**Overview**

- All CPT codes classified as Category III and all HCPCS codes classified as “Unlisted” by the American Medical Association require preauthorization
- JHHC medical policies may be helpful in supporting some preauthorization requirements for certain procedures, and can be located at: [www.jhhc.com](http://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 Preauthorization Guidelines for additional information specific to plan
- To verify benefit coverage call 800-261-2393
- For additional information about EHP, refer to the website at: [www.jhhc.com](http://www.jhhc.com)

---

**Preauthorization Required**

This section lists the services that require preauthorization:
1. Fax pertinent clinical documentation to Medical Review at: 410-762-5205
   a. The health plan will perform medical review before they are rendered
   b. The requesting provider will be notified of all preauthorization decisions
2. For plan-specific benefits, refer to grid on back
3. Fax documentation for all durable medical equipment (DME)/durable medical services (DMS) to Medical Review at: 410-762-5205
4. 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
5. To check authorization status, access your HealthLINK@JHHC account by visiting [www.jhhc.com](http://www.jhhc.com)

### Commonly Requested Non-Covered Services

- **Behavioral Health (Preauthorization Required)**
  - Providers call: 410-424-4845 or 800-261-2429
  - Members call: 888-281-3186 or 410-424-4830 option 4
  
  For services that require preauthorization, the health plan will perform medical review before they are rendered

- **Ambulatory Detox**
- **Applied Behavioral Analysis**
- **ECT – Electro Convulsive Therapy**
- **Psychiatric Care**
  - Intensive Outpatient Treatment (IOP)
  - Partial Hospitalization Programs (PHP)
- **Psychological Testing**
- **TMS – Transcranial Magnetic Stimulation**

- **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
  - **Home Health Aides**
  - **Hose/Faucet Blocks**
  - **Ice Bags**
  - **Structural Modification to the Home**
  - **Tray Tables**
  - **Wheelchair/Trouble Table**
  - **Wheelchairs/Therapeutic Bath Equipment**
  - **Interferential Therapy**
  - **LASIK Eye Surgery**
  - **Learning Disabilities (refer to school system)**

- **Non-Covered Investigational Services**
  - **Breast Ductal Lavage**
  - **Extra-corporeal Shockwave Therapy for Plantar Fasciitis**
  - **Fecal DNA**
  - **IUDT - 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: 410-424-4842 or 800-261-2421
    - Fax: 410-424-4890
  - **EHP Customer Service**
    - Call: 800-261-2393
  - **EHP Website (for members)**
    - [www.ehp.org](http://www.ehp.org)

---

**Effective January 2019 | This list is NOT ALL INCLUSIVE**

---

**No Notification Required/ No Preauthorization Required**

- See back Panel for Specific Line of Business Coverage details

---

**Behavioral Health**

- **Providers**
  - Call: 410-424-4845 or 800-261-2429
  - Members call: 888-281-3186 or 410-424-4830 option 4

  For services that require preauthorization, the health plan will perform medical review before they are rendered

- **Ambulatory Detox**
- **Applied Behavioral Analysis**
- **ECT – Electro Convulsive Therapy**
- **Psychiatric Care**
  - Intensive Outpatient Treatment (IOP)
  - Partial Hospitalization Programs (PHP)
- **Psychological Testing**
- **TMS – Transcranial Magnetic Stimulation**

---

**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
- **Home Health Aides**
- **Hose/Faucet Blocks**
- **Ice Bags**
- **Structural Modification to the Home**
- **Tray Tables**
- **Wheelchair/Trouble Table**
- **Wheelchairs/Therapeutic Bath Equipment**
- **Interferential Therapy**
- **LASIK Eye Surgery**
- **Learning Disabilities (refer to school system)**

---

**Non-Covered Investigational Services**

- **Breast Ductal Lavage**
- **Extra-corporeal Shockwave Therapy for Plantar Fasciitis**
- **Fecal DNA**
- **IUDT - 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: 410-424-4842 or 800-261-2421
  - Fax: 410-424-4890
- **EHP Customer Service**
  - Call: 800-261-2393
- **EHP Website (for members)**
  - [www.ehp.org](http://www.ehp.org)

---

*For related medical policies, please go to: [www.jhhc.com](http://www.jhhc.com) > For Providers > Policies

