



Provider Update

This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.

Priority Partners Now Requires Preauthorization for Certain Provider-Administered Medications

Effective April 1, 2019, Johns Hopkins HealthCare LLC will require preauthorization to determine medical necessity for the following newly added provider-administered medications (procedure codes are listed in the chart below). These new requirements impact members of all ages for Priority Partners.

Preauthorizations are required as of April 1, 2019 for:

Impacted procedure codes

- J7318 (Durolane[®])
- J0517* (Fasenra[®])
- J3245 (Ilumya[®])
- Q5109 (Ixifi[®])
- J3398* (Luxturna[®])
- J9311 (Rituxan Hyclea[®])
- J1628 (Tremfya[®])
- J7329 (TriVisc[®])
- Q5111* (Udenyca[®])
- J9305* (Alimta[®])

*NOTE: These codes require medical necessity authorization only (not site of service).

Procedure code changes effective January 1, 2019:

- J9312 (Rituxan[®]) - Replaced J9310
- J9306 (Perjeta[®]) - Removed prior authorization requirement
- Q2042 (Kymriah[®]) - Replaced Q2040

Preauthorization Process

For prior authorization requests, submit Medical Injectable Prior Authorization form along with clinical supporting documentation via FAX to 410-424-2801. The form is available on the JHHC website.

Please contact the JHHC Provider Relations department at 1-888-895-4998 with any questions or concerns