



PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Prior Authorization and Coverage Changes for US Family Health Plan

Effective Dates: Sept. 6 and Oct. 1, 2024

Health Plans Affected: US Family Health Plan (USFHP)

Type of Change: Prior Authorization Status, Not Covered

Explanation of Change:

Please note the following Prior Authorization (PA) and Not Covered (NC) changes for the following Johns Hopkins Health Plans codes for USFHP.

NPA to PA code change for USFHP effective Sept. 6, 2024:

64615: Change to PA required.

- Per [TRICARE® Policy Manual \(TPM\) Chapter 7*](#) exclusion: Botulinum toxin A used for the treatment of myofascial pain dysfunction syndrome, also known as temporomandibular joint (TMJ) syndrome is unproven.

Not Covered (NC) code change for USFHP effective Oct. 1, 2024:

0232T: Change to NC

- [TPM Chapter 4*](#) exclusion: Platelet-Rich Plasma (PRP) is unproven for all indications.

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