MedStar Family Choice

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MedStar Family Choice Maryland
Effective as of Dates of Service Beginning August 26, 2025

As MedStar Family Choice (MFC) continues its partnership with Payment Integrity partner, Advanced Medical Pricing Solutions (AMPS), we continue our prospective (pre-payment) reviews to include additional edits based on guidance from the Maryland Department of Health (MDH), the Centers for Medicare & Medicaid Services (CMS) Coverage Policies and National Coverage Determinations (NCD).

Durable Medical Equipment and Supplies

As a previously communicated and effective January 1, 2023, MFC follows the MDH Durable Medical Equipment and Supplies Medicaid Medically Unlikely Edits (MUE). The MDH MUE for each covered item is available on the MDH Medicaid Provider Program Resources and Fee Schedule website under “Fee Schedules-Other,” which may be found using the below link.

MDH Medicaid Provider Program Resources

MDH provides guidelines for certain Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEPOS) to limit the frequency that DMEPOS items dispensed to an eligible member. This ensures members receive essential equipment while preventing unnecessary costs and misuse.

When billing for Durable Medical Equipment and Supplies follow the MDH Durable Medical Equipment and Supplies MUE to determine if a billed item requires a single date of service or a date span. Date spans may not be for futures dates of service.

If a claim is submitted for Durable Medical Equipment (DME) with units exceeding the MDH MUE for a single date of service, the claim line will be denied. This is applicable exclusively to DME providers.

Waterproof and non-waterproof tapes must be billed with modifiers AU, AV, and AW depending on the type of supplies used, such as urological, ostomy, tracheostomy, prosthetic, orthotic, or surgical dressings, otherwise, if the modifier is not included, the claim will deny.

National Correct Coding Initiative

NCCI Manual Policy follows the principles of NCCI edits to access code pairs billed by the same provider on the same day, and for the same member. The NCCI Manual policy includes all combinations of correct coding edits which are not present in NCCI PTP column 1 and column 2 edits.

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Modifiers that may be used under appropriate clinical circumstances to bypass NCCI PTP edit include:

- Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
- Global surgery modifiers: 24, 25, 57, 58, 78, 79
- Other modifiers: 27, 59, 91, XE, XS, XP, XU

When codes are submitted for the same date of service, for the same member, and by the same provider, then one of the codes may be denied as not separately reimbursable in accordance with correct coding principles.

For questions or additional information, contact us via email at MFC-ProviderRelations2@MedStar.net or by telephone at 800-261-3371.