

# Johns Hopkins US Family Health Plan (USFHP) Outpatient Referral & Preauthorization Guidelines

Effective January 2019 | This list is **NOT ALL INCLUSIVE** and is subject to **TRICARE Prime benefit changes**

<h3>Overview</h3>	<ul style="list-style-type: none"> <li>• <b>All CPT codes classified as Category III and all HCPCS codes classified as “Unlisted” by the American Medical Association require preauthorization</b></li> <li>• JHHC medical policies may be helpful in supporting some preauthorization requirements for certain procedures, and can be located at: <a href="http://www.jhmc.com">www.jhmc.com</a> &gt; For Providers &gt; Policies</li> <li>• To verify benefit coverage call: 800-808-7347</li> <li>• For additional information about USFHP, refer to the website at: <a href="http://www.jhmc.com">www.jhmc.com</a></li> </ul>					
<h3>No Referral or Preauthorization Required</h3>	<p>This section lists the services that do not require a referral or preauthorization</p> <ul style="list-style-type: none"> <li>• For covered specialty office visits referred by a participating primary care provider, no referral or authorization is required <b>UNLESS</b> listed in the Referral Required and/or Preauthorization section below</li> </ul>					
	<ul style="list-style-type: none"> <li>• Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Routine Vision Screening (in-network providers only; Wilmer Eye Clinic and/or Superior Vision providers)</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory Services (in-network providers only)</li> </ul>			
<h3>Referral Required</h3>	<p>This section lists the services that require a referral from the Primary Care Physician (PCP)</p> <ul style="list-style-type: none"> <li>• To ensure coordination of care, the primary care provider <b>MUST</b> provide the <b>MEMBER</b> with a referral detailing the specialist services needed</li> <li>• The referral does not need to be submitted to the health plan, but the referring PCP's NPI number <b>MUST</b> be included on the claim for the specialist services</li> </ul>					
	<ul style="list-style-type: none"> <li>• Ambulatory Surgery Center (Place of Service 24)</li> <li>• Nerve Conduction Velocity (NCV) Studies/EMG</li> <li>• Obstetrical Care (global pregnancy)</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational Therapy - initial 12 visits</li> <li>• Outpatient Centers (Place of Service 22)</li> <li>• Physical Therapy - initial 12 visits</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Foot Care - PVD/DM diagnosis only</li> <li>• Wound Clinic - initial 10 visits</li> </ul>			
<h3>Preauthorization Required</h3>	<p>This section lists the services that require preauthorization</p> <ol style="list-style-type: none"> <li>1. Fax pertinent clinical documentation to Medical Review at: 410-762-5205             <ol style="list-style-type: none"> <li>a. The health plan will perform medical review of requested services before they are rendered</li> <li>b. The requesting provider will be notified of all preauthorization decisions</li> </ol> </li> <li>2. 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</li> <li>3. Medically necessary covered services by a non-participating provider that can't be provided in-network require preauthorization</li> </ol>					
	<ul style="list-style-type: none"> <li>• 3D Imaging (see TRICARE policy for exclusions)</li> <li>• Abortion, non-elective</li> <li>• Alveolectomy/Alveoplasty</li> <li>• Ambulatory Detox</li> <li>• Autologous Chondrocyte Implantation (knee)*</li> <li>• Back Pain invasive procedures (facet blocks, radiofrequency ablation)*</li> <li>• Bariatric Surgery*</li> <li>• Biofeedback*</li> <li>• Blepharoplasty, Brow Ptosis, Entropion, Ectropion*</li> <li>• Botox Type A and B**</li> <li>• Breast Pump, hospital grade</li> <li>• Breast Reduction Male/Female*</li> <li>• Calcium Scoring*</li> <li>• Capsule Endoscopy</li> <li>• Cardiac Rehabilitation*</li> <li>• Clinical Trials (including NCI trials)*</li> <li>• Continuous Positive Airway Pressure (CPAP) supplies</li> <li>• CT – Abdomen</li> <li>• CT – Chest</li> <li>• CT – Heart/Angiography*</li> <li>• CT – Pelvis</li> <li>• CT – Sinus Cavity</li> <li>• Developmental Delay Programs including Autism</li> <li>• Diabetic Devices</li> <li>• Diabetic Education</li> <li>• DME/DMS*</li> <li>• ECHO - Extended Care Health Option</li> <li>• ENT Services</li> </ul>	<ul style="list-style-type: none"> <li>• Electro