



Provider Update

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

Outpatient Referral and Preauthorization Guidelines Effective February 3, 2020

The Outpatient Referral and Preauthorization Guidelines clearly outline the referral and preauthorization requirements for many outpatient services for our Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners and US Family Health Plan (USFHP) members. These guidelines are updated every quarter and posted to the Johns Hopkins HealthCare website.

To ensure that the most-up-to-date referral and preauthorization guidelines for outpatient services are being followed, visit www.jhbc.com > [For Providers > Resources and Guidelines](#).

Below is a summary of the changes to the Outpatient Referral and Preauthorization Guidelines that go into effect **February 3, 2020**:

Johns Hopkins Advantage MD:

- Policies retired to Interqual criteria
 - Back Pain Invasive Procedures
 - Breast MRI
 - Hyperbaric Oxygen Therapy
 - Temporomandibular Disorders, Temporomandibular Joint Syndrome
- No preauthorization required
 - Neuropsychological Testing
 - Outpatient Substance Abuse
 - Psychological Testing

Johns Hopkins EHP:

- Retired policies to Interqual criteria
 - Back Pain Invasive Procedures
 - Breast MRI
 - Hyperbaric Oxygen Therapy
 - Temporomandibular Disorders, Temporomandibular Joint Syndrome
- Preauthorization required for Bronchial Thermoplasty
- Sibley Memorial Hospital
 - No preauthorization required for acupuncture

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

**Johns Hopkins EHP (continued):**

- Howard County General Hospital
 - ☐ No preauthorization required
 - Abortion – Elective
 - Chiropractic Care
 - ☐ Preauthorization required
 - Biofeedback
 - Gender Affirmation Treatment and Procedures
 - Nutritional Counseling for visits > 6
 - ☐ No Benefit
 - Hypnosis

Priority Partners:

- Policies retired to Interqual criteria
 - ☐ Back Pain Invasive Procedures
 - ☐ Breast MRI
 - ☐ Hyperbaric Oxygen Therapy
 - ☐ Temporomandibular Disorders, Temporomandibular Joint Syndrome
- Preauthorization required for Bronchial Thermoplasty
- Chiropractic Treatment ≥ 21 years of age is not covered

Johns Hopkins USFHP:

- Policies retired to Interqual criteria
 - ☐ Back Pain Invasive Procedures
 - ☐ Breast MRI
 - ☐ Hyperbaric Oxygen Therapy
 - ☐ Temporomandibular Disorders, Temporomandibular Joint Syndrome
- No preauthorization required for Fecal DNA and Colorectal Cancer Screening
- Bronchial Thermoplasty is not covered
- 3D Imaging removed from Preauthorization Section
 - ☐ No preauthorization required for Breast Tomosynthesis
 - ☐ Prenatal Obstetrical Ultrasound (beyond 3 and all 3D ultrasounds) added to Preauthorization section
- All other specialty care added to Referral Required section