

**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, MRA,PET scans, stress echocardiography, cardiac nuclear medicine imaging, 3D Imaging).  |  | eviCore |
| Air Ambulance | Provider Portal |  |
| Automatic Implantable CardioverterDefibrillators (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 |  |
| Interventional Pain Management |  | eviCore |
| Non-oncology high-cost injectable drugs | Provider Portal Drugs RequiringAuthorization[Policy Bulletin Library. Scroll down to the Drug section.](https://www.healthpartnersplans.com/providers/resources/policy-bulletins) |  |
| Medical Oncology and SupportiveDrugs including Chemotherapy asHome 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 |  |
| Permanent pacemakers |  | eviCore |
| Pharmacy specific drug prior authorizations | Drugs Requiring Authorization –[Drug Specific Prior Authorizations 2024 (Medicare)](https://www.healthpartnersplans.com/providers/resources/prior-authorization/drug-specific-prior-authorizations-2024-medicare) |  |
| Prosthetics/orthotics – over $500 | Provider Portal |  |
| Pulmonary Artery Pressure Sensor Implantation (Wireless |  |  |
| 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 RequiringAuthorization  | Provider Portal |  |
| Pulmonary Artery Pressure Sensor Implantation (Wireless) |  | eviCore |
| 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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