Convulsive Therapy</li> <li>• External Beam Radiation Therapy (Prostate Cancer Only)*             <ul style="list-style-type: none"> <li>- Three Dimensional Conformal Radiation Therapy (3D-CRT)</li> <li>- Intensity Modulated Radiation Therapy (IMRT)</li> <li>- Stereotactic Radiation Therapy (SBRT)</li> </ul> </li> <li>• Fecal DNA*</li> <li>• Feeding Programs*</li> <li>• Genetic Testing*</li> <li>• Hearing Aids (only active duty family members covered)</li> <li>• Home Health Care</li> <li>• Hospice*</li> <li>• Hyperbaric Oxygen Therapy*</li> <li>• Implanted Devices for Hearing Loss*</li> <li>• Laser Treatment for Skin Conditions*</li> <li>• Long-Term External Cardiac Event Monitoring (Zio Patch)*</li> <li>• Medically Necessary Food</li> <li>• Medically Necessary Vitamins and Minerals</li> <li>• MRI – Brain</li> <li>• MRI – Breast*</li> <li>• MRI – Cervical</li> <li>• MRI-Lower Extremity</li> <li>• MRI-Lumbar</li> <li>• Neuropsychological Testing</li> <li>• Neurostimulators</li> <li>• Nonsurgical Treatment for Gender Dysphoria</li> </ul>	<ul style="list-style-type: none"> <li>• Nutritional Counseling*</li> <li>• Occupational Therapy &gt; 12 visits</li> <li>• Orthotics*</li> <li>• Osteogenic Stimulation for Fractures</li> <li>• PET - Positron Emission Tomography*</li> <li>• Phototherapy*</li> <li>• Physical Therapy &gt; 12 visits</li> <li>• Plastic Surgery (cosmetic procedures not covered)*</li> <li>• Prostate Surgery*</li> <li>• Prosthetics*</li> <li>• Proton Beam Radiotherapy*</li> <li>• Pulmonary Rehabilitation*</li> <li>• Reversal of Male/Female Sterilization per Guidelines</li> <li>• Rhinoplasty</li> <li>• Sclerotherapy</li> <li>• Septoplasty</li> <li>• Skin Tag Removal*</li> <li>• Speech Therapy</li> <li>• TMJ Treatment*</li> <li>• Transplants (except corneal)*</li> <li>• Treatment of Acne and Actinic Keratosis*</li> <li>• Ultrasound/CT Scan for Bone Density</li> <li>• Uvullectomy, Palatopharyngoplasty</li> <li>• Varicose Vein Ligation*</li> <li>• Virtual Colonoscopy*</li> <li>• Wound Clinic &gt; 10 visits</li> <li>• Wound Vac</li> </ul>			
<h3>Behavioral Health</h3>	<ul style="list-style-type: none"> <li>• Members call: 410-424-4830 or 888-281-3186</li> <li>• Providers call: 410-424-4845 or 800-261-2429</li> <li>• Fax treatment plan to: 410-424-4839</li> <li>• For Behavioral Health Provider &amp; Appointment Locator Program call: 888-309-4573</li> <li>• For services that require preauthorization, the health plan will perform medical review before they are rendered</li> </ul> <table border="0"> <tr> <td data-bbox="606 1822 1043 1980"> <p><b>No Referral or Preauthorization Required</b></p> <ul style="list-style-type: none"> <li>• Outpatient, office-based mental health visits</li> <li>• Outpatient, office-based medication management visits</li> <li>• Outpatient, office-based drug and alcohol counseling</li> </ul> </td> <td data-bbox="1043 1822 1481 1980"> <p><b>Preauthorization Required</b></p> <ul style="list-style-type: none"> <li>• ABA (Applied Behavioral Analysis)</li> <li>• Ambulatory Detox</li> <li>• ECT (Electro Convulsive Therapy)</li> <li>• Psychological Testing</li> <li>• TMS (Transcranial Magnetic Stimulation)*</li> </ul> </td> <td data-bbox="1481 1822 1900 1980"> <p><b>Referral Required</b></p> <ul style="list-style-type: none"> <li>• IOP (Intensive Outpatient Program)</li> <li>• PHP (Partial Hospital Program)</li> </ul> </td> </tr> </table>			<p><b>No Referral or Preauthorization Required</b></p> <ul style="list-style-type: none"> <li>• Outpatient, office-based mental health visits</li> <li>• Outpatient, office-based medication management visits</li> <li>• Outpatient, office-based drug and alcohol counseling</li> </ul>	<p><b>Preauthorization Required</b></p> <ul style="list-style-type: none"> <li>• ABA (Applied Behavioral Analysis)</li> <li>• Ambulatory Detox</li> <li>• ECT (Electro Convulsive Therapy)</li> <li>• Psychological Testing</li> <li>• TMS (Transcranial Magnetic Stimulation)*</li> </ul>	<p><b>Referral Required</b></p> <ul style="list-style-type: none"> <li>• IOP (Intensive Outpatient Program)</li> <li>• PHP (Partial Hospital Program)</li> </ul>
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<h3>Commonly Requested Non-Covered Services</h3>	<p>This section lists the commonly requested non-covered services that are not part of the USFHP benefit (this list is not all inclusive)</p>					
