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

# **New CPT Codes Requiring Preauthorization**

Effective Date: Sept. 1, 2021

**Lines of Business:** Johns Hopkins Advantage MD, Priority Partners, and Johns Hopkins US Family Health Plan (USFHP)

Type of Change: Process

**Explanation of Change:** JHHC will require preauthorization for selected medical procedure codes for Johns Hopkins Advantage MD, Priority Partners, and Johns Hopkins USFHP. This requirement affects members of all ages enrolled in these plans. There are no preauthorization requirements for the new codes for Johns Hopkins Employer Health Programs (EHP).

The following list of procedure codes requiring prior authorization is provided for reference purposes only and may not be all inclusive:

### Preauthorization Codes

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's 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 preauthorization requirements for outpatient services and procedures.

### **Preauthorization Process**

Submit preauthorization requests to JHHC Utilization Management department (UM) only to the dedicated fax numbers listed below:

• **Advantage MD:** 855-704-5296

• **Priority Partners:** 410-762-5205 or 410-424-4603

• **USFHP:** 410-424-2603 or 410-424-2603

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

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### Priority Partners, Advantage MD, and USFHP.

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There are no preauthorization requirements for the new codes for Johns Hopkins Employer Health Programs (EHP).

### Preauthorization required for Advantage MD and Priority Partners

Procedure Code	Procedure Description
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor- response prediction for each drug
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden
0662T	Scalp cooling, mechanical: initial measurement and calibration of cap
0683T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)

### Preauthorization required for USFHP

Procedure Code	Procedure Description
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor- response prediction for each drug
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden