

PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

FALL 2021



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MEDICINE
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HEALTHCARE

This newsletter features important information pertaining to providers in the JHHC network: Priority Partners, Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD. Please contact your Provider Relations coordinator with any questions about this information.

// INTRODUCTION

“Another fall, another turned page...”

—Wallace Stegner

Fall at JHHC is a time of busyness and bounty. It's the time of year that our health plans go through the annual open enrollment period and we also give our providers and members advance notice of the benefit and process changes that will go into effect at the beginning of 2022 and beyond. Take a look at what's new from JHHC and what you can expect from us in the upcoming year.

In this issue of Provider Pulse, we want to make you aware of a new addition to the Advantage MD family for 2022, Advantage MD D-SNP HMO, a Dual Eligible Special Needs Plan (D-SNP). The new plan integrates Medicare and Medicaid benefits for members to ensure they are receiving care across the continuum of need.

We also have important updates on our vendor, eviCore, which is expanding its preauthorization services to Lab Management for Priority Partners providers; medical policy updates; and up-to-date information on COVID-19 coverage.

As always, we appreciate your efforts and continued collaboration and thank you for the essential work you do day in and day out to provide quality, committed care to our members across all of our health care plans. Without you, we wouldn't be JHHC.

—*Editor*, Provider Pulse

// POLICIES AND PROCEDURES

New CPT Codes Requiring Preauthorization Effective Oct. 1, 2021

As of Oct. 1, 2021, JHHC requires preauthorization for selected medical procedure codes for the Johns Hopkins Advantage MD, Priority Partners, Johns Hopkins EHP and Johns Hopkins USFHP health plans. This requirement affects members of all ages enrolled in these plans.

The [list of procedure codes requiring prior authorization](#) for reference purposes only and may not be all-inclusive.

The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Please refer to the Johns Hopkins Prior Authorization Lookup Tool (JPAL), located in the [HealthLINK](#) portal, to check and verify preauthorization requirements for outpatient services and procedures.

Preauthorization Process

Submit preauthorization requests to JHHC Utilization Management department (UM) to the dedicated fax numbers listed below:

- **Advantage MD:** 855-704-5296
- **Priority Partners:** 410-762-5205 or 410-424-4603
- **EHP:** 800-261-2421 or 410-424-4480
- **USFHP:** 410-424-2602 or 410-424-2603

Medical Policy Updates Effective Nov. 1, 2021

The JHHC Medical Policy Advisory Committee (MPAC) has approved changes and additions to our medical policies. These changes went into effect Nov. 1, 2021. [View the Medical Policy Updates.](#)

Changes and additions this quarter include:

- CMS01.09: Continuity of Care and Access to Non-Participating Providers
- CMS02.13: Bronchial Thermoplasty in the Treatment of Asthma
- CMS03.08: Reconstructive Surgery After Weight Loss (Title updated to: *Panniculectomy and Body Contouring Procedures*)

- CMS07.05: Gender Affirmation Treatment & Procedures
- CMS14.04: Nutritional Treatment—Medically Necessary Food
- CMS16.12: Pulse Electrical Stimulation for the Knee (Title updated to: *Pulse Electrical Stimulation Devices*)
- CMS19.07: Dynamic Splinting for the Treatment of Joint Stiffness and Contracture
- CMS21.01: Sacral Neuromodulation for Urinary Urgency Incontinence, Urinary Retention & Fecal Incontinence (Title updated to: *Sacral Neuromodulation for Overactive Bladder, Urinary Retention & Fecal Incontinence*)
- CMS10.05: Applied Behavioral Analysis (*Policy is retiring*)

To view the full descriptions of these policies, please visit the [Medical Policies](#) section of the JHHC website on or after the effective date or call Provider Relations at 888-895-4998.

JHHC Reimbursement Policy Update: COVID-19

The COVID-19 Testing, Treatment and Vaccination reimbursement policy (RPC.029) has been updated. The reimbursement policy updates went into effect Sept. 22, 2021, and apply to Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners and Johns Hopkins US Family Health Plan (USFHP).

