

| Do You Need a Referral? | | |
|--------------------------------|------------------------------|---------------------|
| Type of Visit | Referral Yes/No | If yes, how? |
| Emergency Room | No | |
| Any visit to your PCP | No | |
| Any visit to your OB/GYN | No | |
| Any visit to your dentist | No | |
| Any visit to your eye doctor | No | |
| Mental Health Services | No | |
| Substance Abuse | No | |
| Specialist | No for in network specialist | |
| Urgent Care Centers | No | |

| List of Services Requiring Approval Before Receiving (Prior Authorization) |
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| How to Obtain: Your PCP will obtain prior authorization from MFC Care Management for these services. This list of services is not meant to be all inclusive. Please contact Member Services at 1-888-404-3549 with any questions. |
| Acupuncture Services- Adult (Not a covered benefit) |
| Acupuncture Services- Children < 21y.o. (authorization required for more than 10 visits per calendar year) |
| Ambulance/Wheelchair Van Transportation except for hospital to hospital transfers |
| Ambulatory Surgery by an out of network doctor/facility |
| Audiology (hearing) Services-Cochlear Implant Devices and some replacement components. All hearing aids and all auditory rehabilitation. |
| Bariatric Surgery Program, including outpatient surgeries |
| Cardiac Rehabilitation |
| Chiropractic Services –Adult (Not a covered benefit) |
| Chiropractic Services – Children (authorization required for more than 10 visits per calendar year) |
| Cosmetic Procedures (Not a covered benefit) |
| Diabetes and Nutritional Counseling – after the first 3 visits (per calendar year) with an in-network provider |
| Durable Medical Equipment (DME) required for more than \$1,000.00) |
| Elective Admissions |
| Erectile Dysfunction Procedures |
| Select eye procedures and surgeries |
| Fertility Preservation Services (due to a medical treatment that may directly or indirectly cause infertility) |
| Foot orthotics, custom shoes, diabetic orthotics or shoes and CAM Walking Boot |
| Genetic Counseling (genetic counselor must be licensed w/state of MD and be ePrep enrolled as Medicaid provider) |
| Genetic Testing |
| Gender Affirming Care and Procedures |
| Heart Failure Clinics |
| High Cost Medications |
| Home Health after 6 visits (per calendar year) with an in-network provider |
| Home Visiting Services- service is to support health outcomes through pregnancy and up to the child’s 3 rd birthday. First 30 visits no auth, then will authorize in increments of 10 visits thereafter. |
| Hospice Care |
| Hyperbaric Oxygen |
| Infusion/Injectables |
| Insulin Pumps |
| Investigational Surgery |
| Mount Washington Pediatric Hospital Services (Weigh Smart Program/Outpatient Feeding Program) |
| Neuro-psychological testing |
| Braces and Splints that cost over \$500 |
| Out of Network Services of any kind |
| Pre-Transplant Testing |

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| Prosthetics |
| Private Duty Nursing |
| Pulmonary Rehabilitation |
| Rehabilitation Services (PT/OT/ST) >30 visits (per calendar year) for members 21 years old and over. For members <21 this benefit is covered by the State of Maryland. |
| Skilled Nursing Facility Care |
| Soft Supplies that cost over \$750.00 |
| Spinal Cord Stimulators, Vagus Nerve Stimulators, Sacral Nerve Stimulators and Peripheral Nerve Stimulators trial and implantation |
| Transplants |

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