Employer Programs (EHP)  
Outpatient Referral and Pre-Authorization Guidelines

**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. For additional information about EHP refer to the website at www.jhhc.com.

**No Referral or Pre-Authorization Required**
- All EHP Plan members (except for JHHC/JHH 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).
- NEW for Basic Plan members - ONLY OB/GYN providers DO NOT require a referral (members may access any in-network OB/GYN provider).
- 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).

**Referred 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 Care Management at 1-800-261-2421 or 410-424-4180.
- For services which require pre-authorization, the health plan will perform medical review before they are rendered.
- 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 410-762-5205.

**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 410-762-5205.

**Behavioral Health**
- Providers call: 410-424-4845 or 1-800-261-2429.
- JHHC/JHH Basic Plan Members - Must coordinate care with EHP Behavioral Health (all other plan members do not need to coordinate care with EHP Behavioral Health).
- For services which require pre-authorization, the health plan will perform medical review before they are rendered.

**Commonly Requested Non-Surgical Services**
- The following services are not part of the EHP benefit.
- For plan specific benefits refer to grid on back.

**Non-Surgical Services**
- All other EHP Plan members have direct access to specialty providers in- and out-of-network (no referral required).
- Laboratory/radiology - participating freestanding facilities preferred.
- *For related coding documents, please go to for Providers, Resources & Guidelines at www.jhjh.com.

**Providers**
- Call: 1-800-281-3186 or 1-800-261-2421.

**Resources**
- The following resources may be helpful in meeting the needs of the EHP member and verifying benefit limits.

**EHP Care Management**
- Call: 1-800-261-2393.
- JHHC Website (for providers)

**EHP Customer Service**
- Call: 1-800-246-4480.
- JHHC Website (for providers)

Effective January 2013
### Employer Health Programs (EHP)
#### Plan Specific Benefits

<table>
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<th>Services &amp; Supplies</th>
<th>Broadway Services, Inc.</th>
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<th>Johns Hopkins Bayview Medical Center</th>
<th>Johns Hopkins Hospital Union Basic Plan</th>
<th>Johns Hopkins Hospital/Health System Union Premium Plan</th>
<th>Johns Hopkins Hospital/Health System Union Non-Union Plan</th>
<th>Johns Hopkins University Classic Plan</th>
<th>Johns Hopkins University Student Health Program</th>
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<td>E00015, E00051, E00151</td>
<td>E00016</td>
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<td>E00070, E00075</td>
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| Abortion - Elective | Pre-Authorization Required | Pre-Authorization Required | Notification to Health Plan Required | Referral Required | Notification to Health Plan Required | Referral Required | Notification to Health Plan Required | Referral Required | Notification to Health Plan Required |
| Acupuncture        | No Referral or Pre-Authorization Required | Pre-Authorization Required Anesthesia Only | 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 | Notification to Health Plan Required |
| Biofeedback        | No Benefit                  | Pre-Authorization Required | No Benefit                         | Pre-Authorization Required | Pre-Authorization Required | No Benefit                         | Pre-Authorization Required | No Benefit                         | Pre-Authorization Required |
| Contraceptive Devices, IUD and Diaphragms | No 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 | No Referral or Pre-Authorization Required | No Referral or Pre-Authorization Required | No Referral or Pre-Authorization Required |
| Diabetes Education Classes | No Benefit | Pre-Authorization Required | No Benefit                         | Pre-Authorization Required | Pre-Authorization Required | No Benefit                         | Pre-Authorization Required | No Benefit | Pre-Authorization Required |
| Gastric Bypass/ Bariatric Surgery | No Benefit | Pre-Authorization Required | Pre-Authorization Required | No Benefit | Pre-Authorization Required | Pre-Authorization Required | Pre-Authorization Required | No Benefit | Pre-Authorization Required |
| Hearing Aids       | No Benefit                  | For dependent children up to age 26 Pre-Authorization Required | For dependent children up to age 26 Pre-Authorization Required | For dependent children up to age 26 Pre-Authorization Required | For dependent children up to age 26 Pre-Authorization Required | No Benefit | Pre-Authorization Required | No Benefit | Pre-Authorization Required |
| Infertility Treatment | No Benefit | Pre-Authorization Required | Pre-Authorization Required | No Benefit | Pre-Authorization Required | Pre-Authorization Required | No Benefit | Pre-Authorization Required | No Benefit | Pre-Authorization Required |
| Physical Therapy/Occupational Therapy | No Referral or Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required | No Referral or Pre-Authorization Required Visits 1-12 Pre-Authorization Required |
| Private Duty Nursing | No Benefit                  | No Benefit                      | No Benefit                         | No Benefit                      | No Benefit                      | No Benefit                         | No Benefit | No Benefit | Pre-Authorization Required |

Notification to the Health Plan can be made by any servicing provider. Contact EHP Customer Service at: 800-261-2393 for plan specific limitations.