



Provider Update

This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.

Ophthalmology Outpatient Prior Authorization Initiative

Johns Hopkins Healthcare LLC (JHHC) continually reviews its Prior Authorization Initiatives to ensure they are meeting the needs of our members and are supported by our provider network. As a result of this continuous review process, JHHC has made a change to the Ophthalmology Outpatient Prior Authorization Initiative that was communicated in December 2017 for Priority Partners and US Family Health Plan, whereby members, ages 18 and older, are required to receive outpatient ophthalmology diagnostic or surgical procedures in an ambulatory surgery center (ASC).

Effective with dates of service January 1, 2018, the following list of procedure codes can be performed in a hospital or other regulated setting. NOTE: These changes apply to Priority Partners and US Family Health Plans and do not require preauthorization.

65091	65110	65140	65272	67110
65093	65112	65150	65275	67250
65101	65114	65235	65781	67560
65103	65125	65260	66185	
65105	65130	65270	66225	

As communicated in December 2017, effective January 1, 2018 for Priority Partners and US Family Health Plans, the following list of diagnostic or surgical procedure codes will require a prior authorization for patients 18 and older if performed in a hospital or regulated setting¹ and must meet medical necessity. Please be assured the following list of codes have not changed since the original December notice:

65135	65426	65855	66172	66820	66986	67120	67318	67700	67875	67915
65155	65430	65860	66180	66821	67005	67121	67343	67710	67880	67916
65175	65435	65865	66220	66825	67010	67208	67345	67715	67882	67917
65205	65436	65870	66250	66830	67015	67210	67346	67800	67900	67921
65210	65450	65875	66680	66840	67025	67218	67400	67801	67901	67922
65220	65600	65880	66682	66850	67027	67220	67405	67805	67902	
65222	65730	65900	66700	66852	67028	67221	67412	67808	67903	

65265	65780	65920	66710	66920	67030	67227	67413	67810	67904	
65280	65782	65930	66711	66930	67031	67228	67414	67820	67906	
65285	65800	66020	66720	66940	67036	67255	67415	67825	67908	
65286	65810	66030	66740	66982	67039	67311	67500	67830	67909	
65400	65815	66130	66761	66983	67040	67312	67505	67835	67911	
65410	65820	66160	66762	66984	67041	67314	67515	67840	67912	
65420	65850	66170	66770	66985	67042	67316	67550	67850	67914	

Prior Authorization

Providers seeking to perform services in a hospital or regulated setting will need to submit a prior authorization request to Johns Hopkins HealthCare (JHHC) by fax at (410) 424-4603. The prior authorization request should include all pertinent clinical information to support the medical necessity.

If there are no medical reasons to have the procedure in a hospital or regulated setting, the member should be referred to a specialist with privileges at a participating ASC. Failure to obtain a prior authorization may result in a denial of payment.

A list of participating ASCs is available at: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/provider_search.html

To request an ASC addition to our participating network, please call the Provider Relations department at 888-895-4998.

¹Regulated setting is considered any health care setting whose rates are regulated by the Maryland Health Services Cost Review Commission (HSCRC).

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Please contact the JHHC Provider Relations department at 1-888-895-4998 with any questions or concerns.