Fasciitis
- ? Eye Exercises (AKA visual training/orthoptics)
- ? Fecal DNA
- ? Grab Bars
- ? Hypnosis

- ? Heating Pads or Lamps
- ? Home Health Aides
- ? Hot Water Bottle
- ? Ice Bags
- ? Interferential Therapy
- ? IDET - Intradiscal Electrothermal Therapy
- ? Investigational Health Services/Equipment (not FDA approved)
- ? LASIK Eye Surgery
- ? Learning Disabilities (refer to school system)
- ? Massage Therapy
- ? Naturopathic Treatment
- ? Nutritional Supplements (oral)
- ? Podiatry - Routine Foot Care - Except PVD and DM Diagnosis Only

- ? Pulse Electrical Stimulation for OA of the Knee
- ? Sex Change
- ? Speech Therapy (developmental)
- ? Sterilization Reversal
- ? Structural Modification to the Home
- ? Surrogacy
- ? Tray Tables
- ? Ultrasound/CT for Bone Density
- ? Vitamin and Mineral Supplements (oral)
- ? Weight Loss Programs (ie Weight Watchers)
- ? Wheelchair Tray Table
- ? Whirlpools/Whirlpool Bath Equipment

## Resources

- The following resources may be helpful in meeting the needs of the EHP member and verifying benefit limitations

EHP Care Management-call 1-800-261-2421 or 410-424-4480  
EHP Customer Service-call 1-800-261-2393  
EHP Website-[www.ehp.org](http://www.ehp.org)

Behavioral Health Services Members – call 1-888-281-3186 or 410-424-4476  
Caremark Website - [www.caremark.com](http://www.caremark.com)  
Caremark Customer Service- call -1-800-213-0879

<b>Plan Specific Benefits</b>	<b>AON E00013</b>	<b>Broadway Services, Inc. E00008 E00009</b>	<b>Johns Hopkins Bayview Medical Center E00006 E00007 E00161</b>	<b>Johns Hopkins Health System Corp/Hospital/ Howard County General Hospital Basic Plan E00020, E00040, E00041, E00042, E00043, E00050, E00060, E00140, E00142</b>	<b>Johns Hopkins Health System Corp/Hospital/ Howard County General Hospital Premium Plan E00025, E00045, E00046, E00047, E00048, E00055, E00065, E00145, E00147</b>	<b>Johns Hopkins University Classic Plan E00015 E00151</b>	<b>Johns Hopkins University Student Health Program E00016</b>	<b>Suburban Hospital Standard Plan: E00070 High Option Plan: E00075</b>
Abortion - Elective	Notification to Health Plan Required	Pre-Authorization Required	Notification to Health Plan Required	Referral Required	Notification to Health Plan Required	Notification to Health Plan Required	Notification to Health Plan Required	Notification to Health Plan Required
Acupuncture	Referral Required for Maximum Benefit	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	Referral Required	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	Notification to Health Plan Required	No Referral or Pre-Authorization Required
Biofeedback	No Benefit	No Benefit	No Benefit	Pre-Authorization Required	Pre-Authorization Required	Pre-Authorization Required	No Benefit	No Referral or Pre-Authorization Required
Contraceptive Devices, IUD and Diaphragms	No Benefit	No Benefit	No Referral or Pre-Authorization Required	Referral Required	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required
Diabetes Education Classes	No Benefit	No Benefit	No Benefit	Pre-Authorization Required	Pre-Authorization Required	Pre-Authorization Required	No Benefit	No Benefit
Gastric Bypass/ Bariatric Surgery	No Benefit	No Benefit	Pre-Authorization Required	No Benefit	Pre-Authorization Required	Pre-Authorization Required	Pre-Authorization Required	No Benefit
Hearing Aids	No Benefit	No Benefit	Up to Age 18 Pre-Authorization Required	Up to Age 18 Pre-Authorization Required	Up to Age 18 Pre-Authorization Required	Up to Age 18 Pre-Authorization Required	No Benefit	No Benefit
Infertility Treatment	No Benefit	No Benefit	Pre-Authorization Required	No Benefit	Pre-Authorization Required	Pre-Authorization Required	No Benefit	Pre-Authorization Required
Physical Therapy/Occupational Therapy	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	No Referral or Pre Authorization Required Visits 1-12 Pre-Authorization Required Visits > 12	No Referral or Pre Authorization Required Visits 1-12 Pre-Authorization Required Visits > 12	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required	No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required Visits > 12
Private Duty Nursing	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	Pre-Authorization Required

**Suburban Hospital  
effective June 1, 2010**

**Notification to the Health Plan can be made by any servicing provider**

**Contact EHP Customer Service at 1-800-261-2393 for plan specific limitations**