# Johns Hopkins Health Plans Medical Policies Update Provider Notification

The below listed medical policies have been approved by the Johns Hopkins Health Plans Medical Policy Advisory Committee (MPAC) Changes and additions are effective **July 1, 2026**. Full text copies of these policies are available upon request by contacting Provider Relations. The policies will be posted in Johns Hopkins Health Plans Medical Policy Manual on the effective date.

| New and Revised Medical Policies | | | |
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| **Medical Policy Name** | **Key Points/Changes** | **Effective Date** | **Health Plan** |
| **New Policies** | | | |
| CMS24.31<br>Prostate Artery Embolization | • The policy was created to address Utilization Management (UM) needs for medical necessity review guidance for Prostate Artery Embolization in the absence of standard clinical criteria.<br>• There was a significant increase in billing for this procedure that prompted creation of this policy.<br>• An evaluation of regulatory policies, evidence-based literature research, and industry standards for coverage of Prostate Artery Embolization was conducted.<br>• Prostate Artery Embolization (PAE) is an advanced, minimally invasive interventional radiology procedure designed to treat Benign Prostatic Hyperplasia (BPH) by selectively occluding the blood supply to the prostate gland.<br>• When compared to traditional surgical options like Transurethral Resection of the Prostate (TURP), PAE may offer a higher safety profile with a lower risk of major complications.<br>• Policy criteria developed based on the Society of Interventional Radiology and American Urological Association guidelines.<br>• Clinical indications for PAE include diagnosis of BPH and one of the following:<br>  ○ Moderate to severe lower urinary tract symptoms. | 7/1/2026 | All Health Plans |

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| | ○ PAE is a method to achieve catheter independence in settings of urinary retention.<br>○ As a method of achieving cessation of bleeding when hematuria of prostatic origin is present. | | |
| CMS24.29<br>Anesthesia for Dental Care | • This policy was created to address dental anesthesia requests in an outpatient facility setting.<br>• Professional dental services are not included in this policy and should be submitted to the member's dental carrier.<br>• An evaluation of regulatory policies, evidence-based literature research, and industry standards for coverage of Anesthesia for Dental Care was conducted.<br>• Policy was submitted to the subject matter expert, and their recommendations were incorporated into the policy.<br>• The policy addresses dental procedures under prolonged anesthesia requiring outpatient facility services. The eligibility criteria include consideration of the following:<br>○ Cooperation and behavioral needs that prevent safe treatment in a dental office.<br>○ Complexity of the dental procedure requiring significant restorative, prolonged sedation or depth of anesthesia beyond what is safely achievable in an office setting.<br>○ Medical and/or physical conditions requiring hospital-level monitoring and anesthesia support.<br>○ Documented failure or complication of prior office-based treatment.<br>○ Select pediatric populations.<br>○ US Family Health Plan specific guidelines. | 7/1/2026 | • Advantage MD<br>• Employer Health Programs<br>• US Family Health Plan<br>• Priority Partners |
| **Revised Policies** | | | |
| CMS24.07<br>High Risk Obstetrical Home Care | • A clinical, regulatory, and industry standards investigation was conducted.<br>• The Policy Criteria was revised to address length of service for preeclampsia | 7/1/2026 | • Employer Health Programs<br>• Priority Partners |

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| | antepartum and postpartum home care services.<br>○ New content was added to section D, *Management of Preeclampsia in Pregnancy and Postpartum:*<br>▪ Updated eligibility and duration of service criteria for Antepartum Preeclampsia. Additional courses up to 14 days are allowed when medical necessity criteria are met.<br>○ The Duration of Services was updated for Postpartum Preeclampsia:<br>▪ Allow initial course of 15 days and one additional 15 days course for continued blood pressure elevation.<br>○ Clarified the starting date for Postpartum home health services as the date on which services were initiated following hospital discharge.<br>○ Minor edits were made for improved readability.<br>• Removed outdated section related to the administration of Makena since this drug is no longer FDA approved.<br>• Definition added: *Nonadherence to the program.* | | |
| CMS24.05<br>Private Duty Nursing-PPMCO | • Policy criteria are based on the Code of Maryland Regulations (COMAR).<br>• The policy content was re-formatted to streamline review process. The content of the policy largely remained the same with a few significant additions.<br>○ New criteria include:<br>▪ All initial and continuing PDN requests require Medical Director review.<br>▪ Initial approvals may be granted for up to 3 months. Continuing approvals may be granted in 3-month increments.<br>▪ Added clarification that policy applies to members 20 years old and younger. PDN services not covered for members 21 and older.<br>○ Modified criteria include: | 7/1/2026 | Priority Partners |

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| | ▪ Added specific examples of required clinical documentation to support PDN services.<br>▪ Caregiver school and work coverage – clarified and expanded documentation requirements.<br>▪ Continuing requests – added that submitted medical records must be dated within the preceding six months, unless specialist's follow-up intervals are greater than six months. | | |
| **Policies with no changes in criteria**<br>An evaluation of regulatory policies, evidence-based literature research, and industry standards was conducted. Each section links and references were reviewed and updated. | | | |
| CMS16.15<br>Pediatric Feeding Programs | No changes made to policy criteria. | 7/1/2026 | All Health Plans |
| CMS14.04<br>Nutritional Treatment-Medically Necessary Food | No changes made to policy criteria. | 7/1/2026 | All Health Plans |
| CMS02.16<br>Treatment of Cornea | No changes made to policy criteria. | 7/1/2026 | All Health Plans |
| CMS16.18<br>Prosthetic Devices | No changes made to policy criteria. | 7/1/2026 | All Health Plans |
| CMS24.11<br>Incontinence Supplies-PPMCO | No changes made to policy criteria. | 7/1/2026 | Priority Partners |
| CMS24.20<br>Remote Patient Monitoring | No changes made to policy criteria. | 7/1/2026 | All Health Plans |
| CMS14.02<br>Nutritional Assessment and Management | No changes made to policy criteria. | 7/1/2026 | All Health Plans |