- The following was added to the Policy statement: **“IMPORTANT: Advantage MD follows CMS guidelines for all testing, treatment and vaccination services. Per CMS guidance, vaccinations and antibody treatments administered to Medicare Advantage members should be billed to Medicare FFS, and JHHC will deny Advantage MD claims for these services and direct offices to bill Medicare FFS. Providers will only be reimbursed for vaccination and antibody treatment administrations delivered to Priority Partners, EHP, and USFHP members.”**
- The information on the rates was moved to the Payment Methodology section. Within this section clarification was added for the following:
 1. New COVID-19 codes not yet priced by CMS:
 - “3. Any new COVID related codes created by CMS and AMA, which are not yet priced by CMS, or other above-mentioned resource, will be reimbursed at 70% billed charges, subject to

retro-adjustment back to the code’s effective date once a rate is established by CMS or an applicable regulatory body.”

2. Supply Codes CPT 99072 – cost shared waived for EHP & USFHP only and that the code is not covered/billable for Priority Partners or Advantage MD: “2. CMS rate guidance (including rate guidance from Maryland’s MAC), if available
 - » **EHP and USFHP – JHHC will reimburse these services at the DC + MD/VA Suburbs locality rate. Cost sharing is waived for CPT 99072.”**
 - “4. Advantage MD and Priority Partners do not reimburse supply code CPT 99072, in accordance with CMS and state guidelines. As such, the claim line will deny and is subject to balance billing restrictions.”
- The guidance for billing COVID-related services was placed under the Billing Guidelines section. Diagnostic Testing, Treatments and Vaccination guidance was simplified, and the Additional Supply Codes guidance was updated to be more specific for plan coverage:
 - “A. COVID-19 Diagnostic Testing: To support efforts to mitigate COVID-19 population spread, JHHC may cover COVID-19 diagnostic testing, including testing not related to known or suspected exposures and non-symptomatic members.”
 - “D. COVID-19 Treatments: All providers will be paid at JHHC’s fixed rates for FDA-approved COVID-19 treatments administered according to clinical guidance from the FDA, found in the treatment’s Emergency Use Authorization (EUA), to JHHC members with a current COVID-19 diagnosis. Providers can visit the CMS website, www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion, for the current list of authorized treatments. The FDA EUA guidance is also available for each treatment (embedded hyperlinks): [Casirivimab & Imdevimab](#), [Bamlanivimab & Etesevimab](#), [Sotrovimab](#), [Tocilizumab](#).”

“E. COVID-19 Vaccinations:

Until further notice, COVID-19 vaccines are provided by the government without charge to providers. As such, JHHC will only reimburse for the administration of the vaccines per CDC guidelines.”

“F. COVID-19 Additional Supplies (99072):

In recognition of the increased burden the PHE has had on our provider community to provide safety protocols over and above typical protocols for their staff and our members, EHP and USFHP are covering CPT code 99072, in accordance with AMA billing guidelines.

- » This code is not a covered benefit, nor reimbursable for PPMCO.
- » CMS considers this a bundled service, thus not separately reimbursable for Advantage MD. (CMS MLN Article [MM11939](#))”

To view the [JHHC Reimbursement Policies](#), please go to: [JHHC.com > For Providers > Policies > Reimbursement Policies](#). If you have questions, please contact Provider Relations at 1-888-895-4998.

Post-Acute and Ambulance Authorization Fax Line for Acute Inpatient Facility Transfer to Post-Acute Levels of Care

JHHC’s Expedited SNF Fax Line has expanded to receive all post-acute requests and ambulance requests for authorization. This fax line will now receive requests for all post-acute settings listed as follows: skilled nursing facilities (SNF), acute inpatient rehabilitation (ACIR), long-term acute care (LTAC) and ambulance requests.

This process change began on Nov. 18, 2021. The fax number is 410-424-2703.

The purpose of expansion is to streamline the discharge process so providers have one route for prior authorization requests and to help support a quick and efficient transition for our members from acute facilities to post-acute facilities.

SNF authorization requests remain auto-approved for Johns Hopkins Advantage MD, Priority Partners, Johns Hopkins Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP) members from an acute inpatient facility for five (5) days for all in-network* SNF.

ACIR and LTAC authorization requests require **prior authorization**, and they will be reviewed for medical necessity by a Utilization Management (UM) RN.

The hospital will be responsible for submitting the authorization requests and will need to have identified the receiving SNF/ACIR/LTAC facility prior to submitting a request to the plan. Be sure to fill out the authorization request form in its entirety before submitting request to JHHC. Authorizations for transfer to a lower level of care may be obtained by faxing the UM department Monday through Friday from 8 a.m. to 4 p.m. Authorization requests received on or after 4 p.m. on weekdays will be processed the next business day. **See extended hours**** below for additional options.

