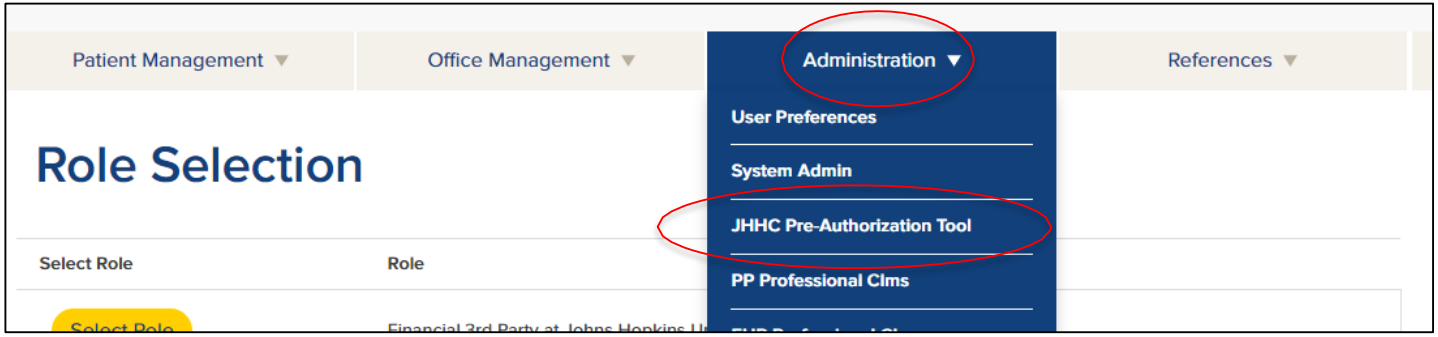
Johns Hopkins Prior Authorization Lookup Tool JPAL

Instructional Job Aid

JPAL Quick Facts

- Allows providers to look up prior authorization requirements for all JHHC lines of business: Priority Partners (PP), Johns Hopkins EHP, Johns Hopkins USFHP and Johns Hopkins Advantage MD (AMD).
- Located in the HealthLINK portal under the "Administration" tab



JPAL Facts (Continued)

- Shows outpatient prior authorization rules ONLY—no other
- information.
- Accesses over 1 million records from each claims system.
- Same tool used by Customer Service to answer provider questions regarding whether or not a prior authorization is required, based on a specific procedure code or modifier.

Anyone with HealthLINK access can use JPAL.

http://vmacoweb01/JPal/#

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Find procedure coverage

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Enter search criteria. This can include codes or descriptions. Search will automatically trigger after 3 or more characters have been entered.

76815

Search

Show 10 entries

Code	Modifier	Description	AMD	PP	USFHP	EHP
76815		US PREGNANT UTERUS LIMITED 1/> FETUSES	No Pre-Auth R...	Show Medical Pol...	Show Medical Pol...	Show Medical Poli...
76815	26	US PREGNANT UTERUS LIMITED 1/> FETUSES	No Pre-Auth R...	No Pre-Auth R...	No Pre-Auth R...	No Pre-Auth Req

Previous 1 Next

CPT and HCPCS Codes. Extracted from Claims system. Click Code number for details.

Lines of Business. Clicking the links under the specific line of business will display either an informational pop-up window, or a new webpage illustrating the medical policy regarding preauthorization as it relates to each line of business.

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Search

Description: US PREGNANT UTERUS LIMITED 1/> FETUSES

tee of payment and are subject to the member's benefits, plan provisions and eligibility on the date the services are rendered.

s and other benefit restrictions

Clicking the **Show Medical Policy** Link will display the JHHC Medical Policy document.

Priority Partners

Term Date:

ation.

Show Medical Policy

HP)

Employer Health Progr

All Modifiers: Except 26

Effective Date: Term Date:

he claim submission.

EHP

Show Medical Policy

https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/Updated_Polic | JHHC - Prior Authorization Tool | hopkinsmedicine.org

	JOHNS HOPKINS HEALTHCARE	Policy Number CMS16.19
	Medical Policy: Prenatal Obstetrical Ultrasound **Department:** Health Services **Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD	Page 1 of 54

ACTION:

- ☐ New Policy:
- ☒ Revising Policy Number: CMS16.19
- ☐ Superseding Policy Number
- ☐ Archiving Policy Number
- ☐ Retiring Policy Number

Effective Date: 12/02/2016
Review Dates: 03/03/17, 12/01/17

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

SCOPE:

This policy addresses prenatal obstetrical ultrasound services. It does not apply to ultrasound services performed in the emergency department or inpatient hospital setting.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Diagnostic Ultrasound, Chapter 5, Section 2.1

Find **procedure** coverage

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77080

Search

Description	AMD	PP	USFHP
XA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	Show Details	No Pre-Auth Req	No Pre-Auth Req
XA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	Show Details	No Pre-Auth Req	No Pre-Auth Req

Prev

Clicking on the message/link under the individual line of business brings up details as seen in next slide.

JPAL • Prior Autho

Priority Partners

All Modifiers

Code: 77080 - DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL

Effective: 2018-01-01 **Term:**

All non self-referral services require pre-authorization for non-participating providers

No Pre-Auth Req

Search

ription	AMD	PP	USFHP	EHP
ONE DENSITY STUDY 1/> SITES AXIAL SKEL	Show Details	No Pre-Auth Req	No Pre-Auth Req	No P
ONE DENSITY STUDY 1/> SITES AXIAL SKEL	Show Details	No Pre-Auth Req	No Pre-Auth Req	No P

Previous

Type **procedure code** or **description**

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42820

Search

- *Authorization status can change often. Please confirm the status of each procedure just before delivery of services.*
- *Authorization is not a guarantee of payment.*
- *Please follow **JHHC's policies and procedures***
- *JPAL may indicate more than one status for a procedure (Authorization Required/Authorization Not Required). In these cases, always request authorization **prior** to delivery of services.*
- *If you copy or screenshot the authorization requirement results page, **do not** include member PHI but do include the version number in the upper right hand corner.*

Show 10 entries

Code	Modifier	Description	AMD	PP	USFHP	EHP
42820		TONSILLECTOMY & ADENOIDECTOMY	Show Details	Show Details	Show Details	No Pre-Auth Req

All Modifiers

Code: 42820 - TONSILLECTOMY & ADENOIDECTOMY

Effective: 2018-01-01 **Term:**

All non self-referral services require pre-authorization for non-participating providers

Pre-Auth Req

- OutPatient Hospital Based.

No Pre-Auth Req

- * Ambulatory Surgery Center.

Clicking on the **Show Details** message/link under the line of business name takes you to an explanation of preauthorization requirements for that CPT code based on the place of service, if applicable.

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a42

Search

Show 10 entries

Code	Modifier	Description	PP	USFHP	EHP

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...loading

Message from webpage

Maintenance In Progress. Please Try Later

OK

When the system is being refreshed, this error message will appear.

THANK YOU

- ***Questions? Please Call Provider Relations at 888-895-4998 (option 4)***