MedStar Family Choice

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# Provider Bulletin: New Prior Authorization Requirement for the following Services

**Provider Bulletin:**

New Prior Authorization Requirement for select services being performed in the outpatient or inpatient setting.

**Purpose:**

This bulletin notifies providers that prior authorization will be required for a number of new services being added to the MedStar Family Choice Maryland Prior Authorization Guide. The purpose of this change is to ensure that appropriate utilization review and submission of supporting clinical documentation before these services can be administered.

**Effective Date:**

The prior authorization requirements for these services identified in this notice will take effect on for dates of service beginning **August 15, 2026.**

**Health Plan:** MedStar Family Choice Maryland

**Submission Instructions:**

Providers must submit a prior authorization request before performing any of these procedures. Please include all required supporting clinical documentation with the request. Incomplete submissions may delay review and determination.

This applies to the following places of services (POS); Office-11, Home-12, Off Campus Outpatient Hospital-19, Inpatient Hospital-21, On Campus Outpatient Hospital-22, Ambulatory Surgical Center-24

See attached list for those services that will require Prior Authorization effective **August 15, 2026.**

If you have any questions, please call 410-933-2200.

Respectfully,

MedStar Family Choice
Utilization Management Department

# New Services Requiring Prior Authorization

| Service | Codes | POS |
|---|---|---|
| Bone Growth Stimulators | 20974, 20975, 20979 | 11, 12, 19, 21, 22, 24 |
| Breast Reconstruction | 11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396 | 19, 21, 22, 24 |
| Cardiac Catheterizations and Angiogram | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93596, 93597 | 11, 19, 22, 24 |
| Ortho and Spine Procedures | 22702, 22551, 22552, 22600, 22612, 22614, 22630, 22633, 22856, 22857, 22858, 22860, 22861, 22862, 22865, 23120, 23130, 23470, 23472, 23473, 23700, 24786, 27120, 27125, 27130, 27132, 27134, 27137, 27138, 27279, 27427, 27428, 27446, 27447, 27487, 27570, 29806, 29807, 29821, 29822, 29823, 29825, 29826, 29827, 29828, 29860, 29861, 29868, 29873, 29874, 29875, 29877, 29879, 29880, 29881, 29882, 29883, 29888, 29914, 29915, 29916, 29999, 63020, 63030, 63045, 63047, 63048, 63050, 63051, 63075, 22102, 22103, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843,22844, 22845, 22846, 22847, 22848, 22849, 63001, 63003, 63005, 63011, 63012, 63015, 63016, | 11, 19, 21, 22, 24 |

# New Services Requiring Prior Authorization

| Service | Codes | POS |
|---|---|---|
| | 63017, 63020, 63030, 63032, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63090, 63091, 63200, 63265, 63266, 63267, 22836, 22837, 22838, C1821 | |
| Pain Injections | 27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495 | 11, 19, 22, 24 |
| Proton Beam Radiotherapy | 77520, 77522, 77523, 77525 | 11, 19, 22 |
| Sleep Studies | 95782, 95783, 95800, 95801, 95803, 95805, 95806, 95807, 95808, 95810, 95811 | 11, 12, 19, 22 |
| Vein Procedures | 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 76942, 37700, 37718, 37722, 37780, 37785 | 11, 19, 22, 24 |
| Wound Vac and Supplies | E2402, A6550, A7000 | 11, 12 |