- Fax the request to 410-424-2703.
- For questions regarding an authorization status, call Customer Service:
 - » EHP, Priority Partners, USFHP customer service line: 410-424-4480
 - » Advantage MD customer service line: 1-844-560-2856

Non-Emergent Ambulance Transfer Requests

Advantage MD ambulance requests from an acute setting to any **discharge disposition** require prior authorization. The hospital must submit the following:

- Physician Certification Statement noting medical necessity
- An [Authorization Request Form](#)

Johns Hopkins EHP: All non-emergent ambulance requests require prior authorization. The hospital must submit the following:

- Physician Certification Statement noting medical necessity
- An [Authorization Request Form](#)

Priority Partners ambulance requests do not require prior authorization **except** when the request is from hospital to home. For all home environment discharge ambulance requests, submit an [Authorization Request Form](#). The hospital must submit the following:

- Physician Certification Statement noting medical necessity
- An [Authorization Request Form](#)

Johns Hopkins USFHP: All non-emergent ambulance requests require prior authorization. The hospital must submit the following:

- Physician Certification Statement noting medical necessity
- An [Authorization Request Form](#)

***NOTE:** If a request is submitted for an out-of-network SNF, the request will be pended for a UM nurse to review.

****Extended hours for urgent discharge authorization requests**

After hours, on weekends, and during holidays, please call the UM on-call pager at **800-307-9730**. Please use the pager during any extended hours described below.

Weekends and holidays: 8 a.m. to 7 p.m.

Normal business days: 5 p.m. to 7 a.m.

eviCore Laboratory Management Program Effective for Priority Partners December 1, 2021

Beginning Dec. 1, 2021, providers in the Priority Partners network must obtain prior authorization for medical necessity from eviCore for certain molecular genetic testing codes. The prior authorization requirement applies to Priority Partners members of all ages. Providers should submit prior authorization requests via the [eviCore portal](#) or, if the portal cannot be accessed, by calling eviCore at 866-220-3071.

View the list of impacted CPT codes* for molecular genetic testing that will require prior authorization through eviCore as of Dec. 1, 2021 for Priority Partners.

All non-molecular testing and molecular genetic testing procedure codes included in the program may be subject to claims review and payment policies. Policies are outlined in Lab Management Program Clinical Guidelines for Johns Hopkins HealthCare. View the [policies and codes included in the program on the eviCore website](#). After accessing the page, please click on the “Future” tab to view the policies and guidelines.

Training

JHHC and eviCore strongly encourage you to attend a provider training session on the eviCore Laboratory Management Program for Priority Partners, as there are details specific to JHHC/Priority Partners. In November and December 2021, eviCore and JHHC will be leading online orientation sessions designed to assist you and your staff with the new program. These sessions will include detailed information about the prior authorization process, post-service claims review process, accessing information from the eviCore website, and a question-answer period.

Registration for Training

Attending an online training session requires advance registration. Each online training session is free of charge and will last approximately one hour. You only have to register for one session.

Training sessions:

- Thursday, Nov. 11 at 11 a.m. EST
- Tuesday, Nov. 16 at 2 p.m. EST
- Friday, Nov. 19 at 3 p.m. EST
- Thursday, Dec. 2 at 10 a.m. EST
- Tuesday, Dec. 7 at 1 p.m. EST

How to register:

1. Go to eviCore.webex.com.
2. Select “WebEx Training” from the menu bar on the left.
3. Click the “Upcoming” tab. Choose “Johns Hopkins HealthCare Molecular Genomic Testing Provider Orientation.”
4. Click “Register” next to the session you wish to attend.
5. Enter the registration information.

After you have registered for the WebEx session, you will receive an email containing the toll-free phone number and meeting number, conference password, and a link to the web portion of the session. **Please keep the registration email so you will have the meeting information.**

*The list of CPT/HCPCS codes are for informational purposes and may not be all-inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member’s specific benefits plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determinations may apply.

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// QUALITY CARE

Priority Partners CPT Category II Code \$10 Incentive

Priority Partners Priority Partners is incentivizing the use of select CPT II codes via claims submission starting with dates of service

on/after July 1, 2021. The codes selected apply to the Controlling Blood Pressure (CBP) and Comprehensive Diabetes Care (CDC) HEDIS® measures. Use of these codes allows Priority Partners to better understand the health and needs of its membership throughout the year.

