

**Prior Authorization Guidelines and eviCore services - Medicare**

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

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

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| **Service** | **Authorization required through the Provider Portal**  | **Authorization required through eviCore** |
| Acute rehabilitation Admissions   | Provider Portal   |    |
| Advanced radiology services (CT, MRI, PET scans, stress echocardiography, cardiac nuclear medicine imaging, 3D Imaging.  |    | eviCore   |
| Air Ambulance   | Provider Portal   |    |
| Automatic Implantable Cardioverter Defibrillators (AICD) |    | eviCore   |
| Chiropractic Therapy   |    | eviCore   |
| Some potentially cosmetic services   | Provider Portal   |    |
| Diagnostic cardiac catheterization   |    | eviCore   |
| Durable Medical Equipment (DME) over $500 and all DME rentals   |  Provider Portal   |    |
| Elective hospitalizations   | Provider Portal   |    |
| Endovascular ablation of varicose veins   | Provider Portal   |    |
| Facility based Sleep Management | Provider Portal |  |
| Home services   | Provider Portal   |    |
| Hyperbaric oxygen therapy   | Provider Portal   |    |
| NICU and/or detained Newborn | Provider Portal |  |
|  Non-oncology high-cost injectable drugs including gene/therapy  | Provider Portal Drugs Requiring  Authorization www.HPPlans.com/priorauth   |    |
| Medical Oncology and Supportive  Drugs including Chemotherapy as Home Infusion   |    | eviCore   |
| Outpatient spine and joint and back surgeries   |    | eviCore   |
| Outpatient therapy services: Physical therapy {PT}, occupational therapy {OT}, or speech therapy {ST} services.      |  | eviCore |
| Outpatient vascular surgeries   | Provider Portal   |    |
| Pain management   |   | eviCore  |
| Permanent pacemakers   |   | eviCore  |
| Pharmacy specific drug prior authorizations   | Drugs Requiring Authorization – www.HPPlans.com/priorauth   |   |
| Prosthetics/orthotics – over $500   | Provider Portal  |   |
| Radiation Oncology   |   | eviCore   |
| Services, procedures, items, or drugs considered to be new or emerging technology  | Provider Portal  |   |
| Services/procedures performed by non-participating providers  | Provider Portal  |   |
|  Provider Portal Drugs Requiring  Authorization – [www.HPPlans.com/priora](http://www.hpplans.com/priorau)[uth](http://www.hpplans.com/priorauth)   | Provider Portal  |   |
| Skilled Nursing admissions  | Provider Portal  |   |
| Transfer to non-participating facilities  | Provider Portal  |   |
| Vascular Surgeries\*  | Provider Portal  |   |
| Whole Genome – Whole Exome Sequencing | Provider Portal |  |

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*\*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.*

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