

# Johns Hopkins US Family Health Plan (USFHP) Outpatient Referral & Pre-authorization Guidelines



February 2022 | This list is NOT ALL INCLUSIVE and is subject to TRICARE Prime benefit changes

If you are unsure if the health care service or procedure your provider has ordered requires pre-authorization, or if you need a referral before seeking certain health care, please call Customer Service at 800-808-7347.

<b>Overview</b>	To verify benefit coverage call: 800-808-7347 For additional information about USFHP, your plan, and your benefits, please visit <a href="http://www.hopkinsusfhp.org">www.hopkinsusfhp.org</a>		
<b>Pre-authorization</b>	Your provider must ask for and receive approval before you receive certain care. Johns Hopkins USFHP will review the service, drug or equipment for medical necessity.		
<b>Referral</b>	A written order for you to see a specialist or get certain medical services. You need a referral from your Primary Care Manager (PCM) before you can see a specialist.		
<b>Medication Pre-authorization Requirement</b>	All medication preauthorization requirements and related prior authorization forms are available <a href="#">here</a> .		
<b>No Referral or Pre-authorization Required</b>	The following services do not require a referral or pre-authorization. For covered specialty office visits referred by a participating PCM no authorization is required UNLESS listed in the pre-authorization section below.		
	<ul style="list-style-type: none"> <li>Emergency Ambulance</li> <li>Annual Routine Vision Screening (In-network providers, Wilmer Eye Clinic Superior and Vision providers)</li> </ul>	<ul style="list-style-type: none"> <li>Laboratory Services (in-network providers only)</li> </ul>	*Refer to pre-authorization required section for exceptions.
<b>Referral Required</b>	The following services require a referral from your PCM before they will be covered by Johns Hopkins USFHP:		
	<ul style="list-style-type: none"> <li>All Other Specialty Care</li> <li>Ambulatory Surgery Center</li> <li>Obstetrical Care (global pregnancy)</li> </ul>	<ul style="list-style-type: none"> <li>Occupational Therapy - first 12 visits</li> <li>Outpatient Centers</li> <li>Physical Therapy - first 12 visit</li> </ul>	<ul style="list-style-type: none"> <li>Routine Foot Care - Peripheral Vascular Disease, Diabetes Mellitus diagnosis only</li> <li>Wound Clinic - first 10 visits</li> </ul>
<b>Pre-authorization Required*</b>	The following services require pre-authorization from Johns Hopkins USFHP before they will be covered:		
<ul style="list-style-type: none"> <li>Ambulance, non-emergency**</li> <li>Abortion, non-elective*</li> <li>Back Pain invasive procedures                             <ul style="list-style-type: none"> <li>Facet blocks</li> <li>Radiofrequency ablation</li> </ul> </li> <li>Bariatric Surgery*</li> <li>Biofeedback**</li> <li>Brachytherapy* (Internal radiation)</li> <li>Breast Reduction Male/Female*</li> <li>Bronchial Thermoplasty** (Asthma Treatment)</li> <li>Capsule Endoscopy</li> <li>Cardiac Rehabilitation*</li> <li>Clinical Trials** (including NCI trials)</li> <li>Diabetic Education*</li> <li>Select Durable Medical Equipment/ Disposable Medical Supplies (DME/DMS)* (not all-inclusive)                             <ul style="list-style-type: none"> <li>Airway Clearance Devices</li> <li>Breast Pump, Hospital Grade*</li> <li>Bi-level Positive Airway Pressure Devices (BiPAP)</li> <li>Bone Growth Stimulators*</li> <li>Continuous Glucose Monitors*</li> <li>Continuous Positive Airway Pressure (CPAP)</li> <li>Diabetic Shoes*</li> <li>Hearing Aids* (only active duty family members covered)</li> <li>Hospital beds*</li> <li>Insulin Pumps*</li> <li>Negative Pressure Wound Therapy (Wound Vac)*</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Oxygen*</li> <li>Pulse Oximetry at Home*</li> <li>Pneumatic compression devices</li> <li>Wheelchairs*</li> <li>ECHO (Extended Care Health Option)*</li> <li>Extracorporeal Shockwave Therapy for Plantar Fasciitis</li> <li>Feeding Programs*</li> <li>Gender Affirmation, Non-Surgical