Comprehensive Diabetes Care, HbA1c controlled (less than 8.0%)	
CPT II Code	Description
3044F*	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)
3051F*	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
Controlling High Blood Pressure (less than 140/90)	
CPT II Code	Description
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)

*Use of these codes also serve to close value-based purchasing gaps for the CDC measure.

Any of the codes above submitted for claims with dates of service beginning on/after July 1, 2021 for services performed by a PCP or specialist and completed in an outpatient setting will be incentivized \$10 above the contracted reimbursement rate. Submit the applicable code via claims with a \$10 billed amount reimbursement incentive.

If you have questions about the submission of CPT II codes please contact JHHC Provider Engagement at ProviderEngagement@jhhc.com

// BENEFITS AND PLAN CHANGES

Applied Behavioral Analysis (ABA) Code 97156 No Longer Covered as a Telehealth Visit for USFHP Members During COVID-19 Public Health Emergency

As of Sept. 20, 2021, ABA code 97156 is not covered as a telehealth visit for Johns Hopkins USFHP members during the COVID-19 Public Health Emergency.

For details, please see the guidance in the [Tricare Operations Manual Change 85](#) dated March 23, 2021.

Please visit the [Coronavirus \(COVID-19\) Updates](#) page on JHHC's provider website for information and updates related to the pandemic.

Service Area Changes for Johns Hopkins Advantage MD in 2022

Effective Plan Year 2022, Johns Hopkins Advantage MD will no longer offer its HMO and PPO products in **Baltimore City and Calvert County**. Coverage for current members in these counties will end on Dec. 31, 2021. Additionally, Medicare recipients who live in Baltimore City and Calvert County will no longer be able to enroll in Advantage MD for coverage effective plan year 2022.

Here are a few important notes about this change and impacts to your Advantage MD patients:

- There will be no changes to the Advantage MD provider network as a result of this change. Advantage MD members will continue to be able to access care in Baltimore City and Calvert County.
- Impacted members received a notification/letter from Advantage MD prior to the Annual Enrollment Period. The notification outlined the service area reduction and provided clear instructions regarding their options for selecting a new Medicare plan.
- If a member who resides in Baltimore City or Calvert County did not receive the notification, they should contact Advantage MD Customer Service at 844-820-1227.
- If impacted members do not select a new Medicare plan by Dec. 31, 2021, they will automatically be enrolled in Original Medicare, which does not include pharmacy coverage. Members who want pharmacy coverage will

need to purchase a separate Part D pharmacy benefit according to CMS guidelines.

- When a member enrolls in a new plan, their provider and/or pharmacy network may change. Their new plan may or may not be contracted with you.
- If a member's hospitalization extends past Dec. 31, 2021, Advantage MD will cover all Part A inpatient services until discharge. Original Medicare, or the new plan the member selects, will assume payment for all services covered under Part B on Jan. 1, 2022, until discharge.
- If members are in a skilled nursing facility (SNF) into the new year (2022), Advantage MD is responsible for the covered charges through Dec. 31, 2021. Any SNF services that extend into plan year 2022 will be the responsibility of Original Medicare or the new plan selected by the member.
- Any health care services these members have with you or another provider will be covered through Dec. 31, 2021. As of Jan. 1, 2022, no services, prescriptions or supplies will be covered under their current Advantage MD coverage.
- Members can review their options in more detail by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, or visit Medicare.gov to choose a new plan during this year's Annual Enrollment Period. Members can also contact Advantage MD Customer Service at 844-820-1227 for more information about these changes.

Advantage MD Introduces Dual Eligible HMO Plan for 2022

Advantage MD will offer a Dual Eligible Special Needs Plan (D-SNP) beginning Jan. 1, 2022. The new plan, titled Advantage MD D-SNP (HMO), will enroll members who are entitled to both Medicare (Title XVIII) and medical assistance from a state plan under Medicaid (Title XIX). The purpose of the new D-SNP plan is to integrate Medicare and Medicaid benefits for members to ensure they are receiving care across the continuum of need.

