MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE Effective for Date of Service 11/01/2026	MedStar Family Choice- MD HealthChoice
INPATIENT Admissions (in or out of network)	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	Prior authorization required
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.* *****See exceptions below.***	No prior auth required, unless included below in 'Exceptions Requiring Prior Authorization.'
Exceptions Requiring Prior Authorization	
Abortions	Elective Abortions not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464) Not covered under the Self-Referral Services.
Acupuncture for Children <21 years old	Prior authorization required for >10 visits ***per calendar year.***
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 the folloiwng codes: 69710, 69711, 69714, 69715, 69716, 69717, 69718, 69719, 69726, 69727, 69728, 69729, 69730, 69799, 69930, 69949, 92517, 92518, 92519, 92550, 92551, 92552, 92553, 92555, 92556, 92557,92560, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92570, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92601, 92602, 92603, 92604, 92620, 92621, 92622, 92623, 92626, 92627, 92628, 92629, 92630, 92631, 92632, 92633, 92634, 92635, 92636, 92637, 92638, 92639, 92641, 92642, 92650, 92651, 92652, 92653, 99002, L7510, L7520, L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, L8690, L8691, L8692, L8693, L8694, V5014, V5160, V5171, V5172. V5181, V5200, V5211, V5212, V5213, V5214, V5215, V5221, V5240, V5241, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5266, V5267 Cochlear implant devices and replacement components except microphone, transmitting cables and transmitting coils, All hearing aids, all auditory osseointergrated devices.
Bariatric Surgery Program - Including OP Surgeries	Prior authorization required: 43644, 43645, 43659, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43860, 43847, 43889
Bone Growth Stimulators	Prior authorization required for the following codes: 20974, 20975, 20979
Breast Reconstruction	Prior authorization required for the following codes: 11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396
Cardiac Catheterizations and Angiograms	Prior authorizition required for the following codes: 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93596, 93597
Cardiac Rehabilitation	Prior authorization required
Chiropractic Services for members <21 years old	Prior authorization required for >10 visits ***per calendar year.***
Chiropractic Services for	Not a covered benefit
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 ptosis

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 ***per calendar year***. 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 CampusOutpatient 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: Post-administration retrospective requests for authorization will not be accepted for review.

Abecma Q2055	Fabhalta J8499	Olpruva J8499	Takhzyro J0593
Actimmune J9216	Filsuvez J3490	Omisirge J3590	Tryngolza J3490
Adcetris J9042	Forzinity J3490	Orladeyo J8499	Veopoz J9376
Alhemo ~~J3590~~ J7173	Gattex J3490	Oxlumo J0224	Viltepso J1427
Altuviio J7214	Givlaari J0223	Pombiliti ATGA J1203	Vimizim J1322
Amondys 45 J1426	Haegarda J0599	Procysbi J8499	Vyjuvek J3401
Andembry J3590	Harliku J0599	Qfitlia J7174	Vykat XR J8499
Anktiva J9028	Hemgenix J1411	Ravicti J8499	Vyondys J1429
Avlayah J3590	Hemlibra J7170	Rethymic J3590	Vyvgart Hytrulo J9334
Aqneursa J8499	Hympavzi J7172	Revcovi J3590	Wainua J3490
Benefix J7195	Inlexzo J9183	Rivfloza J3490	Xenopozyme J0218
Blenrep J9053	Itvisma J3405	Roctavian J1412	Xolremdi J8499
Breyanzi Q2054	Jivi J7208	Rynocil J3402	Xyntha J7185
Bylvay J8499	Joenja J8499	Ryplazim J2998	Yescarta Q2041
Carvykti Q2056	Juxtapid J8499	Scemblix J8999	Zokinvy J8499
Cholbam J8499	Kanuma J2840	Sephience J8499	Zolgensma J3399
Cinryze J0598	Kimmtrak J9274	Sohonos J8499	Zycubo J3490
Ctexli J8499	Krystexxa JJ2507	Soliris J1299	
Danyelza J9348	Lamzede J0217	Spinraza J2326	
Dawnzera J3490	Livmarli J8499	Strensiq J3490	
Daybue J8499	Miplyffa J8499		
Duvyzat J8499	Modeyso J8999		
Elevidys J1413	Myalept J3490		
Eloctate J7205	Nexviazyme J0219		
Empaveli J7799	Norovseven J7189		
Encelto J3403	Nulibry J3490		
Evkeeza J1305			

