



# Outpatient Referral Guidelines

- Services which required Medical Review may have the date span, and the number of visits requested changed. ***All referrals reviewed by Medical Review will be faxed back to the requesting physician.***
- Services which are faxed to Central Intake are entered with date spans and number of visits requested without changes. ***The request will be honored for a maximum of 50 visits and a one-year period.*** Requesting physicians are encouraged to request a number of visits and a date span which is reasonable for the diagnosis. These referrals **are not** faxed back to the requesting physician.
- If the number of visits and date span is not specified on the referral, the referral will be considered valid for **one visit and a 120 day date span.**
- ***Outpatient surgical procedure referrals will be entered for a maximum of 30 days from the date on the referral.*** If the surgery is rescheduled and goes **beyond 30 days**, notification is required to extend the dates. Call Central Intake at 410-424-4480 or 1-800-261-2421 for date extensions for surgeries.
- If the referral expires, either because the requested visits have been used or the date span has been exceeded, ***a new referral is required*** from the Primary Care Physician.
- Specialists **can** refer to ancillary providers such as PT/OT, Home Care, DME, Lab and Radiology, but **cannot** refer to other specialists. Referrals to all other specialists **must** be made by the Primary Care Physician.

## Definitions

### Block Vision

A comprehensive vision program vendor providing routine eye exams for USFHP members for the following Johns Hopkins Community Physician sites:

- |               |                  |
|---------------|------------------|
| Howard County | Charles County   |
| Westminster   | Hager Park       |
| Annapolis     | Frederick        |
| Laurel        | Montgomery Grove |

### Wilmer Eye care

A capitated vision program vendor providing routine eye exams to USFHP members for the following Johns Hopkins Community Physicians site:

- |                               |                           |
|-------------------------------|---------------------------|
| East Baltimore Medical Center | Riverside                 |
| Greater Dundalk               | Tindeco                   |
| Greenspring Station           | White Marsh               |
| Odenton-Meade                 | Wyman Park Medical Center |





# Outpatient Referral Guidelines

<b>Central Intake</b>	A team of intake coordinators who have contact with providers calling about referrals status, and who do data entry of authorization numbers.
<b>Covered</b>	No benefit exceptions are made to the USFHP Tricare Policy Manual for requested healthcare services. Services may be cost-shared and need to meet SABAC or InterQual criteria to be approved.
<b>InterQual</b>	Nationally recognized criteria guidelines to determine the medically appropriateness of healthcare services.
<b>Johns Hopkins HealthCare Behavioral Health</b>	For traditional outpatient mental health services, the first 8 visits lifetime require notification only. All other visits (including inpatient services and substance abuse services) require pre-authorization. Call 410-424-4830 or 1-888-281-3186 (members) or 410-424-4845 (providers). Fax treatment plan to 410-424-4839. No referral is required from the PCP—member should be instructed to call JHHC Behavioral Health.
<b>Medical Review</b>	Registered nurses who review healthcare services requests through the submission of clinical information using InterQual criteria, SABAC policies, and the USFHP benefit manual.
<b>Notification</b>	Call health plan USFHP queue line at 410-424-4480 or 1-800-261-2421.
<b>Pre-Authorization</b>	The evaluation of proposed treatment or services for medical necessity before they are rendered and include approval of hospital services, medical services, second surgical opinion, and pre-determination of benefits by the Medical Review Team of registered nurses and the medical directors.
<b>Referral</b>	The process of sending a request for health services to the health plan on the completed Maryland Uniform Consultation Referral Form.
<b>Referral on file</b>	Authorization in the IDX computer system with the accurate number of visits and date span for an approved health service.
<b>SABAC</b>	Scientific Assessment and <b>B</b> enefits <b>A</b> dvisory <b>C</b> ommittee. A multi-specialty physician panel chaired by a Johns Hopkins Healthcare Medical Director to establish medical policies.
<b>United Concordia</b>	A dental administrator providing services for USFHP members. <i>No referral required. Member Services phone number 1-800-332-0366</i>