Advantage MD D-SNP with Medicare Part D will be offered in three (3) counties in Maryland:

- Anne Arundel
- Howard
- Montgomery

Plan Benefits

The following list is a sampling of available benefits. For specific benefits and details, providers should consult the current [Evidence of Coverage document for D-SNP](#) or view the list below.

- Medical and behavioral health services
- Part D Pharmacy Prescription Drug program
- Assistance provided to members for coordinating and accessing their Medicaid benefits
- D-SNP additional benefits:
 - » Fitness programs
 - » Over-the-counter medication catalog
 - » Home meals delivery after inpatient discharge
 - » Dental care
 - » Routine vision
 - » Hearing
 - » 24/7 nurse-advice line
 - » Transportation support to medical appointments

For more information on the Advantage MD D-SNP plan, contact JHHC Provider Relations at 410-767-5503 or 877-293-4998.

Guidance on the Continuation of Telehealth for Priority Partners Therapy Services

The passing of Senate Bill 3 (the Preserve Telehealth Access Act of 2021) allows Maryland Medicaid and managed care organizations, such as Priority Partners, to continue to reimburse for services appropriately rendered via telehealth.

Here is the [list of procedure codes for therapy services](#) that the Maryland Department of Health (MDH) will continue to reimburse to providers when provided via audiovisual telehealth. Services must be identified and billed using the GT modifier to indicate a telehealth delivery model. MDH will not reimburse for services provided via an audio-only delivery model or for codes not included on this [list](#) when provided via any method of telehealth.

Please note that code 92523 with -52 GT Modifier is now approved for reimbursement.

Priority Partners: Continuous Glucose Monitor (CGM) Devices Available through Pharmacies Starting December 1

Beginning December 1, 2021 Priority Partners members will be able to obtain continuous glucose monitors (CGMs) from any in-network pharmacy. Members will continue to have a choice to obtain CGMs either through their durable medical equipment (DME) benefit or pharmacy benefit until 12/31/2021.

This expands access to CGMs, which previously were only available through DME providers.

Effective Jan. 1, 2022, network pharmacies will be the only option for Priority Partners members to obtain CGM devices and supplies. The pharmacy network includes most chain retailers and independent pharmacies within Maryland. A listing of network pharmacies can be found here: [Search for a participating network pharmacy](#).

How you can help: Please re-write any CGM prescriptions for your Priority Partners patients with instructions for them to take it to their pharmacy. Some pharmacies offer free shipping of CGMs to members at no charge.

The change in benefit does not apply to the Johns Hopkins Advantage MD (HMO) D-SNP population. D-SNP members will be required to obtain CGMs under their medical benefit from a DME provider.

// PHARMACY

Flu Season 2021-2022: Administering Flu Vaccines During the COVID-19 Pandemic

While it's not possible to say with certainty what will happen in the fall and winter, the Centers for Disease Control and Prevention (CDC) believes it's likely that influenza viruses and the virus that causes COVID-19 will both be spreading. In this context, getting a flu vaccine will be more important than ever. The CDC recommends that all people 6 months and older get an annual flu vaccine.

Efforts to reduce the spread of COVID-19, have led to decreased use of routine preventive medical services, including [immunization services](#). Ensuring that people continue or

start getting routine vaccinations during the COVID-19 pandemic is essential for protecting people and communities from vaccine-preventable diseases and outbreaks, including flu. Routine vaccination prevents illnesses that lead to unnecessary medical visits and hospitalizations, which further strain the health care system.

JHHC is communicating the importance of the flu vaccine to our members, and we encourage our providers to help as many patients as possible get the flu vaccine and other vaccines this year. Below is some information from the CDC pertaining to the 2021-2022 flu season.

What flu vaccines are recommended this season?

For the 2021-2022 flu season, providers may choose to administer any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4) with no preference for any one vaccine over another.

Vaccine options this season include:

- [Standard dose flu shots](#).
- [High-dose shots](#) for people 65 years and older.
- [Shots made with adjuvant](#) for people 65 years and older.
- [Shots made with virus grown in cell culture](#). No eggs are involved in the production of this vaccine.
- Shots made using a vaccine production technology ([recombinant vaccine](#)) that do not require having a candidate vaccine virus sample to produce.
- [Live attenuated influenza vaccine](#) – a vaccine made with attenuated (weakened) live virus that is given by nasal spray.

Will there be changes in how and where flu vaccine is given this fall and winter?

