

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Prior Authorization Changes Effective March 15, 2024

Effective Dates: March 15, 2024

Health Plans Affected: Advantage MD, Priority Partners, US Family Health Plan (USFHP)

Type of Change: Prior Authorization

Explanation of Change:

Please note the following Prior Authorization (PA) and No Prior Authorization Required (NPA) changes for the following Johns Hopkins Health Plans codes for Advantage MD, Priority Partners and USFHP effective March 15, 2024.

Code Changes to PA for USFHP

- **99453:** Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
- **99454:** Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- **99457:** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
- **99458:** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure).

Code Change to NPA for Advantage MD

- **A4222:** Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately).

Code Change to NPA for Priority Partners

- **91038:** Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)

Code Changes to NPA for Priority Partners and USFHP

- **E0781:** Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.
- **E0572:** Aerosol compressor, adjustable pressure, light duty for intermittent use.

Code Change to NPA for USFHP

- **95249:** Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording.