This is not all inclusive and is subject to Tricare Prime benefit changes.

To verify benefit coverage call 1-800-808-7347

All CPT codes classified as Category II and all HCPCS codes classified as Unlisted by the American Medical Association require pre-authorization.

JHMC medical policies may be helpful in supporting some pre-authorization requirements for certain procedures, and can be located at http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers/physicians/policies/media%2FDPC/policies.html

All services rendered by non-participating providers require pre-authorization.

All procedures performed in ambulatory surgery centers (Place of Service 24) require a referral to be submitted to the health plan.

Fax clinical documentation for services that require pre-authorization to: 410-762-5255

For additional information about USFHP refer to the website at www.jhcm.com

• This section lists the services and/or plans that require a referral from the PCP or referring physician, which must be submitted to Medical Review.

• For urgent requests (delay will seriously jeopardize the life or health of a member, or severe pain), mark URGENT and fax to: 410-762-5255 or call Medical Review at 1-800-241-2421 or 410-424-4480

• Members are required to obtain a paper referral from their PCP prior to seeking specialty office care

• To ensure coordination of care, the referring physician must provide the member with a referral or script detailing the specialists services needed (no paperwork needs to be submitted to the health plan)

Annual Routine Vision Screening
(91750-91751) providers only: Wizner Eye Clinic and/or Block Vision providers

Radiology Services (in-network providers only)

Laboratory Services (in-network providers only)

Required
JHHC medical policies may be helpful in supporting some pre-authorization requirements for certain procedures, and can be located at:

• All services rendered by non-participating providers require pre-authorization

• The requesting provider will be notified of all pre-authorization decisions

• For urgent requests (delay will seriously jeopardize the life or health of a member, or severe pain), mark URGENT and fax to: 410-762-5255 or call Medical Review at 1-800-241-2421 or 410-424-4480

• Members are required to obtain a paper referral from their PCP prior to seeking specialty office care

Pre-Authorization

• The health plan will perform medical review of requested services before they are rendered

• Fees for clinical documentation to Medical Review at: 410-762-5255

• This list is not all inclusive

• The following services are not part of the USFHP benefit (this list is not all inclusive)

• The following resources may be helpful in meeting the needs of the USFHP member and verifying benefit limitations

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- JHHC medical policies may be helpful in supporting some pre-authorization requirements for certain procedures, and can be located at:

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