

# Priority Partners Managed Care Organization (PPMCO) Outpatient Referral & Preauthorization Guidelines



February 2022 | This list is **NOT ALL INCLUSIVE**

If you are unsure if the health care service or procedure their provider has ordered requires pre-authorization, or if you need a referral before seeking certain health care, please call Customer Service at 800-654-9728.

<p><b>Overview</b></p>	<ul style="list-style-type: none"> <li>To verify benefit coverage call: 800-654-9728</li> <li><b>All services rendered by non-participating providers require preauthorization</b></li> <li>For additional information about Priority Partners, refer to the website ppmco.org</li> <li>Cardiology Advanced Imaging and High Tech Radiology codes are managed by eviCore</li> <li>Laboratory Tests codes are managed by eviCore</li> </ul>
<p><b>Care Coordination</b></p>	<p>Priority Partners members do not need a referral to see an in-network specialist. For the best coordination of your care, you still should see your PCP. Your doctor can refer you to a specialist that is right for you and advise you on your next steps.</p>
<p><b>Pre-authorization</b></p>	<p>Your provider must ask for and receive approval before you receive certain care. Priority Partners will review the service, drug or equipment for medical necessity.</p>
<p><b>Pharmacy Preauthorization Requirements</b></p>	<p>All medication and pharmacy-related preauthorization requirements and related prior authorization forms may be found <a href="#">here</a>.</p>
<p><b>No Preauthorization Required</b></p>	<p>Priority Partners does not require pre-authorization when you receive the services listed below or when you go to an in-network specialists listed below.</p>
<p><b>Specialist</b></p> <ul style="list-style-type: none"> <li>Allergist</li> <li>Cardiologist</li> <li>Dermatologist</li> <li>Endocrinologist</li> <li>General Surgeon Gynecologist</li> <li>Hematologist</li> <li>Infectious Disease</li> </ul>	<ul style="list-style-type: none"> <li>Nephrologist</li> <li>Neurologist</li> <li>Oncologist</li> <li>Oral Surgeon</li> <li>Orthopedist</li> <li>Pain Management</li> <li>Perinatologist</li> <li>Podiatrist</li> <li>Pulmonologist</li> <li>Rheumatologist</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>Blood Transfusions</li> <li>Chiropractic Treatment</li> <li>Coumadin Clinics</li> <li>Diabetes Education</li> <li>Dialysis</li> </ul> <ul style="list-style-type: none"> <li>Exhaled Nitric Oxide Measurement</li> <li>Routine Foot Care (Metabolic, Neurologic, or Vascular Disease)</li> <li>Urgent Care Centers</li> </ul>
<p><b>Self Referral Services</b></p>	<p>Priority Partners requires notification from your provider at the beginning of your pregnancy.</p>
<ul style="list-style-type: none"> <li>Emergency Services</li> <li>Family Planning</li> <li>Pregnancy (under certain conditions)</li> <li>Birthing Centers</li> </ul>	<ul style="list-style-type: none"> <li>Doctor's check of a newborn baby</li> <li>School-based Health Centers Assessment for Placement in Foster Care</li> <li>Certain Specialists for Children</li> <li>Diagnostic Evaluation for People with HIV/AIDS</li> <li>Renal Dialysis</li> </ul>
<p><b>Preauthorization Required</b></p>	<p>The following services require pre-authorization from Priority Partners before they will be covered.</p>
<ul style="list-style-type: none"> <li>Ambulance, non-emergency*</li> <li>Back Pain Invasive Procedures             <ul style="list-style-type: none"> <li>Facet Blocks</li> <li>Radiofrequency Ablation</li> </ul> </li> <li>Bariatric Surgery</li> <li>Biofeedback*</li> <li>Brachytherapy (Internal radiation)</li> <li>Breast Reduction Male/Female</li> <li>Bronchial Thermoplasty* (Asthma Treatment)</li> <li>Capsule Endoscopy</li> <li>Cardiac Rehabilitation</li> <li>Clinical Trials* (including NCI trials)</li> <li>Select Durable Medical Equipment/ Disposable Medical Supplies (DME/DMS)(not all-inclusive)             <ul style="list-style-type: none"> <li>Airway Clearance Devices</li> <li>Bi-level Positive Airway Pressure Devices (BiPAP)</li> <li>Bone Growth Stimulators</li> <li>Breast Pump, Hospital Grade</li> <li>Continuous Positive Airway Pressure (CPAP)</li> <li>Diabetic Shoes</li> <li>Hearing Aids</li> <li>Hospital beds</li> <li>Insulin Pumps</li> <li>Negative Pressure Wound Therapy (Wound Vac)</li> <li>Oxygen</li> <li>Pulse Oximetry at Home*</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Pneumatic compression devices</li> <li>Wheelchairs</li> <li>Extracorporeal Shockwave Therapy for Plantar Fasciitis</li> <li>Feeding Programs*</li> <li>Food Supplements &lt; 21 years of age</li> <li>Gender Affirmation Treatment and Procedures* (Limitations &amp; Exclusions)</li> <li>Genetic Testing refer to eviCore guidelines above</li> <li>Gastroesophageal Reflux Disease (GERD) Devices*</li> <li>Home Health Care</li> <li>Hospice/Palliative Care*</li> <li>Hyperbaric Oxygen Therapy</li> <li>Implanted Devices for Hearing Loss             <ul style="list-style-type: none"> <li>Cochlear Implants</li> <li>BAHA (Bone Anchored Hearing Aid)</li> </ul> </li> <li>Laser Treatment for Skin Conditions*</li> <li>Long-Term External Cardiac Event Monitoring (Zio Patch)</li> <li>Medically Necessary Food*</li> <li>Minimally Invasive Treatments of Varicosities*             <ul style="list-style-type: none"> <li>Sclerotherapy (chemical ablation)</li> <li>Laser Ablation</li> <li>Radiofrequency Ablation</li> </ul> </li> <li>Chemical Adhesive</li> <li>Neuropsychological Testing</li> <li>Neurostimulators             <ul style="list-style-type: none"> <li>Neuromuscular Electrical Stimulation</li> <li>Sacral Nerve Stimulators*</li> <li>Vagus Nerve Stimulators*</li> </ul> </li> <li>Nutritional Counseling*</li> <li>Occupational Therapy &gt; 12 visits (≥ 21 years of age)</li> <li>Orthotics (not all-inclusive)             <ul style="list-style-type: none"> <li>Cranial remodeling helmets</li> <li>Exoskeleton (hip, knee, ankle, foot (HKAFO) device</li> <li>Foot Orthotics*</li> </ul> </li> <li>Pharmacogenomics* (testing of genes for medication response)</li> <li>Phototherapy (PUVA/UVA)*</li> <li>Physical Therapy &gt; 12 visits (≥ 21 years of age)</li> <li>Plastic Surgery* (cosmetic procedures not covered)</li> <li>Prenatal Obstetrical Ultrasound* (beyond 3 and all 3D Ultrasounds)</li> <li>Private Duty Nursing &lt; 21 years of age</li> <li>Prosthetics* (not all-inclusive)             <ul style="list-style-type: none"> <li>Artificial Arms</li> <li>Artificial Legs</li> </ul> </li> <li>Breast Prosthesis</li> <li>Cranial Prosthetic (Wig)</li> <li>Electro-larynx (Speech generating device)</li> <li>Eye Prostheses</li> <li>Proton Beam Radiotherapy</li> <li>Psychological Testing</li> <li>Pulmonary Rehabilitation</li> <li>Advanced Imaging (Radiology) and Cardiac Diagnostics refer to eviCore guidelines above</li> <li>Reconstructive Surgery*             <ul style="list-style-type: none"> <li>Alveolectomy/Alveoplasty</li> <li>Blepharoplasty, Brow Ptosis,</li> <li>Entropion, Ectropion</li> <li>Panniculectomy</li> <li>Rhinoplasty/Septoplasty</li> <li>Uvulectomy, uvulopalatopharyngoplasty (Surgery for snoring)</li> <li>LAUP (Laser Assisted Uvuloplasty)</li> </ul> </li> <li>Speech Therapy &gt; 12 visits (≥ 21 years of age)</li> <li>Temporomandibular Joint (TMJ) Treatment</li> <li>Transcranial Magnetic Stimulation (TMS)</li> <li>Transplants*</li> <li>Treatment of Cornea*</li> <li>Treatment of Acne and Actinic</li> </ul>
<p><b>Site of Service Preauthorization Required</b></p>	<p>Many surgical procedures can be performed safely in an Ambulatory Surgery Center (ASC). Pre-authorization is required for select procedures when performed in an outpatient hospital setting. For a list of procedures refer to: <a href="#">CMS23.05 Site of Service-Outpatient Surgical Procedures</a></p>
<ul style="list-style-type: none"> <li>Select Surgical Procedures</li> </ul>	<ul style="list-style-type: none"> <li>Sleep Studies – 18 years of age and older</li> </ul>
<p><b>Resources</b></p>	<p>This section lists helpful resources for Priority Partner's members.</p>
<p><b>Customer Service</b> Call: 800-654-9728</p> <p><b>Priority Partners Website</b> <a href="http://www.ppmco.org">www.ppmco.org</a></p>	<p><b>Freestyle Glucose Meter</b> Call: 866-224-8892 to request a free meter</p> <p><b>ADHD Treatment by Specialist</b> Optum: 800-888-1965</p> <p><b>Vision Services</b> Superior Vision: 800-428-8789</p> <p><b>Dental Services</b> For adults 21 and over, call DentaQuest: 888-696-9596 For pregnant women and children, call Scion: 855-934-9812</p>

\*For related JHHC Medical Policy visit [www.hopkinsmedicine.org](http://www.hopkinsmedicine.org)