

Prior Authorization Requirements

Health Partners Medicare

6/1/2019



Health Partners Plans

Prior authorization is required for select services, programs, and items. Decisions regarding prior authorization are based on medical necessity, appropriateness of care and/or whether an item is medically necessary.

Reminders: All elective inpatient admissions and all services performed by non-participating providers continue to require prior authorization. Referrals are required for Health Partners Medicare members (except for our Prime plan in Lancaster/Lehigh/Northampton counties). You can visit our website at HPPlans.com/PriorAuthDrugs-Medicare to determine if a specific medication requires prior authorization.

PRIOR AUTHORIZATION REQUIREMENTS

Contact HPP for Prior Authorization

- Acute rehabilitation admissions
- Advanced radiology services (CT, MRI, PET scans, echocardiography, stress echocardiography, cardiac nuclear medicine imaging, and radiation therapy)
- Air ambulance
- Some potentially cosmetic services
- Durable medical equipment (DME) over \$500 and all DME rentals
- Elective hospitalizations
- Endovascular ablation of varicose veins
- Homecare services
- Hyperbaric oxygen therapy
- Intravenous Immune Globulin Therapy (IVIG)
- Non-emergent transportation (with exception of transports to behavioral health facilities)
- Ocrevus® (Ocrelizumab)
- Outpatient vascular surgeries
- Prosthetics/orthotics – over \$500
- Radiation oncology
- Services, procedures, items or drugs considered to be new or emerging technology
- Services/procedures performed by non-par providers
- Skilled nursing admissions
- Soliris (Eculizumab)
- Spinraza™ (Nusinersen)
- Transfers to non-participating facilities
- Vascular Surgeries**

Contact eviCore for Prior Authorization at 1-888-693-3211

- Automatic Implantable Cardioverter Defibrillators (AICD)
- Diagnostic cardiac catheterization
- Chiropractic therapy*
- Medical oncology (chemotherapy)
- Outpatient joint and back surgeries*
- Pain management
- Permanent Pacemakers
- Sleep Management
- Therapy services (physical therapy [PT], occupational therapy [OT], or speech therapy [ST] services)



While providers typically request prior authorizations, members may remind their provider to call the HPP Prior Authorization department at 1-866-500-4571 (prompts 2, 3) to ensure this task occurs in a timely manner.

* Call 1-877-531-9139 for prior authorization of chiropractic services (including outpatient joint and back surgeries).

** 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.