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SERVICE	CPT/ICD9	CRITERIA
Arthroplasty	Multiple codes by extremity	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Artificial Insemination	58321 -58322	<b><u>Not a covered benefit.</u></b>
Audiology	92502 – 92527	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Autologous Blood Transfusions	86890 – 86891	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Automated Ambulatory Blood Pressure Monitoring	93784 – 93790	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Autopsy	80020 -80045	<b><u>Not a covered benefit.</u></b>
Bariatric Surgery	43770 – 43999	<b>Covered.</b> Inpatient pre-authorization required. Fax to 410-424-4894.
Bed Boards	E0315	<b><u>Not a covered benefit.</u></b>
Bed Tray Table	E0315	<b><u>Not a covered benefit.</u></b>
Biofeedback	90815 – 90876	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
BiPAP (Bi-level Positive Airway Pressure)	94660	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Blepharoplasty	15820 – 15823	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Blood Glucose Monitors	E0607	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Bone Density Testing	77080 – 77082	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>



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SERVICE	CPT/ICD9	CRITERIA
Bone Growth Stimulator	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Bone Marrow Transplant	38240 – 38242	<b>Covered.</b> Inpatient pre-authorization required. Fax to 410-424-4894.
Botox	J0585	<b>Not Covered for <u>all</u> cosmetic reason.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Bra (Post-Mastectomy)	L8002	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Braces (Medical)	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Braces (Orthodontic)	D8000 – D8999	<b>Covered.</b> Medical Review required. Refer to Member Handbook for specific covered/ non-covered orthodontia benefit. Fax to 410-762-5205.
Breast Ductal Lavage and Fiberoptic Ductoscopy	0046T– 0047T	<b><u>Not</u> a covered benefit.</b>
Breast Pumps	E0602 – E0604	<b>Covered.</b> Medical Review required. Manual pump is provided. <b>If an electric pump is requested, a letter of medical necessity is required to state that mother and baby are separated (e.g. baby in NICU).</b> <b>Requires Pre-authorization.</b>
Breast Reduction	19318	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Initial authorization will be for evaluation only.</b> Surgery request will need to be submitted with clinical notes and pictures. <b>Requires Pre-authorization.</b>
Bunionectomy	28290 – 28299	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Capsule Endoscopy	Multiple codes per extremity	<b>Covered.</b> Medical Review required. Fax to 410-762-05205. <b>Requires Pre-authorization</b>
Cardiac Rehabilitation	93797 – 93798	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Cardiology Services	92950 – 93799	<b>Covered.</b> Referral only. Fax to Central Intake at 410-424-4603.
Carpal Tunnel Surgical Decompression	64721	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>



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SERVICE	CPT/ICD9	CRITERIA
Chalazion Excision	67800 – 67807	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Chemical Dependency Treatment	H0001 – H0029	<b>Covered.</b> Refer to JHHC- Behavioral Health. Call 410-424-4476 or 1-800-261-2429. Fax # 410-424-4839. <b>Requires Pre-authorization.</b>
Chemotherapy	96401 – 96549	<b>Covered.</b> Referral only. Fax to Central Intake at 410-424-4603.
Chiropractic Treatment	98940 – 98943	<u><i>Not a covered benefit.</i></u>
Chux Pads	A4554	<u><i>Not a covered benefit.</i></u>
Clinical Trials	S9988 – S9996	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Cochlear Implants	69930	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Colonoscopy	45378	<b>Covered.</b> Referral only. Fax to Central Intake at 410-424-4603.
Colonoscopy ( <i>Virtual</i> )	0066T – 0067T	<u><i>Not a covered benefit.</i></u>
Continuous Glucose Monitoring in the Interstitial Fluid	95250	<b>Covered.</b> Continuous Glucose Monitoring in the Interstitial Fluid (CGMS) not to exceed 72 hours for Type 1 diabetics. Not covered for Type 2 diabetics. Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Continuous Passive Motion Device (CPM)	E0936	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Corneal Shaping—Eye Surgery (Lasik Surgery)	65767	<u><i>Not a covered benefit.</i></u>
Corns, Calluses, clipping toenails (defined as routine podiatric services)	11055 – 11057, 11719	<b>Covered benefit <u>only</u> if the member has Diabetes or Peripheral Vascular Disease (PVD).</b> Referral only. Fax to Central Intake at 410-424-4603.



