



PROVIDER NOTICE

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

Correction: Prior Authorization Changes for USFHP

Effective Date: March 1, 2025 (**CORRECTED DATE**)

Health Plans Affected: US Family Health Plan (USFHP)

Type of Change: Prior Authorization Status

Explanation of Change:

As a clarification to the previous update (PRUP482-Code Changes USFHP), the 60-day implementation of prior authorization changes has resulted in **moving the effective date to March 1, 2025**.

Required prior authorization code changes to USFHP per the TRICARE® Policy Manual, effective March 1, 2025:

- Code G0564
- Code G0565
- Code E2102
- Code 0446T
- Code 0448T
- Code 58580

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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