Treatment**</li> <li>Genetic Testing**</li> <li>Gastroesophageal Reflux Disease (GERD) Devices**</li> <li>Home Health Care</li> <li>Hospice/Palliative Care*</li> <li>Hyperbaric Oxygen Therapy</li> <li>Implanted Devices for Hearing Loss*                             <ul style="list-style-type: none"> <li>Cochlear Implants*</li> <li>BAHA (bone anchored hearing aid)</li> </ul> </li> <li>Laser Treatment for Skin Conditions**</li> <li>Long-Term External Cardiac Event Monitoring (Zio Patch)</li> <li>Medically Necessary Food**</li> <li>Medically Necessary Vitamins and Minerals</li> <li>Minimally Invasive Treatments of Varicosities**                             <ul style="list-style-type: none"> <li>Sclerotherapy (chemical ablation)</li> <li>Laser Ablation</li> <li>Radiofrequency Ablation</li> <li>Chemical Adhesive</li> </ul> </li> <li>Neuropsychological Testing</li> <li>Neurostimulators* (not all</li> </ul>	<ul style="list-style-type: none"> <li>Neuromuscular Electrical Stimulation*</li> <li>Sacral Nerve Stimulators**</li> <li>Vagus Nerve Stimulators**</li> <li>Nutritional Counseling**</li> <li>Occupational Therapy &gt; 12 visits</li> <li>Orthotics (not all-inclusive)*                             <ul style="list-style-type: none"> <li>Cranial remodeling helmets*</li> <li>Exoskeleton (hip, knee, ankle, foot (HKAFO) device</li> <li>Foot Orthotics**</li> </ul> </li> <li>Pharmacogenomics* (testing of genes for medication response)</li> <li>Phototherapy (PUVA/UVA)*</li> <li>Physical Therapy &gt; 12 visits</li> <li>Plastic Surgery** (cosmetic procedures not covered)</li> <li>Prenatal Obstetrical Ultrasound (beyond 3 and all 3D ultrasounds)*</li> <li>Prosthetics** (not all-inclusive)                             <ul style="list-style-type: none"> <li>Artificial Arms</li> <li>Artificial Legs</li> <li>Breast Prosthesis</li> <li>Cranial Prosthetic (Wig)</li> <li>Electro-larynx (Speech generating device)</li> <li>Eye Prostheses</li> </ul> </li> <li>Proton Beam Radiotherapy*</li> <li>Pulmonary Rehabilitation*</li> <li>Radiology                             <ul style="list-style-type: none"> <li>Abdomen CT</li> <li>Brain MRI</li> <li>Breast MRI*</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Computed Tomography Calcium Scoring**</li> <li>Cervical and Lumbar Spine MRI</li> <li>Chest CT</li> <li>Elastography* (Liver Fibrosis Testing)</li> <li>Heart CT/Angiography **</li> <li>Lower Extremity MRI</li> <li>Pelvis CT</li> <li>Sinus Cavity CT</li> <li>Positron Emission Tomography (PET)</li> <li>Ultrasound/CT Scan for Bone Density*</li> <li>Reconstructive Surgery**                             <ul style="list-style-type: none"> <li>Alveolectomy/Alveoplasty</li> <li>Blepharoplasty, Brow Ptosis,</li> <li>Entropion, Ectropion</li> <li>Panniculectomy</li> <li>Rhinoplasty</li> <li>Septoplasty</li> <li>Uvulectomy, uvulopalatopharyngoplasty (Surgery for snoring)</li> <li>Laser Assisted Uvuloplasty (LAUP)</li> </ul> </li> <li>Reversal of Male/Female Sterilization per Tricare Guidelines*</li> <li>Speech Therapy*</li> <li>Temporomandibular Joint (TMJ)* Treatment                             <ul style="list-style-type: none"> <li>Transplants**</li> <li>Treatment of Cornea*</li> <li>Treatment of Acne and Actinic Keratosis**</li> </ul> </li> <li>Unlisted Codes</li> <li>Wound Clinic &gt; 10 visits</li> </ul>
<b>Site of Service Preauthorization Required</b>	Many surgical procedures can be performed safely in an Ambulatory Surgery Center (ASC). Pre-authorization is required for select procedures when performed in an outpatient hospital setting. For a list of procedures refer to: <a href="#">CMS23.05 Site of Service-Outpatient Surgical Procedures</a>		
	<ul style="list-style-type: none"> <li>Select Surgical Procedures</li> </ul>	<ul style="list-style-type: none"> <li>Sleep Studies – 18 years of age and older</li> </ul>	
<b>Behavioral Health</b>	For services that require Pre-authorization, your provider needs to call the Behavioral Health Intake Department to initiate the clinical review process prior to any admission or procedure.		