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SERVICE	CPT/ICD9	CRITERIA
CPAP (Continuous Positive Airway Pressure)	94660	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization</b>
Cryopreservation of Pre-embryos	89258	<i><u>Not a covered benefit.</u></i>
CT Angiogram	0146T, 0147T 0148T, 0149T	<b>Covered.</b> Must be ordered by a cardiologist. Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
CT Scan	Multiple codes 7000 series	<b>Covered.</b> Preferred provider is American Radiology and no referral is required. If billing from an outpatient hospital, referral is required. Fax to Central Intake 410-424-4603.
Dental Care	D0000 – D9999	<b>Covered.</b> Dental services are provided through United Concordia. 1-800-822-3368. No referral required.
Dermatology	96900 – 96999	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Developmental Delay Diagnoses	299.9	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
DEXA Scan	77080 – 77082	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Diabetic Education	S9455 – S9470	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. Diabetic Outpatient Self Management training services are covered.
Diabetic Shoes	A5500 – A5513	<b>Covered.</b> Medical Review required. <b>Member must have a diagnosis of diabetes.</b> Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Dialysis	90918 – 90999	<b>Covered.</b> Self referral. No authorization is required.
Diapers (including pull-ups and Depends)	T4521 – T4543	<i><u>Not a covered benefit.</u></i>
Durable Medical Equipment(DME) Disposable Medical Supplies(DMS)	E0100 – E9999 A4000- A8999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Electric Wheelchair	K0011	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>



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SERVICE	CPT/ICD9	CRITERIA
Electron Beam Computer Tomography	S8092	<i>Not a covered benefit.</i>
Enuretic Conditioning Program (Bladder Training)	53899	<i>Not a covered benefit.</i>
Exercise Equipment and Devices	A9300	<i>Not a covered benefit.</i>
Exercise Program for Patients with Peripheral Arterial Disease	S9401 – S9451	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
External Counterpulsation	G0166	<b>Covered.</b> Medical Review required. Fax to 410-762-5205 <b>Requires Pre-authorization.</b>
Extracorporeal Lithotripsy for Treatment for Urinary Tract Stones (ESWL)	52317 – 52318	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Eye (Cataract Surgery)	66820 – 66830	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Eye Exam, Routine	92002 – 92015	Redirect to capitated vision provider. No authorization required.
Eye Exercises (AKA visual training/orthoptics)	92065	<i>Not a covered benefit.</i>
Eye Glasses/ Lenses	V2100 – V2599	Refer to Member Handbook
Eye Prosthesis (Cleaning/Polishing)	V2624	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Eye—Lasik Surgery	65767	<i>Not a covered benefit.</i>
Fetal Non-Stress Testing	59025	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Feeding Programs		<b>Covered.</b> Medical Review required. Fax to 410-762-5205. Please submit clinical notes, growth chart and IEP. <b>Requires Pre-authorization.</b>



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SERVICE	CPT/ICD9	CRITERIA
Food Supplements	S9434	<b><u>Not</u> a covered benefit when taken orally.</b>
Fracture Care	Multiple codes per location	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Frenectomy	40819, 41115, D7963	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Fundus Photography for Diabetics	92250	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Gastric Bypass	43631 – 43632	<b>Covered.</b> Inpatient Pre-authorization Required. Fax to 410-424-4894.
Gastroenterology (All)	91000 – 91299	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Genetic Counseling	S0265	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603
Genetic Testing	S3818 – S3855	<b>Covered.</b> Medical Review Required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Grab Bars	E0910 – E0940	<b><u>Not</u> a covered benefit.</b> Any equipment requiring structural changes to the member's home is <b><u>not</u></b> a covered benefit
Gynecology (Routine) Well Woman Visits	99385 – 99387, 99395 – 99397	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Gynecology (Non-Routine)	56405 – 58999	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Gynecomastia Surgery	19300 – 19307	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Holter Monitor (24 hour home testing)	93784	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.



