



MedStar Family Choice

10980 Grantchester Way, 5th Fl.
Columbia, MD 21044
800-905-1722
MedStarFamilyChoiceMD.com

April 1, 2026

PROVIDER ALERT: Preferred Viscosupplementation Products for Knee Osteoarthritis

EFFECTIVE DATE: Dates of Service on or after May 1, 2026

This notice is to inform you of an upcoming update to coverage criteria for **viscosupplementation injections used in the treatment of knee osteoarthritis.**

This change will take effect **30 days from the date of this notice.**

Viscosupplementation injections are considered medically necessary for the treatment of knee osteoarthritis when clinical criteria are met.

Coverage will be **limited to the following preferred products:**

- Durolane (J7318)
- Gel-One (J7326)
- Euflexxa (J7323)

All other viscosupplementation products will be considered **non-preferred** and **not covered** unless **medical necessity is demonstrated and prior authorization is approved.**

Providers prescribing viscosupplementation therapies should review current treatment plans and ensure the use of preferred products whenever clinically appropriate. Requests for non-preferred products must include supporting documentation demonstrating medical necessity.

Prior authorization is required for the above preferred products.

For questions concerning this change or the prior authorization process, please contact MedStar Family Choice Maryland Provider Customer Service Department Monday through Friday 8:30 a.m. to 5:00 p.m. at 800-261-3371 or reach out via email to: mfc-providerrelations2@medstar.net

MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE Effective for Date of Service 05/01/2026	MedStar Family Choice- MD HealthChoice
INPATIENT elective procedures (in or out of network)	Prior authorization required
Inpatient admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services	State of Maryland Carve Out service
Any Out of Network Services	
OUTPATIENT In-Network (practitioner AND facility), facility based procedures (includes outpatient Chemotherapy and Radiation Therapy). *New Benefit beginning 7-1-2018, MFC will cover audiology services and devices for children and adults. Benefit will follow this rule.* **Exemptions below	No prior auth required, <u>unless included below</u> in 'Exceptions Requiring Prior Authorization.'
Exceptions Requiring Prior Authorization	
Abortions	Elective Abortions not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464)
Acupuncture for Children <21 years old	Prior authorization required for >10 visits <i>per calendar year.</i>
Acupuncture for members ≥21 years old	Not a covered benefit
Ambulance/Wheelchair/Van Transport	Prior authorization required except for Hospital to Hospital Transfers. No reimbursement to city/county Fire Departments, including DC Fire Department and others that indicate "911" service. Hospital to SNF, Hospital to Home call MA Transport. Air Transport is carved to the State of Maryland, not MCO Liability
Audiology Services (All members)	Prior authorization required for: Cochlear implant devices and replacement components except microphone, transmitting cables and transmitting coils, All hearing aids, all auditory osseointegrated devices. Auditory Rehab codes: 92626, 92627, 92630 and 92633 done by any provider type
Bariatric Surgery Program - Including OP Surgeries	Prior authorization required:
Cardiac Rehabilitation	Prior authorization required
Chiropractic Services for members <21 years old	Prior authorization required for >10 visits <i>per calendar year.</i>
Chiropractic Services for members ≥21 years old	Not a covered benefit
Colonoscopy	No Prior auth required if performed in an in network Ambulatory Surgery Center POS 24. Prior auth required in Off Campus Outpatient Hospitals POS 19, On Campus Outpatient Hospital POS 22 and Out of network

Cosmetic procedures	Not a covered benefit. Examples of cosmetic procedures include (but not limited to): septoplasty, rhinoplasty, sclerotherapy, septoplasty, skin tag removal, panniculectomy, breast reduction (male or female), blepharoplasty, brow lift
Coumadin Clinics	Authorization required for clinics in regulated space. (Prefer monitoring by physician with labs to LabCorp)
Diabetes and Nutritional Counseling	Office, Homecare or Hospital Based services, no authorization required for the first 3 visits <i>per calendar year</i> . After 3 visits, an auth is required.
Erectile Dysfunction Procedures	Prior authorization required
Eye procedures and surgeries	Prior authorization required for: blepharoplasty (15820-15823), ectropion/entropion repair (67914-67917, 67921-67924), eyelid excision/repair/reconstruction (67950, 67961,67966,67971,67973,67975) keratoplasty/keratoprosthesis (65710, 65730, 65750, 65755, 65756, 65760, 65765, 65767, 65770), ptosis repair (67900-679004, 67906, 67908, 67909), radial keratotomy (65771), corneal relaxing incision for correction of surgically induced astigmatism (65772), corneal wedge resection for correction of surgically induced astigmatism (65775), Placement of amniotic membrane (65778, 65779); Occular surface reconstruction (65780-65782) Insertion of anterior segment aqueous drainage device, without extraocular reservoir , external approach (66183), Implantation of Intraocular devices (65785), Insertion of drug-eluting implant (68841), Unlisted Procedure Orbit (67599) The following codes require prior auth if performed in Off Campus Outpatient Hospitals POS 19, On Campus Outpatient Hospital POS 22 and Out of network: 66821, 66982, 66984, 66986, 66988, 66989. No prior auth required if performed in a participating Ambulatory Surgery Center POS 24. * Some eye procedure may be found under the Cosmetic Procedures *
Fertility Preservation Services	Prior authorization required- for those procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility. Iatrogenic infertility is considered to be impairment of fertility by surgery, radiation, chemotherapy or other medical treatment or intervention affecting reproductive organs or processes.
Genetic Counseling	Prior authorization required. The Genetic Counselor must be licensed with the state of Maryland and be ePrep enrolled as a Medicaid provider in order to bill for this service.
Genetic Testing	Prior authorization required
Gender Affirming Care	Prior authorization required for all inpatient and outpatient surgeries.
Heart Failure Clinics	Prior authorization required
High Cost Medications	Prior authorization required whether being administered inpatient or outpatient for the following medications:

