

Johns Hopkins Employer Health Programs (EHP) Outpatient Referral & Preauthorization Guidelines

May 2020 | This list is **NOT ALL INCLUSIVE**



<p>Overview</p>	<ul style="list-style-type: none"> • All CPT codes classified as Category III and all HCPCS codes classified as “Unlisted” by the American Medical Association require preauthorization • JHHC medical policies may be helpful in supporting some preauthorization requirements for certain procedures, and can be located at: www.jhhc.com > For Providers > Policies • EHP plan members have direct access to specialty providers in- or out-of-network (no referral required) • See back of Outpatient Referral and Preauthorization Guidelines for additional information specific to plan • To verify benefit coverage call: 800-261-2393 • For additional information about EHP, refer to the website at: www.jhhc.com 									
<p>Provider-Administered Specialty Medications Preauthorization Required</p>	<ul style="list-style-type: none"> • Some medications that are administered by a provider; or under supervision of a provider; and processed through the member’s medical benefit may be subject to prior authorization. • Providers may supply these medications and bill the health plan for the medication and related administration using HCPCS Codes or J codes. • View the HCPCS Codes that require prior authorization for EHP 									
<p>No Notification Required/ No Preauthorization Required</p>	<ul style="list-style-type: none"> • See back Panel for Specific Line of Business Coverage details -Diabetes Education 									
<p>Preauthorization Required</p>	<p>This section lists the services that require preauthorization</p> <ol style="list-style-type: none"> 1. Fax pertinent clinical documentation to Medical Review at: 410-762-5205 <ol style="list-style-type: none"> a. The health plan will perform medical review of requested services before they are rendered b. The requesting provider will be notified of all preauthorization decisions 2. For plan-specific benefits, refer to grid on back 3. Fax documentation for all durable medical equipment (DME)/durable medical services (DMS) to Medical Review at: 410-762-5250 4. For urgent requests (delay will seriously jeopardize the life or health of a member, or severe pain), mark URGENT and fax to: 410-762-5205 5. To check authorization status, access your HealthLINK@Hopkins account by visiting www.jhhc.com 									
	<ul style="list-style-type: none"> • Ambulance, non-emergent • Back Pain invasive procedures (facet blocks, radiofrequency ablation) • Bariatric Surgery* • Biofeedback (see grid on back)* • Breast Reduction Male/Female* • Bronchial Thermoplasty* • Capsule Endoscopy • Cardiac Rehabilitation* • Clinical Trials (including NCI trials)* • DME/DMS • Elastography* • Electroretinography • Extracorporeal Shockwave Therapy for Plantar Fasciitis • Feeding Programs* • Gender Affirmation Treatment and Procedures (see grid on back)* • Genetic Testing* • GERD Devices* • Home Health Care • Hospice* • Hyperbaric Oxygen Therapy • Implanted Devices for Hearing Loss* • Laser Treatment for Skin Conditions* • Light Box Therapy • Long-Term External Cardiac Event Monitoring (Zio Patch)* • Minimally Invasive Treatments of Varicosities* • Neuropsychological Testing • Neurostimulators • Nutritional Counseling (see grid on back)* • Occupational Therapy (see grid on back) • Orthotics* • Osteogenic Stimulation for Fractures • Palliative Care* • Pharmacogenomics Genotyping* • Physical Therapy (see grid on back) • Plastic Surgery (cosmetic procedures not covered)* • Prenatal Obstetrical Ultrasound (beyond 3 and all 3D ultrasounds.)* • Prosthetics* • Proton Beam Radiotherapy* • Pulmonary Rehabilitation* • Pulse Oximetry at Home* • PUVA - Phototherapy* • Radiology <ul style="list-style-type: none"> - Breast MRI - Calcium Scoring (Electron Beam Computed Tomography)* - Heart CT/Angiography* - PET - Positron Emission Tomography* • Reconstructive Surgery <ul style="list-style-type: none"> - Alveolectomy/Alveoplasty - Blepharoplasty, Brow Ptosis, Entropion, Ectropion* - Panniculectomy* - Rhinoplasty/Septoplasty - Uvulectomy, palatopharyngoplasty, LAUP (Laser Assisted Uvuloplasty) • Sclerotherapy • Speech Therapy • TMJ Treatment • Transplants (except corneal)* • Treatment of Acne and Actinic Keratosis* • Wig • Wound Clinic > 10 Visits • Wound Vac 									
<p>Behavioral Health (Preauthorization Required)</p>	<ul style="list-style-type: none"> • Providers call: 410-424-4845 or 800-261-2429 • Members call: 888-281-3186 or 410-424-4830 option 4 <p>For services that require preauthorization, the health plan will perform medical review before they are rendered</p>									
<p>Commonly Requested Non-Covered Services</p>	<ul style="list-style-type: none"> • Ambulatory Detox • Applied Behavioral Analysis* • ECT – Electro Convulsive Therapy • Psychiatric Care <ul style="list-style-type: none"> - Intensive Outpatient Treatment (IOP) - Partial Hospitalization Programs (PHP) • Psychological Testing • TMS - Transcranial Magnetic Stimulation 									
<p>Non-Covered Investigational Services</p>	<p>This section lists the commonly requested non-covered services that are not part of the EHP benefit</p> <ul style="list-style-type: none"> • Autopsy • Cosmetic Procedures* • Cryopreservation (reproductive) • Diabetic Shoes • DME/DMS <ul style="list-style-type: none"> - Bed Boards - Diapers (including pull-ups and Depends) - Exercise Equipment and Devices - Grab Bars - Heating Pads or Lamps - Home Health Aides - Hot Water Bottles - Ice Bags - Structural Modification to the Home - Tray Tables - Wheelchair Tray Table - Whirlpools/Whirlpool Bath Equipment • Interferential Therapy • LASIK Eye Surgery • Learning Disabilities (refer to school system) • Massage Therapy • Naturopathic Treatment • Nutritional Supplements • Podiatry - Routine Foot Care – Except PVD/DM Diagnosis Only • Sterilization Reversal • Surrogacy • Ultrasound/CT Scan for Bone Density • Vitamin and Mineral Supplements • Weight Management Programs 									
<p>Resources</p>	<p>This section lists the non-covered investigational services that are not part of the EHP benefit</p> <ul style="list-style-type: none"> • Breast Ductal Lavage* • IDET - Intradiscal Electrothermal Therapy* • Investigational Health Services/Equipment (not FDA approved) • Pulse Electrical Stimulation for OA of the Knee* 									
	<p>This section lists the resources that may be helpful in meeting the needs of the EHP member and verify benefit limitations</p> <table border="0"> <tr> <td> <p>EHP Utilization Management Call: 410-424-4480 or 800-261-2421 FAX: 410-424-4890</p> </td> <td> <p>EHP Pharmacy Review Call: 888-819-1043 or 410-424-4490 option 4 Fax: 410-424-4607</p> </td> <td> <p>Caremark Website www.caremark.com</p> </td> </tr> <tr> <td> <p>EHP Customer Service Call: 800-261-2393</p> </td> <td> <p>Behavioral Health Services (for members) Call: 888-281-3186 or 410-424-4830 option 4</p> </td> <td> <p>Caremark Customer Service Call: 800-213-0879</p> </td> </tr> <tr> <td> <p>EHP Website (for members) www.ehp.org</p> </td> <td> <p>Behavioral Health Services (for providers) Call: 410-424-4845 or 800-261-2429</p> </td> <td> <p>JHHC Website (for providers) www.jhhc.com</p> </td> </tr> </table>	<p>EHP Utilization Management Call: 410-424-4480 or 800-261-2421 FAX: 410-424-4890</p>	<p>EHP Pharmacy Review Call: 888-819-1043 or 410-424-4490 option 4 Fax: 410-424-4607</p>	<p>Caremark Website www.caremark.com</p>	<p>EHP Customer Service Call: 800-261-2393</p>	<p>Behavioral Health Services (for members) Call: 888-281-3186 or 410-424-4830 option 4</p>	<p>Caremark Customer Service Call: 800-213-0879</p>	<p>EHP Website (for members) www.ehp.org</p>	<p>Behavioral Health Services (for providers) Call: 410-424-4845 or 800-261-2429</p>	<p>JHHC Website (for providers) www.jhhc.com</p>
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*For related medical policies, please go to: www.jhhc.com > For Providers > Policies