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SERVICE	CPT/ICD9	CRITERIA
Hearing Aids	V5008 – V5299	Refer to Member Handbook.
Hearing Test	92551 – 92553	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Heated Humidifier(Adjunct to CPAP)	E0550 – E0560	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization</b>
Heating Pads or Lamps	E0200 – E0205	<i><u>Not a covered benefit.</u></i>
Hematology Services (All)	85002 – 85999	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Hip Replacement	27132	<b>Covered.</b> Inpatient Pre-Cert fax to 410-424-4894. <b>Requires Pre-authorization.</b>
Home Health Care	S9122 – S9124	<b>Covered.</b> Medical Review required. Requires skilled need and homebound status. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Hospital Bed	E0250 – E0270	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Hot Water Bottle	E0220	<i><u>Not a covered benefit</u></i>
Hyperbaric Oxygen Therapy	99183	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Ice Bags	E0230	<i><u>Not a covered benefit.</u></i>
Investigational Health Services/Equipment ( <b>Not FDA Approved</b> )		<i><u>Not a covered benefit.</u></i>
In vitro fertilization	58974 – 58976	<i><u>Not a covered benefit.</u></i>
Infant Formulas		<i><u>Not a covered benefit.</u></i>



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SERVICE	CPT/ICD9	CRITERIA
Infertility Treatment	Multiple codes	<i>Not a covered benefit.</i> In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques <b>are not</b> covered.
Infusion Therapy	62350-62351 62360-62362	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Insulin Pump	E0785	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization</b>
Intradiscal Electrothermal Therapy (IDET)		<i>Not a covered benefit.</i>
Keloid Revision	17999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Kennedy Krieger Institute (KKI)		All requests for health services at KKI require Medical Review. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Kidney Transplant	50300 – 50380	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.
Knee Replacement	27447	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.
Laboratory Services	80000 – 89999	<b>Covered.</b> No referral required when using capitated provider, Johns Hopkins Medicine Lab. When billed by a hospital, fax request to Central Intake 410-424-4603.
Lasik Eye Surgery	65767	<i>Not a covered benefit.</i>
Learning Disorders	315.2	<i>Not a covered benefit.</i> Redirect member to the school system.
Light Therapy (see Photo Therapy)	96900	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Liver Transplant	47135	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.



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SERVICE	CPT/ICD9	CRITERIA
Lung Transplant	32851, 32899	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.
Lung Volume Reduction Surgery	32960	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.
Lymphedema Pump	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Magnetoencephalography/ Magnetic Source Imaging (MEG/MSI)	95965-95967 S8035	Experimental & investigational most applications. Specific criteria must be met for approval. Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Mammogram (Screening)	77055 – 77057	<b>Covered.</b> Preferred provider is American Radiology and no authorization is required. Pre-authorization required if done in hospital space. Fax request to Medical Review 410-762-5205.
Massage Therapy	97124	<i><b>Not a covered benefit.</b></i>
Mental Health Services	90801 – 90899	For traditional outpatient treatment the first 8 session's lifetime require notification only to JHHC Behavioral Health 410-424-4891 or 1-800-261-4476. Additional sessions require pre-authorization. Refer to Member Handbook for benefits.
Mole Removal	Multiple codes per location	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
MRI (Magnetic Resonance Imaging)	70336 – 77084	<b>Covered.</b> Preferred provider is American Radiology and no authorization is required. Pre-authorization required if done in hospital space. Fax request to Medical Review 410-762-5205.
MRI of the Breast	77058-77059 0159T	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Nail Cutting (Toenails)	11719	<b>Covered for members with diabetes and Peripheral Vascular Disease (PVD) only.</b> Fax request to Central Intake 410-424-4603.
Naturopathic Treatment		<i><b>Not a covered benefit.</b></i>
Neuromuscular Stimulators	95970 – 95975	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>



