

# **PROVIDER** NOTICE

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

# **CORRECTION:** New CPT<sup>®</sup> Codes for Advantage MD and USFHP Requiring Prior Authorization Effective Jan. 1, 2024

Effective Date: Jan. 1, 2024 Health Plans Affected: Advantage MD, US Family Health Plan (USFHP) Type of Change: Prior Authorization

## **Explanation of Change:**

Effective Jan. 1, 2024, Johns Hopkins Health Plans will require prior authorization for the selected medical procedure and equipment codes listed below for the Advantage MD and USFHP health plans. This requirement affects members of all ages enrolled in these plans.

# Procedure Codes Requiring Prior Authorization Effective Jan. 1, 2024:

- L5615 (Advantage MD and USFHP): Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
- **L5926** (**Advantage MD** only): Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

## Prior authorization process for Advantage MD:

• Submit Advantage MD prior authorization requests to the Johns Hopkins Health Plans Utilization Management (UM) department at the dedicated fax number: 855-704-5296.

## Prior authorization process for USFHP:

• Submit prior authorization requests to the Johns Hopkins Health Plans Utilization Management (UM) department using these dedicated fax numbers: 410-424-2602 or 410-424-2603.

This code list is provided 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 <u>HealthLINK</u> portal, to check and verify prior authorization requirements for outpatient services and procedures. Prior authorization requirements are subject to change.

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