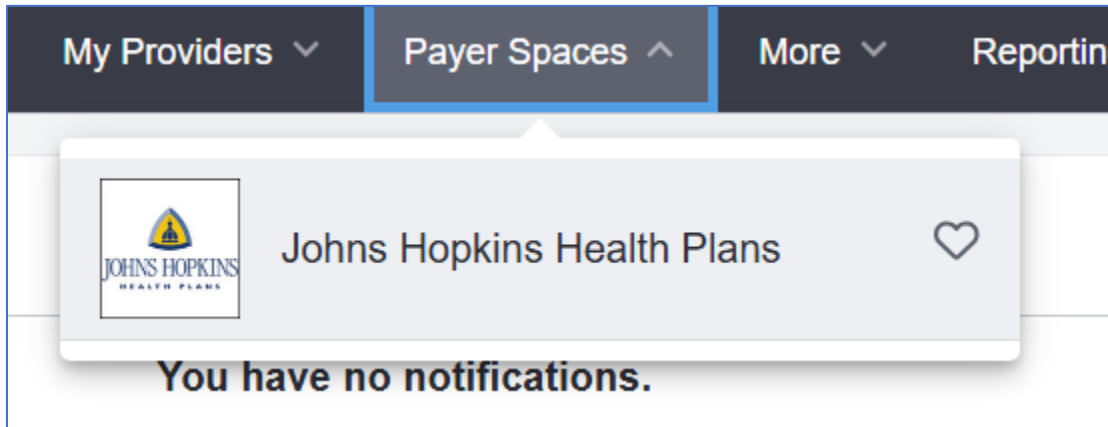


## JOB AID: Itiliti Prior Authorization Tool

1. In [Availity](#), go to Payer Spaces and then Johns Hopkins Health Plans. Providers can also access Itiliti outside Availity via [this link](#).
2. The Itiliti platform is accessible in the Resources tab in Availity.



Click on the “Resources” button and then “Itiliti.”



3. NOTE: The portal will default the radio button to “Member/ Patient.” Please make sure that you change it to “Provider”

**When to use this form:**

Use this form to determine if a service or item requires prior authorization from the health plan before you receive care.

**I am a**

Member / Patient  Provider

**National Provider ID \***

Your NPI ensures we return the correct information and helps us understand who uses this tool.

**Plan****Service Date \*** 

Enter the date care will be provided. If you don't know the date yet, you can enter today's date and check again when the date of service is confirmed.

**Procedure Code(s) \***

You can type the procedure code your doctor will use to bill for the planned service or item. You can also type part of the code's description to search, for example type "tonsil" to find "Removal of tonsils."

**SUBMIT**

#### 4. Then enter the information asked on the form

**National Provider ID \***

1265495949

Your NPI ensures we return the correct information and helps us understand who uses this tool.

**Plan**

EHP - Johns Hopkins Employer Health Program, Inc. (EHP) ▼

**Service Date \***

05/14/2026 ✕ 📅

Enter the date care will be provided. If you don't know the date yet, you can enter today's date and check again when the date of service is confirmed.


**Procedure Code(s) \***

V2109 - SpheroCylinder 4.25d/4.25-6d ✕ Procedure codes ▼

You can type the procedure code your doctor will use to bill for the planned service or item. You can also type part of the code's description to search, for example type "tonsil" to find "Removal of tonsils."

**SUBMIT**

**Please note:**  
EHP-Broadway Members/Providers only - Please call Customer Service at 410-424-4450 and press #2 for Benefits.



**NOTE:** This portal cannot check prior authorization requirements for EHP Broadway members/providers.

5. The information required will be shown on the next page:

Transaction ID: TR-ec159063-93cc-4205-87e5-9d72791a6cce PRINT

Member ID Group Number: EHP  
Date of Service: 05/14/2026  
Line of Business: EHP

Summary:

**1 Procedures PA NOT REQUIRED — See below for next steps.**

**PA NOT REQUIRED | 1 Procedures**

**V2109 - SpheroCylinder 4.25d/4.25-6d**

Medical Policies/Criteria That May Apply: NPA.001 - PA Not Required Codes with Instructions

Additional Procedure Information: Not covered for routine eye care, Responsibility of Superior Vision.

**START OVER**

6. You can also check multiple CPT codes at the same time

**Procedure Code(s) \***

0309U - Analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metal... ×

V2109 - SpheroCylinder 4.25d/4.25-6d ×

15260 - Full thickness skin graft to nose, ears, eyelids, or lips, 20.0 sq cm or less ×

Procedure codes

[You can type the procedure code your doctor will use to bill for the planned service or item.](#)

**Summary:**

You submitted 3 procedures:

- ❗ 1 Procedures PA REQUIRED — See below for next steps.
- ✅ 2 Procedures PA NOT REQUIRED — See below for next steps.

❗ PA REQUIRED | 1 Procedures

- ❗ 15260 - Full thickness skin graft to nose, ears, eyelids, or lips, 20.0 sq cm or less

Medical Policies/Criteria That May Apply:

[CMS23.05 - Site of Service - Outpatient Surgical Procedures](#)

Additional Procedure Information:

Prior authorization required when in an outpatient hospital-based facility. No prior authorization required in a freestanding facility. This applies to members of all ages.

✅ PA NOT REQUIRED | 2 Procedures

- ✅ 0309U - Analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]) in plasma specimen, algorithm reported as risk score for major adverse heart event

Medical Policies/Criteria That May Apply:

[EviCore - EviCore policies apply to this procedure](#)

[CMS24.12 - Investigational & Experimental Devices, Treatments, and Health Services](#)

Additional Procedure Information:

This code is part of EviCore Claims Studio and is subject to post service claims review. Please call 888-693-3296 option 1 for appeals/claims questions regarding this program.

- ✅ V2109 - SpheroCylinder 4.25d/4.25-6d

START OVER

7. If PA is required, it will also give information on the next step.

Transaction ID: TR-fdc7eb6d-3c38-422f-ac9f-98c456c25091

PRINT

Member ID Group Number: PPMCO  
Date of Service: 06/08/2026  
Line of Business: PPMCO

**Summary:**

You submitted 1 procedures:

- ❗ 1 Procedures PA REQUIRED — See below for next steps.

❗ PA REQUIRED | 1 Procedures

- ❗ J9201 - In gemcitabine hcl nos 200mg

Medical Policies/Criteria That May Apply:

[NovoLogix-PPMCO - PPMCO Medical Injectable Drug Policies](#)

Additional Procedure Information:

This code is subject to pharmacy prior authorization. See instructions and link below. Providers may submit prior authorization requests electronically by accessing the NovoLogix platform through the Availity portal. Providers may also contact NovoLogix by phone at 800-932-7013.

START OVER