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SERVICE	CPT/ICD9	CRITERIA
Neuropsychological Testing	96118 – 96120	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Nutrition Counseling	97802 – 97804	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization. Not a covered benefit for weight reduction.</b>
Obesity Surgery	43770 – 43999	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.
Obstetrical Care	59400 – 59899	<b>Covered.</b> Global authorization required. Fax request to Central Intake 410-424-4603
Occupational Therapy	97003 – 97004	<b>Covered.</b> Initial <b>12</b> visits, fax referral to Central Intake 410-424-4603. <b>Over 12 visits,</b> Medical Review required. Fax to 410-762-5205.
Oral Surgery	Multiple codes	<b>Covered.</b> Pre-authorization required for alveolectomy, alveoplasty, mandibular vestibuloplasty, or TMJ (Temporomandibular Joint Disorder). Fax request to Medical Review 410-762-5205. <b>All other requests require a referral on file only.</b> Fax to Central Intake 410-424-4603.
Organ Transplant	Codes specific to organ	<b>Covered.</b> Inpatient Pre-certification required. Fax to 410-424-4894.
Orthodontic Treatment	D8000 – D8999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. Refer to Member Handbook for specific terms of coverage.
Orthopedic Brace	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Orthoptics	97760 – 97762	<b><i>Not a covered benefit.</i></b>
Orthotics	97760 – 97762	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Covered for members with diabetes only.</b>
Orthofix Pneumatic Vest	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Osteogenic Stimulation for Fracture Healing	E0747 – E0749	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>



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SERVICE	CPT/ICD9	CRITERIA
Oxygen	E1390 – E0455	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Pain Management	99601 – 99602	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Six (6) visits initially approved. More than 6 visits</b> require clinical notes, treatment plan, and goals for discharge from pain management submitted with request for additional visits. <b>Requires Pre-authorization.</b>
Pain Management for Intravenous Therapy	90767-90768 90774-90775	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Six (6) visits initially approved. Greater than (&gt;6 visits)</b> require clinical notes, treatment plan, and goals for discharge from pain management submitted with request for additional visits. <b>Requires Pre-authorization.</b>
Peak Flow Meter (Standard Mechanical and Spacers)	S8810, S8096	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Electronic peak</b> flow meters are <u>not</u> covered. <b>Requires Pre-authorization.</b>
Peginterferon Alfa-2b Treatment for Hepatitis C	J3490	<b>Covered.</b> Requires Pre-authorization by the Pharmacy Department. Phone 410-424-4490 prompt #4 or 1-888-819-1043 prompt #4.
Penile Prosthesis for Erectile Dysfunction	54400 – 54405	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Perinatology		<b>Covered. Referral only.</b> Fax to Central Intake 410-424-4603.
PET—Positron Emission Tomography	78459 – 78816	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Pharmacy requests ( <b>all medications</b> )		<b>Reviewed and authorized by the JHHC Pharmacy Department.</b> <b>Phone 410-424-4490 prompt #4 or 1-888-819-1043 prompt #4. Pharmacy fax number is 410-424-4607.</b>
Phototherapy and Photochemotherapy (PUVA)	96910 – 96913	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Physical Therapy	97000 – 97039	<b>Covered. Initial 12 visits,</b> fax request to Central Intake 410-424-4603. <b>Over 12 visits,</b> Medical Review required. Fax to 410-762-5205. Submit Progress notes and treatment plan with short and long term goals for additional visits to Medical Review with the request.
Plantar Warts	28060 – 28062	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.



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SERVICE	CPT/ICD9	CRITERIA
Plastic surgery (All)	Multiple codes by location	<b>Covered.</b> All plastic surgery requests require Medical Review. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Podiatry Care	Multiple codes	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603. Routine foot care (clipping toenails, removal of corns and/or calluses) <i>is only a benefit if the member has diabetes or Peripheral Vascular Disease (PVD).</i>
Pool Therapy	97036, 97113	<b>Covered.</b> Medical Review required. <b>Aqua therapy limited to 6 visits.</b> Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Private Duty Nursing	S9122 – S9124	<u>Not a covered benefit.</u>
Prosthetics	L0000 – L4999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Pulmonary Rehabilitation	94700 – 94799	Covered. Medical Review Required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Pulse Dye Laser for Port Wine Stain	96999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Pulse Electrical Stimulation for OA of the Knee		<u>Not a covered benefit.</u>
Pulse Oximeter	94760, 94761, 94762	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Radiation Treatments	77261 – 77499	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Radiofrequency ablation for chronic low back pain		<u>Not a covered benefit.</u>
Radiology Services	70000 – 76499	<b>Covered.</b> American Radiology is the preferred provider and no authorization is required. Radiology tests requested to be done in hospital space will need to be faxed to Central Intake at 410-424-4603.
Rhinoplasty	30410 – 30450	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>(Not covered for cosmetic purposes) Requires Pre-authorization.</b>