Some settings that usually provide flu vaccine, like workplaces, may not offer vaccination this upcoming season because of the challenges with maintaining social distancing. This may result in an increased demand for flu shots at your facility or at some pharmacies.

Should a flu vaccine be given to someone with suspected or confirmed COVID-19?

No. Vaccination should be deferred for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the [criteria](#) to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be

postponed to avoid exposing health care personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, provider's offices or clinics should ask patients to notify them in advance if they currently have or develop any symptoms of COVID-19.

// CLAIMS

USFHP Low Back Pain Imaging Policy — Post-Service Claim Review

As notified in Provider Update “PRUP141-Low Back Pain” that was communicated in March 2021, and in compliance with a recent TRICARE policy update, USFHP will exclude (not cover) all imaging, including X-ray, ultrasound, CT scan and MRI, for low back pain (ICD-10 M54.50, M54.51 and M54.59) within six weeks of the onset of symptoms and in the absence of clinical warning signs (“red flags”) indicating an underlying cause from patient history and/or physical exam. The applicable TRICARE policy can be found [here](#).

Clinical Warning Signs/Red Flags Are as Follows:

- Possible fracture, such as from a major trauma, or a more minor trauma in older or potentially osteoporotic patients; history of osteoporosis; and chronic steroid use.
- Possible tumor, cancer or infection, as evidenced by a history of cancer; a history of intravenous drug use; fevers, chills or unexplained weight loss; or immune suppression.
- Possible cauda equina syndrome, as evidenced by bowel or bladder dysfunction or saddle anesthesia (loss of sensation in the buttocks, perineum and inner surfaces of the thighs).
- Major motor weakness.
- Progressive neurological symptoms.

To ensure accurate claim adjudication, radiology claims should include all relevant and accurate diagnosis codes including “history of” diagnosis codes (if applicable), the completion of Block 14 of the CMS 1500 claim form, “Date of Current Illness, Injury or Pregnancy,” and the inclusion of applicable occurrence codes (1, 2, 3, 4, 5, 6 or 11) and date of occurrence on the UB04 claim form.

Claims submitted without date of onset information as specified above will be pended and denied with directions to resubmit the claim with the required information within 90 days of the denial.

A post-payment review will be conducted on all low back pain imaging claims to ensure compliance with this policy, and payments will be retracted for noncompliant claims that do not meet the requirements outlined above.

This post-service claim review process will apply to radiology claims billed with dates of service on or after Nov. 1, 2021.

JHHC Switching to PNC Healthcare for Certain EHP and Priority Partners Provider Transactions

Johns Hopkins HealthCare (JHHC) will switch to PNC Healthcare and ECHO Health, Inc. for claims, payments and remittance services for Johns Hopkins Employer Health Programs (EHP) and Priority Partners in early first quarter 2022.

Background:

JHHC has engaged PNC Healthcare and ECHO® to provide new electronic methods via their Claims Payments & Remittances (CPR) service. Beginning in early first quarter 2022, payment for EHP and Priority Partners only will be issued using the new CPR service. This service allows providers to log into a website to access a detailed explanation of payment (EOP) for each transaction.

Please note this change *does not* apply to Johns Hopkins Advantage MD and Johns Hopkins US Family Health Plan; these plans will remain with Change Healthcare.

In another enhancement, providers will now be able to log on to www.providerpayments.com to access and download all generated and detailed EOPs for provider transactions from JHHC and all other PNC Healthcare payers. Please visit the Provider Education section of the JHHC website (jhhc.com) for instructions and FAQs. **Note:** Payment information will also continue to be available on the JHHC provider portal, [HealthLINK](#).

If you have additional questions regarding payment options, please contact Customer Service at 888-697-6755 (8 a.m. to 6 p.m.).

// REMINDERS

CDC Urgently Recommends COVID-19 Vaccine for Pregnant Women

On Sept. 29, the Centers for Disease Control and Prevention (CDC) issued a communication requesting urgent action to get more pregnant women vaccinated against COVID-19. Among their findings:

- Only 31% of pregnant women are fully vaccinated during pregnancy.
- August 2021 had highest deaths among pregnant women due to COVID-19.
- As of Sept. 27, 2021, there were 125,000 lab-confirmed COVID-19 cases in pregnant people, with 22,000 hospitalized cases and 161 deaths.

