



PROVIDER NOTICE

Provider Relations Department 1-888-895-4998

Additional CPT Codes Requiring Prior Authorization **Effective September 1, 2022 for USFHP**

Effective Date: Sept. 1, 2022

Health Plans Affected: Johns Hopkins US Family Health Plan (USFHP)

Type of Change: Prior authorization

Explanation of Change:

Effective Sept. 1, 2022, Johns Hopkins HealthCare (JHHC) requires prior authorization for selected medical procedure codes for the USFHP. This requirement affects members of all ages enrolled in these plans.

Nine additional codes have been added to the list of procedure codes requiring prior authorization and are effective Sept. 1, 2022. Here are the added codes:

Additional Medical Codes Requiring Prior Authorization for USFHP Effective September 1, 2022			
Procedure Code	Effective Date	Code Descriptions	USFHP Prior Authorization Yes/No
0101T	9/1/22	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Yes
0184T	9/1/22	Excision of rectal tumor, transanal endoscopic microsurgical approach (i.e., TEMS), including muscularis propria (i.e., full thickness)	Yes
0232T	9/1/22	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Yes

64628	9/1/22	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Yes
64629	9/1/22	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Yes
C1840	9/1/22	Lens, intraocular (telescopic)	Yes
0308T	9/1/22	Insertion of ocular telescope prosthesis, including removal of crystalline lens or intraocular lens prosthesis	Yes
Q2026	9/1/22	Injection, Radiesse, 0.1 ml (dermal fillers)	Yes
S2152	9/1/22	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation and related complications, including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	Yes

This list is provided for reference purposes only and may not be all-inclusive. The listing of a code does

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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 prior authorization requirements for outpatient services and procedures. Prior authorization requirements are subject to change.

Prior Authorization Process

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

- **USFHP:** 410-424-2602 or 410-424-2603