

Johns Hopkins Employer Health Programs (EHP) Outpatient Preauthorization Guidelines

August 2021 | This list is **NOT ALL INCLUSIVE**



If you are unsure if the health care service or procedure your provider has ordered requires pre-authorization, please call Customer Service at 800-261-2393.

<h3>Overview</h3>	<ul style="list-style-type: none"> 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: ehp.org
<h3>Provider-Administered Specialty Medications Pre-authorization Required</h3>	<ul style="list-style-type: none"> Some medications that are administered by a provider, or under supervision of a provider, and processed through the member's medical benefit may be subject to pre-authorization.
<h3>No Notification Required/ No Preauthorization Required</h3>	<ul style="list-style-type: none"> See back panel for specific coverage details Diabetes Education
<h3>Preauthorization Required</h3>	<p>Your provider must ask for and receive approval before you receive certain care. Johns Hopkins EHP will review the service, drug or equipment for medical necessity. This section lists the services that require pre-authorization.</p> <ul style="list-style-type: none"> Ambulance, non-emergent Back Pain invasive procedures (facet blocks, radiofrequency ablation) Bariatric Surgery Biofeedback (see grid on back) Breast Reduction Male/Female Bronchial Thermoplasty Capsule Endoscopy Cardiac Rehabilitation Clinical Trials (including NCI trials) DME/DMS Elastography Electroretinography Extracorporeal Shockwave Therapy for Plantar Fasciitis Feeding Programs Gender Affirmation Treatment and Procedures (see grid on back) Genetic Testing GERD Devices Home Health Care Hospice Hyperbaric Oxygen Therapy Implanted Devices for Hearing Loss Laser Treatment for Skin Conditions Light Box Therapy Long-Term External Cardiac Event Monitoring (Zio Patch) Minimally Invasive Treatments of Varicosities Neuropsychological Testing Neurostimulators Nutritional Counseling (see grid on back) Occupational Therapy (see grid on back) Orthotics Osteogenic Stimulation for Fractures Palliative Care Pharmacogenomics Genotyping Physical Therapy (see grid on back) Plastic Surgery (cosmetic procedures not covered) Prenatal Obstetrical Ultrasound (beyond 3 and all 3D ultrasounds) Prosthetics Proton Beam Radiotherapy Pulmonary Rehabilitation Pulse Oximetry at Home PUVA - Phototherapy Radiology <ul style="list-style-type: none"> Breast MRI Calcium Scoring (Electron Beam Computed Tomography) Heart CT/Angiography PET - Positron Emission Tomography Reconstructive Surgery <ul style="list-style-type: none"> Alveolectomy/Alveoplasty Blepharoplasty, Brow Ptosis, Entropion, Ectropion Panniculectomy Rhinoplasty/Septoplasty Uvulectomy, Palatopharyngoplasty, LAUP (Laser Assisted Uvuloplasty) Sclerotherapy Speech Therapy TMJ Treatment Transplants (except corneal) Treatment of Acne and Actinic Keratosis Wig Wound Clinic > 10 Visits Wound Vac
<h3>Behavioral Health (Preauthorization Required)</h3>	<ul style="list-style-type: none"> Providers call: 410-424-4845 or 800-261-2429 Members call: 888-281-3186 or 410-424-4830 option 1 <p>For services that require preauthorization, the health plan will perform medical review before they are rendered.</p> <ul style="list-style-type: none"> 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
<h3>Commonly Requested Non-Covered Services</h3>	<p>This section lists the commonly requested non-covered services that are not part of the EHP benefit.</p> <ul style="list-style-type: none"> Autopsy Cosmetic Procedures Cryopreservation (reproductive) Diabetic Shoes DME/DMS <ul style="list-style-type: none"> Bed Boards Diapers (including pull-ups and Depends) Exercise Equipment and Devices Grab Bars Heating Pads or Lamps Home Health Aides Hot Water Bottles Ice Bags Structural Modification to the Home Tray Tables Wheelchair Tray Table Whirlpools/Whirlpool Bath Equipment Interferential Therapy LASIK Eye Surgery Learning Disabilities (refer to school system) Massage Therapy Naturopathic Treatment Nutritional Supplements Podiatry - Routine Foot Care (Except PVD/DM Diagnosis Only) Sterilization Reversal Surrogacy Ultrasound/CT Scan for Bone Density Vitamin and Mineral Supplements Weight Management Programs
<h3>Non-Covered Investigational Services</h3>	<p>This section lists the non-covered investigational services that are not part of the EHP benefit.</p> <ul style="list-style-type: none"> Breast Ductal Lavage IDET - Intradiscal Electrothermal Therapy Investigational Health Services/Equipment (not FDA approved) Pulse Electrical Stimulation for OA of the Knee
<h3>Resources</h3>	<p>This section lists the resources that may be helpful in meeting the needs of the EHP member and verify benefit limitations.</p>

EHP Utilization Management
Call: 410-424-4480 or 800-261-2421
FAX: 410-424-4890

EHP Customer Service
Call: 800-261-2393

EHP Website
www.ehp.org

EHP Pharmacy Review
Call: 888-819-1043 or 410-424-4490
option 4
Fax: 410-424-4607

Behavioral Health Services
Call: 888-281-3186 or 410-424-4830
option 1

Caremark Website
www.caremark.com

Caremark Customer Service
Call: 800-552-8159

Johns Hopkins Employer Health Programs (EHP) Plan Specific Benefits

August 2021



	PPO Broadway Services, Inc. E00008, E00009	EPO/PPO Howard County General Hospital E00080	EPO/PPO Johns Hopkins Bayview Medical Center E00006, E00007, E00161	Johns Hopkins Hospital/ Health System Corporation Union Plan E00091 Non-Union Plan E00090, E00092, E00093, E00190, E00192, E00194, E000198	PPO Johns Hopkins University Classic Plan E00015, E00051, E00151	PPO Johns Hopkins University Student Health Program E00016	PPO Sibley Memorial Hospital E00085	EPO/PPO Suburban Hospital Standard Plan E00070
Abortion — Elective	Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Acupuncture	No Preauthorization Required	Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Bariatric Surgery	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required
Biofeedback	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	No Benefit	Preauthorization Required	Preauthorization Required
Chiropractic Care	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Contraceptive Devices, IUD and Diaphragms	No Benefit	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Gender Affirmation Treatment and Procedures	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required
Habilitative Services	No Benefit	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required	Preauthorization Required	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required
Hearing Aids	No Benefit	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required	Preauthorization Required	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required
Hypnosis	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
Infertility Treatment	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization 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. You may also view the Plan's Schedule of Benefits on www.ehp.org.