| **Services** | **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, 3DImaging). |  | 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 allDME rentals | Provider Portal |  |
| Elective hospitalization | Provider Portal |  |
| Endovascular ablation of varicose veins | Provider Portal |  |
| Facility based Sleep Management | Provider Portal |  |
| Home Infusion medications (non-oncology) | Provider Portal |  |
| Home Services | Provider Portal |  |
| Hyperbaric Oxygen therapy | Provider Portal |  |
| Interventional Pain Management |  | eviCore |
| Inpatient hospice | Provider Portal |  |
| NICU and /or detained Newborns | Provider Portal |  |

|  |  |  |
| --- | --- | --- |
| **Services** | **Authorization required through the provider portal** | **Authorization required through eviCore** |
| Non-oncology high-cost injectable drugs including gene therapy. | Provider Portal -[Policy Bulletin Library. Scroll down to the Drug section.](https://www.healthpartnersplans.com/providers/resources/policy-bulletins) |  |
| 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}, orspeech therapy {ST}) services. |  | eviCore |
| Outpatient vascular surgeries | Provider Portal |  |
| Permanent pacemakers |  | eviCore |
| Pharmacy specific drug prior authorizations | Provider Portal –[Drug Specific Prior Authorizations 2024 (Medicaid/CHIP)](https://www.healthpartnersplans.com/providers/resources/prior-authorization/drug-specific-prior-authorizations-2024-medicaidchip) |  |
| 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 |  |
| Skilled Nursing Admissions | Provider Portal |  |
| Outpatient therapy services: Physical therapy (PT), Occupational therapy (OT), |  | eviCore |

|  |  |  |
| --- | --- | --- |
| **Services** | **Authorization required through the provider portal** | **Authorization required through eviCore** |
| or Speech therapy (ST) services. |  |  |
| Pulmonary Artery Pressure Sensor Implantation (wireless) |  |  eviCore |
| Transfer to non-participating | Provider Portal |  |
| \*Vascular Surgeries | Provider Portal |  |
| Whole Genome Whole Exome Sequencing | Provider Portal |  |

*\*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.*