✓No Preauthorization required for AAMC Members

Johns Hopkins Employer Health Programs (EHP) Plan Specific Benefits

May 2020



Services & Supplies	PPO Anne Arundel Medical Center A00001, A00002, A00003	PPO Broadway Services, Inc. E00008, E00009	EPO/PPO Howard County General Hospital E00080	EPO/PPO Johns Hopkins Bayview Medical Center E00006, E00007, E00161	EPO/PPO Johns Hopkins Hospital/Health System Corporation Union Plan E00091 Non-Union Plan E00090, E00092, E00093, E00190, E00192, E000194, E000198	PPO Johns Hopkins University Classic Plan E00015, E00051, E00151	PPO Johns Hopkins University Student Health Program E00016	PPO Sibley Memorial Hospital E00085	EPO/PPO Suburban Hospital Standard Plan E00070
Abortion — Elective	No Preauthorization Required	Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Acupuncture	No Preauthorization Required	No Preauthorization Required	Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Bariatric Surgery	Preauthorization Required	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required
Biofeedback	Preauthorization Required	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required
Chiropractic Care	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Contraceptive Devices, IUD and Diaphragms	No Preauthorization Required	No Benefit	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required	No Preauthorization Required
Gender Affirmation Treatment and Procedures	Preauthorization Required	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required
Habilitative Services	For dependent children up to age 19 Preauthorization Required	No Benefit	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required	Preauthorization Required	For dependent children up to age 19 Preauthorization Required	For dependent children up to age 19 Preauthorization Required
Hearing Aids	For dependent children up to age 26 Preauthorization Required	No Benefit	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required	Preauthorization Required	For dependent children up to age 26 Preauthorization Required	For dependent children up to age 26 Preauthorization Required
Hypnosis	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
Infertility Treatment	Preauthorization Required	No Benefit	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required	Preauthorization Required
Nutritional Counseling	Preauthorization Required for Visits > 2	Limited to 2 visits per calendar year Preauthorization Required	Preauthorization Required for Visits >6	Preauthorization Required for Visits > 6	Preauthorization Required for Visits > 6	Preauthorization Required for Visits > 2	Preauthorization Required for Visits > 2	Preauthorization Required for Visits > 6	Preauthorization Required for Visits > 6
Physical Therapy/ Occupational Therapy	No Preauthorization Required Visits 1-20 Preauthorization Required Visits 21-60	No Preauthorization Required	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required limited to 45 visits	No Preauthorization Required	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60	No Preauthorization Required Visits 1-12 Preauthorization Required Visits 13-60

Notification to the Health Plan can be made by any servicing provider. Contact EHP Customer Service at: 800-261-2393 for plan specific limitations. You may also view the Plan's Schedule of Benefits on www.ehp.org.