



## Prior Authorization Guidelines and eviCore services – Individual and Family Plans (ACA)

The services listed in the table below require prior authorization as a condition of payment.

**Important note:** All <u>eviCore</u> prior authorizations are submitted through the <u>eviCore</u> website, using a simple, easy-to-use application. Proper submission ensures timely processing.

| Service   | Authorization Required Through the Provider Portal | Authorization<br>Required via<br>eviCore |
|---|--|--|
| Acute rehabilitation Admissions   | Provider Portal                                    |  |
| Advanced radiology services (CT, MRI, MRA, PET scans, stress echocardiography, cardiac nuclear medicine imaging, 3D Imaging). |  | eviCore                                  |
| Air Ambulance   | Provider Portal                                    |  |
| Automatic Implantable Cardioverter<br>Defibrillators (AICD)   |  | eviCore                                  |

| Service   | Authorization Required Through the Provider Portal | Authorization<br>Required via<br>eviCore |
|---|--|--|
| Some potentially cosmetic services                                | Provider Portal                                    |  |
| Diagnostic cardiac catheterization                                |  | eviCore                                  |
| Durable Medical Equipment (DME) over<br>\$500 and all DME rentals | Provider Portal                                    |  |
| Elective hospitalizations   | Provider Portal                                    |  |
| Endovascular ablation of varicose veins                           | Provider Portal                                    |  |
| Home Infusion medications (non-oncology)                          | Provider Portal                                    |  |
| Home services   | Provider Portal                                    |  |

Thank you for being a valued provider for members in one or more of our health plans: Health Partners Plans Medicaid and CHIP plans, Jefferson Health Plans Medicare Advantage, and/or Jefferson Health Plans Individual and Family Plans.

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|---|--|--|
| Hyperbaric oxygen therapy   | Provider Portal  |  |
| Interventional Pain Management  |  | eviCore                                  |
| Inpatient Hospice   | Provider Portal  |  |
| Non-oncology high-cost injectable drugs including Gene therapy.               | Provider Portal Drugs Requiring Auth Policy Bulletin Library. Scroll down to the Drug section. |  |
| Medical Oncology and Supportive Drugs including Chemotherapy as Home Infusion |  | eviCore                                  |
| NICU and/or detained Newborns   | Provider Portal  |  |
| Outpatient spine and joint and back surgeries                                 |  | eviCore                                  |

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|---|--|--|
| Outpatient vascular surgeries   | Provider Portal  |  |
| Permanent pacemakers  |  | eviCore                                  |
| Pharmacy specific drug prior authorizations                                       | Drugs Requiring Authorization – <u>Drug Specific Prior Authorizations 2024</u> (Individual and Family Plans) |  |
| Prosthetics/orthotics – over \$500  | Provider Portal  |  |
| Pulmonary Artery Pressure Sensor<br>Implantation (Wireless)                       |  | eviCore                                  |
| Radiation Oncology  |  | eviCore                                  |
| Services, procedures, items, or drugs considered to be new or emerging technology | Provider Portal  |  |

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|---|--|--|
| Services/procedures performed by nonparticipating providers | Provider Portal                                    |  |
| Skilled Nursing admissions                                  | Provider Portal                                    |  |
| Facility based Sleep Management                             | Provider Portal                                    |  |
| Transfer to non-participating facilities                    | Provider Portal                                    |  |
| Vascular Surgeries*   | Provider Portal                                    |  |
| Whole Genome and Whole Exome<br>Sequencing                  | Provider Portal                                    |  |

Page **1** of **2** 

<sup>\*</sup>Vascular surgery includes AAA resection, grafts and endovascular repair; Carotid angioplasty, endarterectomy and stent; Peripheral artery bypass and endovascular intervention; Renovascular angioplasty; and Thoracic and Thoracoabdominal aortic aneurysm repairs.