In light of these grave statistics, JHHC urges our network providers to actively engage with their pregnant patients who remain unvaccinated at each prenatal visit and strongly encourage the expectant mothers receive the COVID-19 vaccine.

Exclusion for EHP Policy on Requests for Preauthorization through NovoLogix

Johns Hopkins Employer Health Programs (EHP) members enrolled in the Johns Hopkins University Classic plan are excluded from the requirement to request preauthorization for medical injectables through the NovoLogix portal.

Network Access Standards

JHHC complies with state regulations designed to help make sure our plans and providers can give members access to care in a timely manner. These state regulations require us to ensure members are offered appointments within the following time frames:

Priority Partners

Service	Appointment Wait Time (not more than):
Initial prenatal appointments	Ten (10) business days from request, or from the date the MCO receives a Health Risk Assessment (HRA) for the new enrollee (unless enrollee continues care with established provider and established provider concludes that no initial appointment is necessary), whichever is sooner.
Family Planning appointments	Ten (10) days from the date enrollee requests appointment
High Risk enrollee appointments	Fifteen (15) business days from MCO's receipt of the enrollee's completed HRA
Urgent Care appointments	Forty-eight (48) hours from date of request
Routine, Preventive Care, or Specialty Care appointments	Thirty (30) days from initial request or, where applicable, from authorization from PCP.
Initial newborn visits	Fourteen (14) days from discharge from hospital (if no home visit has occurred)
Initial newborn visits if a home visit has been provided	Within thirty (30) days from date of discharge from hospital
Regular optometry, lab, or x-ray appointments	Thirty (30) days from date of request
Urgent optometry, lab or x-ray appointments	Forty-eight (48) hours from date of request
Wait for enrollee inquiries on whether or not to use an emergency facility	Thirty (30) minutes

Employer Health Programs (EHP)

Service	Appointment wait time (not more than):
History & Physical Exam	Ninety (90) calendar days
Routine health assessment	Thirty (30) days
Non-urgent (symptomatic)	Seven (7) calendar days
Urgent Care	Twenty-four (24) hours
Emergency Services	Twenty-four (24) hours

Johns Hopkins US Family Health Plan

Service	Appointment wait time (not more than):
Well patient	Twenty-four (24) hours
Specialist	Four (4) weeks
Routine	One (1) week
Urgent	Twenty-four (24) hours
Office Wait Time	Thirty (30) minutes

Johns Hopkins Advantage MD

Service	Appointment Wait time (not more than):
PCP Routine/Preventive Care	Thirty (30) calendar days
PCP Non-Urgent (Symptomatic)	Seven (7) calendar days
PCP Urgent Care	Immediate/Same Day
PCP Emergency Services	Immediate/Same Day
Specialist Routine	Thirty (30) calendar days
Specialist Non-Urgent (Symptomatic)	Seven (7) calendar days
Office Wait Time	Thirty (30) minutes

Behavioral Health (all plans)

Service	Appointment Wait time (not more than):
Behavioral Health Routine Initial	Ten (10) business days
Behavioral Health Routine Follow-up	Thirty (30) calendar days
Behavioral Health Urgent	Forty-eight (48) hours
Behavioral Health Emergency	Six (6) hours

For Your Reference

Provider Relations

Phone 888-895-4998
410-762-5385
Fax 410-424-4604
Monday through Friday, 8 a.m. to 5 p.m.

Provider Demographic Changes and Updates:

If there are any changes in your practice or facility, you are **required** to notify the JHHC Provider Relations department by email at

ProviderChanges@jhhc.com.

Care Management Referrals

caremanagement@jhhc.com or 800-557-6916

DME (Durable Medical Equipment)

Fax 410-762-5250

HealthLINK@Hopkins

hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/healthlink

NOTE: First time users must register for an account. If you need assistance with registration, please contact Provider Relations at

888-895-4998.