	Abecma Actimmune Adzynma (ADAMTS13) Adcetris Adstiladrin Agamree Alhemo Altuviio Amondys 45 Amtagvi Amvuttra Andembry Anktiva Aqneursa Benefix Beqvez Blincyto Breyanzi Brineura Bylvay Cablivi Cabometyx Carvykti Casgev Cerezyme Chenodal Cholbam Cinryze Columvi Crysvita Ctexli	Elahere Elaprase Elevidys Elfabrio Elocate Elrefxio Emflaza Empaveli Encelto Enspryng Epkinly Evkeeza Exondys 51 Fabhalta Filsuvez Fyarro Gattex Givlaari Haegarda Hemgenix Hemlibra Hepzato Hympavzi Increlex Jivi Joenja Juxtapid Kanuma Kebilidi Kimmtrak Korlym	Lumizyme Luxturna Lyfgenia Mepsevii Miplyffa Myalept Nexviazyme Norovseven Nulibry Ogsiveo Ojemda Olpruva Omisirge Onpattro Orfadin Orserdu Orladeyo Oxlumo Pombiliti ATGA Poteligeo Procysbi Qfitlia Ravicti Rethymic Revcovi Rivfloza Roctavian Rydapt Rynocil Ryplazim Rystiggo	Soliris Spinraza Stelara Strensiq Takhzyro Talvey Tecvayli Tepezza Tevimbra Tivdak Tryngolza Tziold Ultomiris Unituxin Uplizna Veopoz Viltepso Vimizim Vyjuvek Vykate XR Vyondys Vyvgart Vyvgart Hytrulo Wainua Xenopozyme Xolremdi Xyntha Yervoy Yescarta Zokinvy Zilbrysq
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Home Health Care	Authorization required after first 6 visits, with in network provider per calendar year.
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Home Visiting Services	Prior authorization required for >30 visits
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Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility	All Services Prior authorization required
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Hyperbaric Oxygen	Prior authorization required
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Infertility Services	Not a covered benefit
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Investigational Surgery, Emerging Technology, Services, Procedures	Non-Covered Benefit except unless reviewed by a Medical Director and determined to be Medically Necessary, and then it requires an authorization.			
Laboratory Services (excludes genetic testing)	No prior auth required if done at an In Network freestanding lab facility or at MedStar WHC and MedStar GUH			
Medical Drug Formulary	The following drugs require prior authorization.			
	Chemical Name (Drug Class)	HCPCS	Preferred Products	Non-Preferred Products
	Aflibercept (VEGF Inhibitor)	Q5147	Pavblu	Eylea J0178
	Bevacizumab (VEGF Inhibitor)	Q5118	Zirabev	Avastin J9035 Mvasi Q5107 Vegzelma Q5129
	Infliximab (TNF inhibitor)	Q5121	Avsola	Remicade J1745 Renflexis Q5104 Inflectra Q5103
	Pegfilgrastim (Hematopoietic agent)	Q5108	Fulphila	NeulastaJ2506 Fylnetra Q5130 Nyvepria Q5122 Stimufend Q5127 Udenyca Q5111
	Ranibizumab (VEGF Inhibitor)	Q5128	Cimerli	Lucentis J2778 Byooviz Q5124
	Rituximab (Anti-CD20 monoclonal antibody)	Fara	Riabni Ruxience	Rituxan J9312 Truxima Q5115
	Tocilizumab (IL-6 antagonist)	Q5135	Tyenne	Actemra J3262 Tofidence Q5133
	Trastuzumab (HER2 receptor antagonist)	Q5114	Q5113 Ogivri Herzuma	Herceptin J9355 Kanjinti Q5117 Ontruzant Q5112 Trazimera Q5116
	Denosumab (RANKL inhibitor)	Q5136 Q5157	Jubbonti/Wyost Stoboclo/Osenvelt	Prolia/Xgeva J0897
	Ustekinumab (IL-23 inhibitor)	Q5100	Q5099 Yesintek Steqeyma	Stelara J3357, AJ3358 Otulfi Q9999 Selarsdi Q9998 Wezlana Q5137 Pyzchiva Q9996, Q9997

Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).	Prior authorization required
Neuropsychological and Psychological Testing	Prior authorization required.
Outpatient Rehabilitation Services (PT/OT/SLP) for members <21yo	Not MCO liability. Providers refer to MDH (877-463-3464), except for auditory rehabilitation codes 92626, 92627, 92630, 92633 are MFC's responsibility to cover and prior authorization is required. Members should call the Beneficiary Service Hotline 800-492-5321 if they have questions or are looking for participating providers.
Outpatient Rehabilitation Services (PT/OT/SLP) for members ≥21yo	Prior authorization required for >30 visits, <u>per calendar year</u> except for auditory rehabilitation codes <u>92626, 92627, 92630, 92633</u> are MFC's responsibility to cover and prior authorization required from 1st visit 7-1-2018
Pediatric Exceptions for Sinai Hospital	For children <21 years old, Sinai Hospital are considered in-network for doctor visits and clinic visits and services performed on the same day (PFTs, EEGs, EKGs, labs, x-rays, etc) do not require authorization. ***Please note: Authorization is required, for services listed in the "Exceptions Requiring Prior Authorization" section of the Quick Authorization Guide (Example >3 nutrition visits per calendar year, Sleep studies, etc). All outpatient surgeries require authorization. Services such as diagnostic tests, Labs and Radiology <u>not done</u> on same day as an office visit or clinic visit require authorization.
PET Scans	No authorization required if performed at participating free-standing facilities. Only hospital exceptions are: MS Union Memorial Hospital, MS St. Mary's Hospital, MS Southern Maryland, MedStar WHC and MedStar Georgetown Hospital. *see website for participating free standing facilities.
Private Duty Nursing	Prior Authorization required
Pulmonary Rehabilitation	Prior authorization required
Radiology- CT Scans, MRI's, X-RAYS, fluoroscopy, nuclear medicine, and Sonograms, and digital mammography	No authorization required if performed at participating free standing facilities. Only these hospitals can perform these tests and do not require an auth: Children's National Medical Center, MS Union Memorial Hospital, MS St. Mary's Hospital and MS So. Maryland Hospital In DC, MS WHC and MS Georgetown Univ. Hospital *See website or contact member services for participating free-standing facilities.
Sleep Studies and Polysomnograms	No authorization required if performed at a participating, free-standing facilities. Facilities not requiring an auth to perform sleep studies or polysomnograms are: Children's National Medical Center, MS St. Mary's Hospital, MS So. Maryland Hospital, and MS Montgomery Medical Center. *see website for participating free standing facilities.
Spinal Cord Stimulators, Vagus Nerve Stimulators, and Sacral Nerve Stimulators and Peripheral Nerve Stimulators (PNS Sprint procedure) trial and implantation	Prior authorization required
Sterilization Reversals	Not a covered benefit
Transplants--Pre-Transplant testing	Prior auth required for all Maryland Transplant facilities. MedStar Washington Hospital Center and MedStar Georgetown University Hospitals do not require an auth for pre-transplant evaluation and work-up.
Transplant	Prior authorization required

Viscosupplementation for Knee Osteoarthritis	The following drugs require prior authorizations. Durolane J7318 Gel-One J7326 Eufflexa J7323			
DME				
Braces, (Orthotics, Prosthetics) and Splints costing over \$500.00 excludes foot orthotics	Prior authorization required for items billed over \$500.00			
Durable Medical Equipment	Prior auth required for claims billed >\$1000 or rental equipment over 90 days. *See website or contact Member Services for in network vendors. All hearing aids, cochlear implants, auditory ossintergrated devices require authorizaiton regardless of cost			
Durable Medical Supplies (soft supplies and disposable items- includes enteral/parenteral supplies, Batteries, ear molds, components for hearing aids, cochlear implant or auditory osseointegrated devices)	Prior authorization required for billed amounts >\$750, per member/per vendor/per month. Require current medical records (definition of current is office visit dated within one (1) month of the request). Maximum time of authorization allowed will be 3 months; this could be <3 months depending on the clinical situation as determined by a medical director (e.g., wound supplies would most likely require more frequent authorization than every 3 months) *See website or contact Member Services for In Network vendors.			
Foot orthotics, custom shoes, diabetic orthotics or shoes	Prior authorization required			
Blood Glucose Monitors and Continuous Glucometer supplies(CGM)	Effective for dates of service on or after April 15th, 2024 these products will no longer be covered under medical benefit but will be covered as part of the Pharmacy benefit	No Pror authorization is required at the Pharmacy for these items.		
Insulin Pumps	Prior authorization required			
*Please contact Member Services at 888-404-3549 or go to our website at MedStarFamilyChoice.com for assistance with finding in network vendors. phvsicians or facilities for all plans.				

*** This is a Quick Authorization Guide. It is not meant to be all inclusive. Please contact MD MFC at : 1-800-905-1722.