

# Provider Update

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

# Prior Authorization Now Required for Certain Radiology Services

Effective Oct. 1, 2018, Johns Hopkins HealthCare will require prior authorization to determine medical necessity for certain MRI and CT scan radiology services (procedure codes are listed in the chart below). These new requirements impact members of all ages for all JHHC health plans — Priority Partners, Johns Hopkins Employer Health Programs, Johns Hopkins US Family Health Plan and Johns Hopkins Advantage MD.

## Prior authorizations are required as of Oct. 1, 2018 for:

MRIs

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- o Lower extremity
- o Brain
- CT scans
  - o Abdomen
  - o Pelvis
  - o Chest
  - o Sinus cavity

### Impacted procedure codes

70486	70551	71250	73718	73721	74176
70487	70552	71260	73719	73722	74177
70488	70553	71270	73720	73723	74178

### **Prior Authorization Process**

Please submit prior authorization requests to our Utilization Department **only** via the fax numbers listed below:

- Advantage MD: 410-424-2621
- EHP: 410-762-5205
- Priority Partners: 410-762-5205 or 410-424-4603
- USFHP: 410-762-5205 or 410-424-4603

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

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