Outpatient Referral and Pre-Authorization Guidelines

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Eligibility Details</th>
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| **Commonly Requested Non-Covered Services** | For services listed in Office of Place (Place of Service 21), Outpatient Hospital (Place of Service 22) or Ambulatory Surgery Centers (Place of Service 24) by specialties listed below, no referral or pre-authorization is required unless listed in the Referral Required or Pre-Authorization sections. To ensure coordination of care, the referring physician must provide the member with a referral or script detailing the specialist services needed. No paperwork needs to be submitted to the health plan.

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<th><strong>Resources</strong></th>
<th>For related coding documents, please go to <a href="http://www.jhhc.com">www.jhhc.com</a>, Providers &amp; Physicians, Priority Partners, Resources &amp; Guidelines.</th>
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**Important Information**
- This list is not all inclusive
- To verify benefit coverage call 1-800-654-9728
- All CPT Codes classified as Category III (0016T-0222T) or unlisted (i.e. 49999-69979) by the American Medical Association require Pre-Authorization.
- All services rendered by non-participating providers require Pre-Authorization.
- Laboratory, Radiology and Pharmacy policies and guidelines can be found at www.jhhc.com.
- For additional information about Priority Partners, refer to the website at www.jhhc.com.

**No Referral or Pre-Authorization Required**
- For services provided in Office of Place (Place of Service 11), Outpatient Hospital (Place of Service 22) or Ambulatory Surgery Centers (Place of Service 24) by specialties listed below, no referral or pre-authorization is required unless listed in the Referral Required or Pre-Authorization sections.

**Referral Required**
- Fax the universal referral form for services listed below for Office (Place of Service 11) or Outpatient Hospital (Place of Service 22) settings to Outpatient Intake Services at 410-762-4603.
- 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 Management at 1-800-261-2421 or 410-424-4480.
- To check authorization status, access MCNet (www.jhhcnet.com) or call Customer Service at 1-800-654-9728.

**Pre-Authorization Required**
- The Health Plan will perform Medical Review of the following requested services before they are rendered.
- Fax pertinent clinical documentation to Medical Review at 410-762-5205.
- Fax documentation for all Durable Medical Equipment (DME) to the health plan.
- The requesting provider will be notified of all Pre-Authorization decisions.

**Substance Abuse Services**
- No notification to Health Plan Required

**Substance Abuse Services**
- Substance Abuse Assessment
- Initial Outpatient Treatment
- Group Outpatient Treatment

**Behavioral Health**
- The following services are not part of the Priority Partners benefit.

**Resources**
- ACCO CHECK - Member needs to call 1-888-355-4242 to request a voucher to take to pharmacy
- Audiology (including hearing aids), Occupational, Physical, and Speech therapy < 21 years of age - call Pediatric Health Partners at 410-762-5205.
- For related coding documents, please go to www.jhhc.com, Providers & Physicians, Priority Partners, Resources & Guidelines.

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