**Requires Pharmacy Review**

---

*For related medical policies, please go to: [www.jhhc.com](http://www.jhhc.com) > For Providers > Policies

---

*Requires Pharmacy Review
<table>
<thead>
<tr>
<th>Services &amp; Supplies</th>
<th>PPO Anne Arundel Medical Center</th>
<th>PPO Broadway Services, Inc.</th>
<th>PPO Howard County General Hospital</th>
<th>PPO Johns Hopkins Bayview Medical Center</th>
<th>PPO Johns Hopkins Hospital/Health System Corporation Union Plan</th>
<th>PPO Johns Hopkins University Classic Plan</th>
<th>PPO Johns Hopkins University Student Health Program</th>
<th>PPO Sibley Memorial Hospital</th>
<th>PPO Suburban Hospital Standard Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion – Elective</td>
<td>No Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>No Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Preauthorization Required</td>
<td>No Benefit</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>Preauthorization Required</td>
<td>No Benefit</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>&gt; 12 years of age</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Contraceptive Devices, IUD and Diaphragms</td>
<td>No Preauthorization Required</td>
<td>No Benefit</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Habilitative Services</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>No Benefit</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>No Benefit</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
</tr>
<tr>
<td>Hypnosis</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>Preauthorization Required (voiding dysfunction only)</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td>Preauthorization Required</td>
<td>No Benefit</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Preauthorization Required for Visits &gt; 2</td>
<td>Limited to 2 visits per calendar year</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required for Visits &gt; 2</td>
<td>Preauthorization Required for Visits &gt; 2</td>
<td>Preauthorization Required for Visits &gt; 2</td>
<td>Preauthorization Required for Visits &gt; 2</td>
<td>Preauthorization Required for Visits &gt; 2</td>
<td>Preauthorization Required for Visits &gt; 2</td>
</tr>
<tr>
<td>Physical Therapy/ Occupational Therapy</td>
<td>No Preauthorization Required for Visits 1-20 Preauthorization Required Visits 21-60</td>
<td>Preauthorization Required</td>
<td>No Preauthorization Required for Visits 1-12 Preauthorization Required Visits 13-60</td>
<td>No Preauthorization Required for Visits 1-12 Preauthorization Required Visits 13-60</td>
<td>No Preauthorization Required for Visits 1-12 Preauthorization Required Visits 13-60</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
</tbody>
</table>

Notification to the Health Plan can be made by any servicing provider. Contact EHP Customer Service at 800-261-2393 for plan specific limitations. You may also view the Plan’s Schedule of Benefits on www.ehp.org.
<table>
<thead>
<tr>
<th>Services &amp; Supplies</th>
<th>EPO Howard County General Hospital E00080</th>
<th>EPO Johns Hopkins Bayview Medical Center E00006, E00007, E00161</th>
<th>EPO Johns Hopkins Hospital/Health System Corporation Union Plan E00099 Non-Union Plan E00090, E00092, E00093, E00190, E00192, E000194, E000198</th>
<th>EPO Suburban Hospital Standard Plan E00070</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion – Elective</td>
<td>Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>Preauthorization Required (voiding dysfunction only)</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Contraceptive Devices, IUD and Diaphragms</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
<td>No Preauthorization Required</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Habilitative Services</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
<td>For dependent children up to age 19 Preauthorization Required</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
<td>For dependent children up to age 26 Preauthorization Required</td>
</tr>
<tr>
<td>Hypnosis</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
<td>No Benefit</td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
<td>Preauthorization Required</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Preauthorization Required for Visits &gt; 6</td>
<td>Preauthorization Required for Visits &gt; 6</td>
<td>Preauthorization Required for Visits &gt; 6</td>
<td>Preauthorization Required for Visits &gt; 6</td>
</tr>
<tr>
<td>Physical Therapy/Occupational Therapy</td>
<td>No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60</td>
<td>No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60</td>
<td>No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60</td>
<td>No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60</td>
</tr>
</tbody>
</table>

Notification to the Health Plan can be made by any servicing provider. Contact EHP Customer Service at 800-261-2393 for plan specific limitations. You may also view the Plan’s Schedule of Benefits on www.ehp.org.