# Outpatient Referral Guidelines

SERVICE	CPT/ICD9	CRITERIA
Scar Revision (Plastic Surgery)	Multiple codes	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Sclerotherapy	36468 – 36471	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Scooter (Electric)	K0000 – K9999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Septoplasty	30520	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires pre-authorization.</b>
Sex Change Procedures	55970 – 55980	<i><u>Not a covered benefit.</u></i>
Shoes (Diabetic)	A5500 – A5513	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Member must have a diagnosis of diabetes. Requires Pre-authorization.</b>
Shoes (Orthopedic)	L3201 – L3265	<i><u>Not a covered benefit.</u></i>
Skin Tag Removal	11200 – 11201	<i><u>Not a covered benefit.</u></i>
Sleep Study	95805 – 95811	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603. <b>Exclusion- Home Sleep Study.</b>
Smoking Cessation Treatment	S9075	<i><u>Not a covered benefit.</u></i>
Specialized Mobility Devices	K0000 – K9999	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Speech Generating Devices	L8500 – L8515	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization</b>
Speech Therapy	92507 – 92508	<b>Covered.</b> First 12 visits, fax request to Central Intake at 410-424-4603. More than 12 visits, please submit clinical notes, treatment plan with short and long term goals to Medical Review. Fax at 410-762-5205.



# Outpatient Referral Guidelines

SERVICE	CPT/ICD9	CRITERIA
Spinal Manipulation (Chiropractic)	98940 – 98943	<i>Not a covered benefit.</i>
Spinal Cord Stimulators	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Sterilization	58600 – 58615	<b>Covered.</b> Referral only. Fax to Central Intake at 410-424-4603.
Sterilization Reversal	58999	<i>Not a covered benefit.</i>
TENS Unit- Transcutaneous Electrical Nerve Stimulator	E0720 – E0749	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
TMJ Treatment	21240 – 21490	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Tonsillectomy/Adenoidectomy	42820 – 42826	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Traction Equipment	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Transfer Equipment (i.e. Hoyer Lift)	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Ultrasound	76700 – 76999, 76801 – 76817	<b>Covered.</b> American Radiology is the preferred provider and no authorization is required. Hospital outpatient radiology requires referral on file -- Fax request to Central Intake 410-424-4603.
Urea Breath Testing for H. Pylori Infection	78267, 78268	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Urgent Care	Multiple codes	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Vein Ligation and Stripping	36468 – 36471	<b>Covered.</b> Referral only. Fax to Central Intake 410-424-4603.
Vest (Chest Physical Therapy)	E1399	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>



# Outpatient Referral Guidelines

SERVICE	CPT/ICD9	CRITERIA
Vitamin and Mineral Supplements (Oral)	J3490 – J9999	<i>Not a covered benefit.</i>
Weight Management	S9449	<i>Not a covered benefit.</i>
Weight Management Programs	S9449	<i>Not a covered benefit.</i>
Wheelchairs	E0950 – E1298	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Wheelchair Van Lifts		<b>Covered only for accessory attachment to vehicle. No modifications to van or car are covered benefits. Must be provided through a DME vendor.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Wheelchair Tray Table	E1399	<i>Not a covered benefit.</i>
Whirlpools/ Whirlpool Bath Equipment	E1300 – E1399	<i>Not a covered benefit.</i>
Wig (Cancer Treatment Related)	A9282	<b>Covered. With cancer diagnosis <u>only</u>.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b> One wig per beneficiary Lifetime maximum.
Wisdom Teeth, Removal	D7210 – D7250	Dental services provided by United Concordia 1-800-822-3368. No referral required.
Wound Clinic	97597 – 97606	<b>Covered. <u>Initial 10 visits</u></b> fax to Central Intake at 410-424-4603. More than <b><u>10 visits</u></b> needs Medical review. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
Wound Vac	97605, 97606 A6550, E2402	<b>Covered.</b> Medical Review required. Fax to 410-762-5205. <b>Requires Pre-authorization.</b>
X-ray, Routine	70000 - 74999	<b>Covered.</b> American Radiology preferred provider and no authorization is required. If billed by a hospital, a referral on file is required. Fax request to Central Intake 410-424-4603.