

PROVIDER NOTICE

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

Prior Authorization Changes for USFHP

Effective Dates: Jan. 1, 2025, and prior dates (see below)

Health Plans Affected: US Family Health Plan (USFHP)

Type of Change: Prior Authorization Status

Explanation of Change:

A recent medical policy code inquiry brought about the following Prior Authorization (PA) and No Prior Authorization (NPA) required changes to USFHP, per TRICARE® Policy Manual (TPM) updates. Johns Hopkins Health Plans will implement these updates in the next 60 days.

Prior authorization code changes for USFHP:

- **Code G0564:** PA effective 1/1/25
- **Code G0565:** PA effective 1/1/25
- **Code E2102:** PA effective 1/1/23
- **Code 0446T:** PA effective 1/1/23
- **Code 0447T:** NPA effective 1/1/23
- **Code 0448T:** PA effective 1/1/23
- **Code 32994:** NPA effective 7/1/23
- **Code 58580:** PA effective 6/6/21

Applicable TRICARE policy manual sections:

- [Chap 4 Sect 17.1 - Female Genital System](#)
- [Chap 5 Sect 1.1 - Diagnostic Radiology \(Diagnostic Imaging\)](#)
- [Chap 7 Sect 13.1 - Pulmonary Services](#)
- [Chap 8 Sect 5.3 - Continuous Glucose Monitoring System \(CGMS\) Devices](#)

Prior authorization process for USFHP:

Submit prior authorization requests to the Johns Hopkins Health Plans Utilization Management (UM) department using these dedicated fax numbers: 410-424-2602 or 410-424-2603.

This code list is provided for reference purposes only and may not be all-inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply. Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [HealthLINK](#) portal to check and verify prior authorization requirements for outpatient services and procedures. Prior authorization requirements are subject to change.

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