<b>No Referral or Pre-authorization Required</b>	<ul style="list-style-type: none"> <li>Outpatient, office-based mental health visits</li> <li>Outpatient, office-based medication management visits</li> <li>Outpatient, office-based drug and alcohol counseling</li> </ul>	<b>Pre-authorization Required</b>	<ul style="list-style-type: none"> <li>Psychological Testing*</li> <li>Transcranial Magnetic Stimulation (TMS)*</li> </ul>
	<ul style="list-style-type: none"> <li>Ambulatory Detox</li> <li>Applied Behavioral Analysis (ABA)*</li> <li>Electro Convulsive Therapy (ECT)</li> </ul>	<b>Referral Required</b>	<ul style="list-style-type: none"> <li>Intensive Outpatient Program (IOP)</li> <li>Partial Hospital Program (PHP)</li> </ul>
<b>Commonly Requested Non-Covered Services</b>	This following list contains commonly requested services that are not part of the USFHP benefit (this list is not all inclusive):		
<ul style="list-style-type: none"> <li>Abortion, elective</li> <li>Acupuncture</li> <li>Autopsy</li> <li>Bronchial Thermoplasty</li> <li>Chiropractic Treatment</li> <li>Cosmetic Procedures</li> <li>Dental Anesthesia, Extractions, and Restorations</li> <li>Select Durable Medical Equipment/ Durable Medical Supply (DME/ DMS)                             <ul style="list-style-type: none"> <li>Bed Boards</li> <li>Bed Tray Table</li> <li>Chux Pads</li> <li>Diapers (including pull-ups and Depends)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Exercise Equipment and Devices</li> <li>Eye Glasses/Lenses/Contact Lenses</li> <li>Heating Pads or Lamps</li> <li>Hot Water Bottles</li> <li>Ice Bags</li> <li>Raised Toilet Seats</li> <li>Shoes (except as noted above)</li> <li>Structural Modification to the Home                             <ul style="list-style-type: none"> <li>Wheelchair Tray Table</li> <li>Whirlpools/Whirlpool Bath Equipment</li> </ul> </li> <li>Enuretic Conditioning Program (bladder training)</li> <li>Exhaled Nitric Oxide Measurement</li> </ul>	<ul style="list-style-type: none"> <li>Eye Exercises (visual training/ orthoptics)</li> <li>Gender Affirmation, surgical Treatment</li> <li>GERD Devices</li> <li>Home Health Aid</li> <li>Immunizations for Elective Travel</li> <li>Infant Formulas</li> <li>Investigational Health Services/ Equipment (not FDA approved)</li> <li>Laser Assisted Uvuloplasty (LAUP)</li> <li>Naturopathic Treatment</li> <li>Positron Emission Tomography for Dementia (PET)</li> <li>Private Duty Nursing</li> </ul>	<ul style="list-style-type: none"> <li>Refractive Corneal Surgery (LASIK Surgery)</li> <li>Reproductive Services                             <ul style="list-style-type: none"> <li>Artificial Insemination (AI)</li> <li>In Vitro Fertilization (IVF)</li> <li>Intrauterine Insemination (IUI)</li> <li>Cryopreservation</li> <li>Harvesting Eggs/Sperm</li> <li>Tubal Embryo Transfer (TET)</li> <li>Zygote Intrafallopian Transfer (ZIFT)</li> </ul> </li> <li>Tricare Excluded Procedures</li> </ul>
<b>Resources</b>	Use the resources below to verify or use your USFHP benefits.		
<b>Customer Service</b> 800-808-7347 or 410-424-4528	<b>Dental (Discount Network)</b> United Concordia: 800-332-0366	<b>Health Education</b> 800-957-9760	<b>Superior Vision</b> 800-428-8789
<b>Behavioral Health Services</b> 1-888-281-3186 or 410-424-4476	<b>Extended Care Health Option (ECHO)</b> 800-808-7347, option 1, then option 3	<b>Retail Pharmacy Locations</b> walgreens.com	<b>USFHP Website</b> hopkinsusfhp.org
*For related JHHC Medical Policy refer to: <a href="https://www.hopkinsmedicine.org">https://www.hopkinsmedicine.org</a> +For Tricare Manual Coverage Guidelines refer to: <a href="https://manuals.health.mil">https://manuals.health.mil</a>			