

Prior Authorization Guidelines and eviCore services

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.

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
Chiropractor Therapy		eviCore
Some potentially cosmetic services	Provider Portal	

* Diagnostic cardiac catheterization		eviCore
Durable Medical Equipment (DME) \$500 and over, and all DME rentals	Provider Portal	
Elective hospitalizations	Provider Portal	
Endovascular ablation of varicose veins	Provider Portal	

Hearing aids and related accessories (coverage only for members up to age 21) -\$500 and over	Provider Portal	
Home services	Provider Portal	
* Hyperbaric oxygen therapy	Provider Portal	
Inpatient hospice (Medicaid/KidzPartners only)	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 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	
Medicare PPO Out of Network (OON) services do not require prior authorization.	n/a	n/a

KidzPartners only: Ambulatory surgical center/ short procedure unit/outpatient surgeries. (POS 22 & 24, rev code 360 & 361)	Provider Portal	
Skilled Nursing admissions	Provider Portal	
*Sleep Management		eviCore
Outpatient therapy services: (Physical therapy {PT}, occupational therapy {OT}, or speech therapy {ST}) services.		eviCore
Transfer to non-participating facilities	Provider Portal	
Vascular Surgeries**	Provider Portal	

* Does not apply to CHIP.

**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.