

Johns Hopkins Employer Health Programs (EHP) Outpatient Preauthorization Guidelines

February 2022 | 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.

Overview	<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
Provider-Administered Specialty Medications Pre-authorization Required	<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.
No Notification Required/ No Preauthorization Required	<ul style="list-style-type: none"> See back panel for specific coverage details Diabetes Education
Preauthorization Required	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.

<ul style="list-style-type: none"> Ambulance, non-emergency* Back Pain Invasive Procedures <ul style="list-style-type: none"> Facet Blocks Radiofrequency Ablation Bariatric Surgery Biofeedback (see grid on back)* Breast Reduction Male/Female Bronchial Thermoplasty* (Asthma Treatment) Capsule Endoscopy Cardiac Rehabilitation Clinical Trials* (including NCI trials) Select Durable Medical Equipment/ Disposable Medical Supplies (DME/ DMS) (not all-inclusive) <ul style="list-style-type: none"> Bi-level Positive Airway Pressure Devices (Bipap) Bone Growth Stimulators Hospital beds Negative Pressure Wound Therapy (Wound Vac) Oxygen Pneumatic compression devices Wheelchairs 	<ul style="list-style-type: none"> Extracorporeal Shockwave Therapy for Plantar Fasciitis Feeding Programs* Gender Affirmation Treatment and Procedures* (see grid on back) Genetic Testing* Gastroesophageal Reflux Disease (GERD) Devices* Home Health Care Hospice/Palliative Care* Hyperbaric Oxygen Therapy Implanted Devices for Hearing Loss* Infertility Treatments* Laser Treatment for Skin Conditions* Long-Term External Cardiac Event Monitoring (Zio Patch) Medically Necessary Food* Minimally Invasive Treatments for Varicose Veins* <ul style="list-style-type: none"> Sclerotherapy (chemical ablation) Laser Ablation Radiofrequency Ablation Chemical Adhesive Neurostimulators (not all-inclusive) 	<ul style="list-style-type: none"> Neuromuscular Electrical Stimulation Sacral Nerve Stimulators* Vagus Nerve Stimulators* Occupational Therapy (see grid on back) Orthotics (not all-inclusive) <ul style="list-style-type: none"> Cranial Remodeling Helmets Exoskeleton (hip, knee, ankle, foot (HKAFO) device Foot Orthotics* Pharmacogenomics* (testing of genes for medication response) Phototherapy (PUVA / UVA)* Physical Therapy (see grid on back) Plastic Surgery* (cosmetic procedures not covered) Prosthetics* (not all-inclusive) <ul style="list-style-type: none"> Artificial Arms Artificial Legs Breast Prosthesis Cranial Prosthetic (Wig) Electro-larynx (Speech generating device) 	<ul style="list-style-type: none"> Eye Prostheses Proton Beam Radiotherapy Pulmonary Rehabilitation Radiology <ul style="list-style-type: none"> Positron Emission Tomography (PET) Reconstructive Surgery* <ul style="list-style-type: none"> Alveolectomy/Alveoplasty Blepharoplasty, Brow Ptosis, Entropion, Ectropion Panniculectomy* Rhinoplasty Uvulectomy, Uvulopalatopharyngoplasty (surgery for snoring) LAUP (Laser Assisted Uvuloplasty) Speech Therapy Temporomandibular Joint (TMJ) Treatment Transplants* Treatment of Cornea* Treatment of Acne and Actinic Keratosis* Unlisted Codes Wound Clinic > 10 Visits
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Commonly Requested Non-Covered Services	This section lists the commonly requested non-covered services that are not part of the EHP benefit.		
<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) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Wheelchair Tray Table Whirlpools/Whirlpool Bath Equipment Interferential Therapy LASIK Eye Surgery Learning Disabilities (refer to school system) Massage Therapy Naturopathic Treatment 	<ul style="list-style-type: none"> 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

Resources	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</p> <p>EHP Customer Service Call: 800-261-2393</p>	<p>EHP Website www.ehp.org</p> <p>EHP Pharmacy Review Call: 888-819-1043 or 410-424-4490 option 4 Fax: 410-424-4607</p>	<p>Behavioral Health Services Call: 888-281-3186 or 410-424-4830 option 1</p> <p>Caremark Website www.caremark.com</p>	<p>Caremark Customer Service Call: 800-552-8159</p>

*For related medical policies, please go to: www.jhbc.com > For Providers > Policies

Johns Hopkins Employer Health Programs (EHP)
Plan Specific Benefits
 February 2022



	PPO Broadway Services, Inc. E00008, E00009	EPO/PPO Howard County General Hospital E00080	EPO/PPO Johns Hopkins Bayview Medical Center E00006, E00007, E00161	EPO/PPO Johns Hopkins Hospital/ Health System Corporation Union Plan E00091 Non-Union Plan E00090, E00092, E00093, E00190, E00192, E000194, 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
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	No Benefit	Preauthorization Required	Preauthorization Required	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	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
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	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
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
Physical Therapy/ Occupational Therapy	No Preauthorization Required	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required limited to 45 visits	No Preauthorization Required	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60

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.