**Priority Partners Managed Care Organization Outpatient Referral and Pre-Authorization Requirements**

### Commonly Requested Non-Surgical Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Place of Service</th>
<th>Referral or Pre-Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentures</td>
<td>11, 22, 24</td>
<td>No referral or pre-authorization is required unless listed in the Referral Required and/or Pre-Authorization sections</td>
</tr>
</tbody>
</table>

### Non-Covered Investigative Services

- **IDET** - Intradiscal Therapies
- **Intrathecal** - Neurosurgical Therapy
- **Interventional Radiology**
- **LAPGK** - Laser Ablation of the Prostate
- **Laser-Assisted Vapothermolysis**
- **Lung Cancer Screening**
- **Mammographic Breast Cancer Screening**
- **MRI** - Magnetic Resonance Imaging
- **PET** - Positron Emission Tomography
- **Pulmonary Embolism**
- **Positron Emission Tomography**
- **Radiofrequency Ablation**
- **Sclerotherapy**
- **Skin Cancer Testing**
- **Ultrasound**
- **X-Ray**

### Resources

- **Pharmacy Pre-Authorization Requests**
  - Call Pharmacy Department at 1-800-613-3193 for more information.

### Behavioral Health

- **For mental health services call Value Options at 1-800-888-1965**
- **For ADHD treatment by specialist contact Value Options at 1-800-888-1965**
- **For substance abuse assistance, providers should call 1-800-424-4835 or 1-800-261-2421**
- **For substance abuse treatment plans call 1-800-424-4891**
- **Notification to the health plan must be made by any prescribing provider**
- **For self-referral protocols go to: http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/policies/medicalpolicies.html**

### Non-Surgical Services

- **Obstetrical Care**
- **Oncology**
- **Pain Management**
- **Physical Therapy**
- **Pharmacy Pre-Authorization Requests**
  - Call Pharmacy Department at 1-800-613-3193 for more information.

### Community Information

- **Referral Required**
  - For services provided in-office (Place of Service 11), outpatient hospital (Place of Service 22), or ambulatory surgery centers (Place of Service 24) by specialists listed below, no referral or pre-authorization is required unless listed in the Referral Required and/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.**

### Substance Abuse Services

- **Notification to Health Plan Required**
  - Place of Service 11, 57, and 71
  - Group Outpatient Therapy
  - Individual Outpatient Therapy
  - Substance Abuse Assessment
  - **Notification to Health Plan Required**
  - Place of Service 22
  - Group Outpatient Therapy
  - Individual Outpatient Therapy
  - Substance Abuse Assessment

### Non-Surgical Services

- **For related coding documents, please go to For Providers, Resources & Guidelines at: www.jhcc.com**