	<ul style="list-style-type: none"> <li>• Abortion, elective</li> <li>• Acupuncture*</li> <li>• Autopsy</li> <li>• “C” and “S” HCPCS Codes (see Tricare Policy for exceptions)</li> <li>• Category III CPT Codes (see Tricare Policy for exceptions)</li> <li>• Chiropractic Treatment*</li> <li>• Cosmetic Procedures*</li> <li>• Dental Anesthesia, Extractions, and Restorations</li> <li>• DME/DMS*             <ul style="list-style-type: none"> <li>- Bed Boards</li> <li>- Bed Tray Table</li> <li>- Chux Pads</li> <li>- Diapers (including pull-ups and Depends)</li> <li>- Exercise Equipment and Devices</li> <li>- Eye Glasses/Lenses/Contact Lenses</li> <li>- Heating Pads or Lamps</li> <li>- Hot Water Bottles</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Ice Bags</li> <li>- Raised Toilet Seats</li> <li>- Structural Modification to the Home</li> <li>- Wheelchair Tray Table</li> <li>- Whirlpools/Whirlpool Bath Equipment</li> <li>• Electron Beam Computed Tomography*</li> <li>• Enuretic Conditioning Program (bladder training)</li> <li>• Exhaled Nitric Oxide Measurement*</li> <li>• Eye Exercises (visual training/orthoptics)</li> <li>• Food Supplements (oral)</li> <li>• GERD Devices*</li> <li>• Home Health Aid</li> <li>• Immunizations for Elective Travel</li> <li>• Interferential Therapy*</li> <li>• Infant Formulas</li> <li>• LASIK Eye Surgery</li> <li>• LAUP - Laser Assisted Uvuloplasty</li> <li>• Light Box Therapy - Seasonal Affective</li> </ul>	<ul style="list-style-type: none"> <li>Disorder (SAD)</li> <li>• Naturopathic Treatment</li> <li>• PET - Positron Emission Tomography for Dementia</li> <li>• Private Duty Nursing</li> <li>• Refractive Corneal Surgery</li> <li>• Reproductive Services             <ul style="list-style-type: none"> <li>- Artificial Insemination (AI)</li> <li>- In Vitro Fertilization (IVF)</li> <li>- Intrauterine Insemination (IUI)</li> <li>- Cryopreservation</li> <li>- Harvesting Eggs/Sperm</li> <li>- Tubal Embryo Transfer (TET)</li> <li>- Zygote Intrafallopian Transfer (ZIFT)</li> </ul> </li> <li>• Surgical Procedures for Gender Dysphoria</li> <li>• Shoes</li> <li>• Tricare Excluded Procedures</li> <li>• Vitamin and Mineral Supplements (oral)</li> </ul>			
<h3>Non-Covered Investigational Services</h3>	<p>This section lists the non-covered investigational services that are not part of the USFHP benefit (this list is not all inclusive)</p> <ul style="list-style-type: none"> <li>• Non-FDA approved laboratory derived test (see TRICARE policy for exceptions)</li> <li>• Any drug, device, medical treatment, or procedure whose safety and efficacy has not been established is unproven and excluded from coverage</li> </ul>					
	<ul style="list-style-type: none"> <li>• Breast Ductal Lavage*</li> <li>• Extracorporeal Shockwave Therapy for Plantar Fasciitis*</li> </ul>	<ul style="list-style-type: none"> <li>• IDET - Intradiscal Electrothermal Therapy*</li> <li>• Investigational Health Services/Equipment (not FDA approved)</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse Electrical Stimulation for OA of the Knee*</li> </ul>			
<h3>Resources</h3>	<p>This section lists the resources that may be helpful in meeting the needs of a USFHP member and verify USFHP benefit limitations</p>					
	<p><b>Utilization Management</b> Call: 410-424-4480 or 800-261-2421 FAX: 410-424-4603</p> <p><b>Behavioral Health</b> Call: 800-261-2429 or 410-424-4845 FAX: 410-424-4839</p> <p><b>Customer Service</b> Call: 800-808-7347 or 410-424-4528</p> <p><b>Dental (Discount Network)</b> Call United Concordia at: 800-332-0366</p>	<p><b>Extended Care Health Option (ECHO)</b> Call: 800-808-7347 (member) option 1, then option 3</p> <p><b>Health Education</b> Call: 800-957-9760</p> <p><b>JHHC Website (for providers)</b> <a href="http://www.jhmc.com">www.jhmc.com</a></p> <p><b>Pharmacy Preauthorization Requests</b> Call: 888-819-1043; option 4</p>	<p><b>Superior Vision:</b> Call: 800-428-8789</p> <p><b>Retail Pharmacy Locations</b> Visit <a href="http://www.walgreens.com">www.walgreens.com</a></p> <p><b>USFHP Website (for members)</b> <a href="http://www.hopkinsmedicine.org/usfhp">www.hopkinsmedicine.org/usfhp</a></p> <p><b>TRICARE Policy Manual 2008</b> <a href="http://manuals.tricare.osd.mil">manuals.tricare.osd.mil</a> (Policy versions may vary based on the current USFHP contract)</p>			

\*For related medical policy and Tricare Manual Coverage Guidelines, please go to: <http://manuals.tricare.osd.mil>

\*\*Requires Pharmacy Review