Effective January 2018 | This list is NOT ALL INCLUSIVE

**Overview**
- To verify benefit coverage call 1-800-654-9728
- 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.jhcc.com > For Providers > Policies
- All services rendered by non-participating providers require pre-authorization
- Laboratory, radiology and pharmacy policies and guidelines can be found at: www.jhcc.com
- For additional information about Priority Partners, refer to the website at www.ppmco.org

**No Notification or Pre-Authorization Required**
This section lists the services that do not require a referral or pre-authorization.
- For services provided by participating providers 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 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 (no paperwork needs to be submitted to the health plan)

**Pre-Authorization Required**

- General Surgery
- Orthopedics
- Allergy
- Gynecology
- Pain Management
- Audiology ≥ 21 years of age
- Hematology
- Perinatology
- Blood Transfusions
- Infectious Disease
- Routine Foot Care – PVD/DM Diagnosis Only
- Cardiology
- Nephrology
- Pulmonary
- Cancer Clinics
- Neurology
- Urogenital
- Dermatology
- Nutritional Counseling (up to 4 visits)
- Sleep Study
- Diabetic Education
- Oncology
- Urgent Care Centers
- Dialysis
- Optometry (Some require Pre-authorization)
- Urology
- Endocrinology
- Otolaryngology
- Vascular
- ENT/Otolaryngology
- Gastroenterology
- (Some require Pre-authorization)³

**Notification Required**
This section lists the services that require a referral from the Primary Care Physician (PCP).
- To verify the universal referral form for services listed below for in-office (Place of Service 11) or outpatient hospital (Place of Service 22) settings to Outpatient Inpatient Services at all 410-422-4480
- 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
- To check authorization status, access your HealthLINK@Hopkins account by visiting www.jhhc.com
- For urgent requests (delay will seriously jeopardize the life or health of a member, or severe pain), mark URGENT and fax to: 410-422-4480
- To verify benefit coverage call: 1-800-654-9728
- To check authorization status, access your HealthLINK@Hopkins account by visiting www.ppmco.org

**Commonly Requested Non-Covered Services**
This section lists the commonly requested non-covered services that are not part of the Priority Partners benefit.

- **Abdominal/Airway Analys**
- **Applied Behavioral Analysis**³
- **Autologous Chondrocyte Implantation (knee)**³
- **Back Pain Invasive Procedures (facet blocks, radiofrequency ablation)**³
- **Bariatric Surgery**³
- **Biofeedback**³
- **Blepharoplasty, Brow Prows, Entropion, Exenteration**³
- **Botulinum Toxin**³
- **Breast Reduction Male/Female**³
- **Calcium Scoring (Electron Beam CT)**³
- **Computed Tomography**³
- **Capsule Endoscopy**³
- **Cardiac Rehabilitation**³
- **Clinical Trials (including NCI trials)**³
- **CT Heart/Angiography**³
- **DMED/DGH**³
- **Elastography**³
- **Feeding Programs**³
- **Foil Supplements ≥ 21 years of age**³
- **Gender Assignment Procedures**³
- **Genetic Testing**³
- **Home Health Aids**³
- **Home Health Care**³
- **Hospice**³
- **Hyperbaric Oxygen-Therapy**³
- **Implanted Devices for Hearing Loss**³
- **Laser Treatment for Skin Conditions**³
- **MRI of Breast**³
- **MRI – Cervical**³
- **MRI – Lumbar**³
- **Neuropsychological Testing**³
- **Neurostimulators**³
- **Nutritional Counseling > 4 visits**³
- **Occupational Therapy > 12 visits (≥ 21 years of age)**³
- **Orchitects**³
- **Osteogenic Stimulation for Fractures**³
- **Palliative Care**³
- **PET – Positron Emission Tomography**³
- **Pharmogenomics Genotyping**³
- **Physical Therapy > 12 visits (≥ 21 years of age)**³
- **Plastic Surgery (cosmetic procedures not covered)**³
- **Preoperative Outpatient Ultrasound**³
- **(beyond 3 when performed in regulated space and all JD Ultrasound)**³
- **Proctoscopy**³
- **Pulmonary Rehabilitation**³
- **Pulmo Oximeter at Home**³
- **PUVA – Phototherapy**³
- **Rhinoplasty**³
- **Sclerotherapy**³
- **Septostomy**³
- **Sex Change Procedure**³
- **Speech Language & Hearing**³
- **Speech Therapy > 12 visits (≥ 21 years of age)**³
- **Telemedicine/Telehealth**³
- **TMJ Treatment**³
- **Transplants (except corneal)**³
- **Treatments of Acne and Acne Tract Cutanea**³
- **Ulcavectomy, Palpopharyngeal flap, LAUP**³
- **Vasectomy/Varicocele**³
- **Vascular and Nutrient Supplements > 21 years of age**³
- **Wound Class ≤ 10 Visits**³
- **Wound/Vac**³

**Non-Covered Investigational Services**
This section lists the non-covered investigational services that are not part of the Priority Partners benefit.

- **Breast Oncolgy/Laxitive**³
- **Extracorporeal Shockwave Therapy for Planar Fascia**³
- **IDET – Intravascular ElectricalTherapy**³
- **Investigational Health Services/Equipment (not FDA approved)**³
- **Pulmonary Diaphramatic Electrical Stimulation for the Knee**³
- **Pulsed Electrical Stimulation for Ultrasound of the Knee**³
- **Vascular Access Ultrasound**³
- **Ultrasound/CAT Scan for Bone Density**³
- **Vitamin and Mineral Supplements ≥ 21 years of age**³
- **Wheelchair/Tray Table**³
- **Wound/Phleb/Phleb Bath Equipment**³

**Resources**
This section lists the resources that may be helpful in meeting the needs of the Priority Partners member.

- ACDO-CHECK
  Call 1-800-257-3420 or 410-424-4603 for a pre-authorization request for services to be taken to pharmacy
- Behavioral Health and Substance Abuse
  Call Beacon Health Options at 1-800-888-1965
- ADHD Treatment by Specialist
  Call Beacon Health Options at 1-800-888-1965
- Vision Services
  Contact Superior Vision at: 1-800-428-8789
- **Audiology (including hearing aids)**³
- **Occupational, Physical, Speech Therapy < 21 years of age**³
- **Call DHMH at: 1-877-463-3464
- **Utilization Management**³
  Call 410-424-4603
- **Customer Service**³
  Call 1-800-424-9738
- **ADHD Treatment by Specialist**³
  Call: 1-888-355-4242 to request a voucher to receive services (no paperwork needs to be submitted to the health plan)
- **For related medical policies, please go to: www.jhcc.com > For Providers > Policies**³
- **For Medicare Pharmacy Review**³

³For related medical policies, please go to: www.jhcc.com > For Providers > Policies
²Requires Pharmacy Review