JHHC Corporate Compliance

410-424-4996

Fax 410-762-1527

compliance@jhhc.com

Fraud Waste & Abuse

FWA@jhhc.com

Preauthorization Guidelines

hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines

Utilization/Care Management

410-424-4480

800-261-2421

Fax 410-424-4603 (Referral not needing medical review)

- **Inpatient**
Fax 410-424-4894
- **Outpatient medical review**
Fax 410-762-5205

Advantage MD

Websites

Providers: jhhc.com

Members: hopkinsmedicare.com

Customer Service (Provider): Eligibility, Claims Status or Provider Payment Dispute

- **PPO Products**
Phone 877-293-5325
Fax 855-206-9203
TTY 711
- **HMO Products**
Phone 877-293-4998
Fax 855-206-9203
TTY 711

Dental Services

Dentaquest at: 844-231-8318

Medical Claims Submission

Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Medical Payment Disputes

Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Pharmacy Services

877-293-5325

Preauthorization

Medical Management: 855-704-5296
Behavioral Health: 844-363-6772

Silver & Fit

(Plus and Group Members Only)

877-293-5325

TruHearing

(Plus and Group Members Only)

877-293-5325

Vision Services

Superior Vision at: 800-879-6901

EHP

Websites

Members: ehp.org

Providers: hopkinsmedicine.org

Customer Service (Provider)

800-261-2393

410-424-4450

-Suburban Hospital Customer Service

866-276-7889

Care Management

800-261-2421

410-424-4480

Fax 410-424-4890

*Dental – United Concordia

Companies, Inc.

866-851-7576

*Health Coaching Services

800-957-9760

healthcoach@jhhc.com

Health Education

800-957-9760

Medical Appeals Submission

Attn: Appeals Department

7231 Parkway Drive, Suite 100

Hanover, MD 21076

Fax 410-762-5304

Medical Claims Submission

Attn: Adjustments Department

7231 Parkway Drive, Suite 100

Hanover, MD 21076

Fax 410-424-2800

Mental Health and Substance

Abuse Services

800-261-2429

410-424-4476

National Provider Network/MultiPlan

866-980-7427

*Pharmacy (Mail Order Only)

888-543-4921

Pharmacy Provider Prior Authorization for Medical Necessity

(fax numbers may vary): refer to provider

website hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/ehp/index.html

Utilization Management

800-261-2421

410-424-4480

**Not applicable to all EHP members. Consult specific schedule of benefits.*

Priority Partners

Websites

Members: ppmco.org

Providers: jhhc.com

800-654-9728

Customer Service (Provider)

800-654-9728

Dental (Scion)

855-934-9812

HealthChoice

800-977-7388

Health Education

800-957-9760

Medical Appeals Submission

Johns Hopkins HealthCare LLC

Appeals Department

7231 Parkway Drive, Suite 100

Hanover, MD 21076

Fax 410-762-5304

Medical Claims Submission

Johns Hopkins HealthCare LLC Adjustments Department

7231 Parkway Drive, Suite 100

Hanover, MD 21076

Fax 410-424-2800

Mental Health Services

Optum Maryland

800-888-1965

Fax 855-293-5407

Outreach

410-424-4648

888-500-8786

Provider First Line

410-424-4490

888-819-1043

Referrals

866-710-1447
Fax 410-424-4603

Substance Abuse Services

Optum Maryland
800-888-1965
Fax 855-293-5407

USFHP**Websites**

USFHP –hopkinsusfhp.org
TRICARE –tricare.mil
FORMULARY – hopkinsusfhp.org

Customer Service (Provider)

(benefit eligibility, claims status)
410-424-4528
800-808-7347

***Appointment Locator Service**

888-309-4573

**Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance abuse professionals.*

Care Management

410-762-5206
800-557-6916

Health Coach Services

800-957-9760
healthcoach@jhhc.com

Health Education

800-957-9760
healtheducation@jhhc.com

Inpatient Utilization Management

Fax 410-424-2602

Outpatient Utilization Management

Fax 410-424-2603

Medical Appeals Submission

Johns Hopkins HealthCare
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Attn: USFHP Appeals

Medical Claims Submission

Johns Hopkins HealthCare
PO Box 830479
Birmingham, AL 35283
Attn: USFHP Claims

Mail Order Pharmacy

410-235-2128 (Maryland residents)
800-345-1985 (Non-Maryland residents)

Mental Health/Substance Abuse Services

410-424-4830
888-281-3186

Quality Improvement

410-424-4538

Performance Improvement/Risk Management

410-338-3610

Superior Vision

800-879-6901

United Concordia Dental

800-332-0366

Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.

Important notice:

Please distribute this information to your billing departments.

PRPULSE13-Fall 2021

PROVIDER
pulse



Johns Hopkins HealthCare
7231 Parkway Dr., Suite 100
Hanover, MD 21076