### Overview

- All CPT codes classified as Category III and all HCPCS codes classified as "Unlisted" by the American Medical Association require pre-authorization
- JHHC medical policies may be helpful in supporting some pre-authorization requirements for certain procedures, and can be located at: www.jhhc.com > For Providers > Policies
- EHP plan members have direct access to specialty providers in- or out-of-network (no referral required)
- See back of Outpatient Referral and Pre-Authorization Guidelines for additional information specific to plan
- To verify benefit coverage call 1-800-261-2393
- For additional information about EHP refer to the website at: www.jhhc.com

### Pre-Authorization Required

No Notification Required/No Pre-Authorization Required

- See back Panel for Specific Line of Business Coverage details

### Commonly Requested Non-Covered Services

- Autopsy
- Cosmetic Procedures
- Cryopreservation (reproductive)
- Diabetic Shoes
- DME/DMS
  - Bed Boards
  - Diapers (including pull-ups and Depends)
  - Exercise Equipment and Devices
  - Grab Bars
  - Heating Pads or Lamps
- Genetic Testing
- Home Health Care
- Hospice
- Hyperbaric Oxygen Therapy
- Implanted Devices for Hearing Loss
- Laser Treatment for Skin Conditions
- Light Box Therapy
- MRI of Breast
- MRI – Cervical
- Neurological Testing
- Nutritional Counseling (see grid on back)
- Observation – After the 1st 24 hours
- Occupational Therapy (see grid on back)
- Orthotics
- Osteogenic Simulation for Fractures
- Palliative Care
- PET – Positron Emission Tomography
- Pharmacogenomics Genotyping
- Physical Therapy (see grid on back)
- Plastic Surgery (cosmetic procedures not covered)
- Preoperative Ultrasound (beyond 3D and all 3D ultrasounds)
- Prosthetics
- Psychiatric Care
- Intensive Outpatient Treatment (IOP)
- Partial Hospitalization Programs (PHP)
- Psychological Testing
- Pulmonary Rehabilitation
- Pulse Oximetry at Home
- PUVA - Phototherapy
- Rhinoplasty
- Sclerotherapy
- Septoplasty
- Speech Therapy
- TMT Treatment
- TMS - Transcranial Magnetic Simulation
- Transplants (except cornea)
- Treatment of Acne and Actinic Keratosis
- Vulvectomy, Palatomaxillaryplasty, LAUP (Laser Assisted Ulvuloplasty)
- Varicose Vein Ligation
- Wig
- Wound Clinic > 10 Visits
- Wound Vac

### Non-Covered Investigational Services

- Breast Ductal Lavage
- Extracorporeal Shockwave Therapy for Plantar Fasciitis
- Fetal DNA
- IODT - Intradiscal Electrothermal Therapy
- Investigational Health Services/Equipment (not FDA approved)
- Pulse Electrical Stimulation for OA of the Knee
- Serum Antibodies Assays for Diagnosis of Inflammatory Bowel Disease

### Resources

- EHP Utilization Management
  Call: 410-424-4480 or 1-800-261-2421
  FAX: 410-424-4890
- EHP Pharmacy Review
  Call: 1-888-819-1043 or 410-424-4490
  option 4
  Fax: 410-424-4607
- EHP Customer Service
  Call: 1-800-261-2393
- EHP Website (for members)
  www.ehp.org
- Caremark Website
  www.caremark.com
- Caremark Customer Service
  Call: 1-800-213-0879
- JHHC Website (for providers)
  www.jhhc.com

*For related medical policies, please go to: www.jhhc.com > For Providers > Policies
**Requires Pharmacy Review
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<th>E00008, E00009</th>
<th>E00006, E00007, E00161</th>
<th>E00091, E00092, E00093, E00190, E00192, E000194, E000198</th>
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<th>E00085</th>
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