



Provider Update

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

Outpatient Referral and Preauthorization Guideline Update

The Outpatient Referral and Preauthorization Guidelines (OPRG) 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 Johns Hopkins US Family Health Plan (USFHP) members. These guidelines are updated quarterly 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.jhhc.com > For Providers > Resources & Guidelines.

The following changes are reflected in the January 2019 Outpatient Referral and Preauthorization Guidelines:

Johns Hopkins EHP

- New EPO plans for Howard County General Hospital, Bayview Medical Center, The Johns Hopkins Hospital, and Suburban Hospital (See the back page of the January 2019 EHP OPRG for plan details)
- Sibley Memorial Hospital: Preauthorization required for more than six visits for nutritional counseling
- Suburban Hospital: Preauthorization required for dependent children up to age 26 for hearing aids; preauthorization required for visits 13-60 for physical/occupational therapy

Johns Hopkins USFHP

- New phone process for Extended Care Health Option (ECHO): 800-808-7347 (member) option 1, then option 3

Johns Hopkins Advantage MD

- Preauthorization required for DME/prosthetics/orthotics/supplies greater than \$2,500 in billed charges and for all rental equipment
- Preauthorization required after 12 visits for home health care
- Preauthorization required after 12 visits for physical, occupational, and speech therapy

Priority Partners

- Preauthorization required for certain medical injectables*
- Statement added to Priority Partners OPRG:

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

*For related medical policies, please go to www.jhhc.com > For Providers > Policies.

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