Home Health Care	Authorization required after first 6 visits, with in network provider per calendar year. Includes Home Infusion Nursing (99601 and 99602)
Home Visiting Services	Prior authorization required for >30 visits
Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility	All Services Prior authorization required
Hyperbaric Oxygen	Prior authorization required
Infertility Services	Not a covered benefit
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

Biosimilar Medical Drug Formulary

The following drugs require prior authorization.

Chemical Name (DrugClass)	HCPCS	Preferred Products	Non-Preferred Products
Aflibercept (VEGFInhibitor)	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 (VEGFInhibitor)	Q5128	Cimerli	Lucentis J2778 Byooviz Q5124
Rituximab (Anti-CD20 monoclonal antibody)	Q5123 Q5119	Riabni Ruxience	Rituxan J9312 Truxima Q5115
Tocilizumab (IL-6antagonist)	Q5135	Tyenne	Actemra J3262 Tofidence Q5133
Trastuzumab (HER2 receptor antagonist)	Q5114 Q5113	Ogivri Herzuma	Herceptin J9355 Kanjinti Q5117 Ontruzant Q5112 Trazimera Q5116
Denosumab (RANKLinhibitor)	Q5136 Q5157	Jubbonti/Wyost Stoboclo/Osenvelt	Prolia/Xgeva J0897
Ustekinumab (IL-23 inhibitor)	Q5100 Q5099	Yesintek Steqeyma	Stelara J3357, J3358, Otulfi Q9999 Selarsdi Q9998 Wezlana Q5137 Pyzchiva Q9996, Q9997

Medical Drug Formulary

The following J codes require prior authorization:

Ado-trastuzumabemtansine(Kadcyla):J9022, J9354	Decnupaz (pivekimab sunirine):J9999	Lumizyme (alglucosidase alfa):J0220	Sacituzumabgovitecan(Trodelvy):J9317
Aranesp (darbepoetin alfa): J0881, J0882	Denosumab(Prolia,Xgeva):J0897	Lunsumio (mosunetuzumab):J9350	Skysona (elivaldogene autotemcel):J3590
Adstiladrin (nadofaragene firadenovec-vncg):J9029	Durvalumab(Imfinzi):J9173	Luspatercept(Reblozyl):J0896	Ustekinumab (Stelara): J3358 (IV)
Adzynma (ADAMTS13):J7171	Elahere (mirvetuximab):J9063	Luxturna (voretigene neparvovec):J3398	Ustekinumab(Stelara):J3357 (SubQ)
Aflibercept(Eylea):J0177	Elaprase (Idursulfase):J1743	Lyfgenia (lovotibeglogene autoemcel):J3394	Romipolstim (Nplate) J2802
Amtagvi (lifileucel):J3590	Elfabrio (pegunigalsidase alfa-iwxj):J2508	Mepsevii (vestronidase alpha):J3397	Sutimlimab(Enjaymo):J1302
Amvuttra (vutrisiran):J0225	Elrexfro (elranatamab):J1323	Mifepristone (Korlym):J8499 (PO)	Tremelimumab (Imjodo): J9347
Anakinra(Kineret):J3590	Enfortumabvedotin(Padcev):J9177	Natalizumab(Tysabri):J2323	Tafasitamab(Monjuvi):J9349
Atezolizumab(Tecentriq):J9022	Enspryng (satralilzumab):J3590	Nivolumab(Opdivo):J9289	Talvey (talquetamab):J3055
Axicabtageneciloleucel(Yescarta):Q2041	Epkinly (epcoritamab-bysp):J9321	Nivolumab(Opdivo,alternativebillingunit):J9299	Tecvayli (teclistamab):J9380
Belimumab(Benlysta):J0490	Eptinezumab(Vyepti):J3032	Nivolumab+relatlimab(Opdualag):J9272	Tepezza (teprotumumab):J3241
Bendamustine(Bendeka,Treanda):J9033	Exondys 51 (eteplirsen):J1428	Ocrelizumab(Ocrevus):J2350	Tevimbra (tislelizumab):J9329
Bevacizumab(Avastin) :J9035	Fam-trastuzumabderuxtecan(Enhertu) :J9358	Octreotide(SandostatinLAR):J2353	Tivdak (tisotumab vedotin):J9273
Blincyto (blinatumomab):J9039	Faricimab(Vabysmo):J0178	Ogsiveo (nirogacestat):J8999 (PO)	Tocilizumab(Actemra):J3262
Brentuximabvedotin(Adcetris):J9042	Fyarro (nanoparticle albumin bound sirolimus):J9331	Ojemda (tovorafenib):C9399, J3490 (PO)	Trabectedin (Yondelis): J9352
Brineura (cerliponase alpha):J0567	Gemcitabine(Gemzar):J9201	OnabotulinumtoxinA(Botox):J0585	Trastuzumab(Herceptin andbiosimilars):J 9356
cabotegravir/rilpivirine (Cabenuva): J0741	Goserelin(Zoladex):J9202	Onpattro (patisiran):J0222	Tzield (teplizumab):J9381
Briumvi (Ublituximab-xiiy):J2329	Herceptin Hylecta:J9356	Orfadin (nitisinone):J8499 (PO)	Ultomiris (ravulizumab):J1303
Cablivi (caplacizumab):C9047	Idelvion (factor IX, recombinant human with albumin fusion):J7202	Orserdu (elacestrant):J3490,J9999 (PO)	Unituxin (dinutuximab):J1246
Cabometyx (cabozantinib):J8999	Immunoglobulin(IVIG),e.g.,Gamunex-C,Gammaked:J1561	Paclitaxel protein-bound(Abraxane):J9264	Uplizna (inebilizumab-cdo):J1823
Carfilzomib(Kyprolis):J9047 (PO)	Immunoglobulin(IVIG),e.g.,Privigen:J1459	Panitumumab(Vectibix):J9303	Risankizumab (Skyrizi):J2327
Casgevy (exagamglogene autolemcel):J3392	Increlex (mecasermin):J2170	Pegfilgrastim(Neulasta andbiosimilars) :J2506	Vedolizumab(Entyvio):J3380
Cemiplimab(Libtayo):J9119	Jivi(factor VIII, recombinant human pegylated):J7208	Pembrolizumab(Keytruda):J9271	Xenpozyme (olipudase alfa-rpcp):J0218
Cerezyme (imiglucerase/ glucocerebrosidase):J1786	Jivi(factor VIII, recombinant human pegylated):J7208	Poteligeo (mogamulizumab):J9204	Yervoy (ipilimumab):J9228
Chenodal (chenodiol):J8499 (PO)	Kebilidi (eladocagene exuparvovec-tmeq):J3590	Ramucirumab(Cyramza):J9308	Zilbrysq (zilucoplan):C9399, J3590, J9359
Cisplatin:J9060	Lenmeldy (atidarsagene autotemcel):C9399, J3490, J3590	Rituximab(Rituxan andbiosimilars):J9312	Zynlonta (loncastuximab tesirine-lpyl):J9359
Columvi (glofitamab):J9286	Lurbinecetedin (Zepcelca) J9223	Rituximab+hyaluronidase(Rituxan Hycela):J9311	Zynteglo (betibeglogene autotemcel):J3590
Crysvita (burosumab):J0584	Leuprolide acetate(LupronDepot):J9217	Rydapt (midostaurin):C9399, J3490 (PO)	

	Daratumumabhyaluronidase(DarzalexFaspro):J9144	Lorargys (pegzilarginase):J1818	Rystiggo (rozanolixizumab):J9333	
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).	Prior authorization required			
Neuropsychological and Psychological Testing	Prior authorization required.			

Ortho and Spine Procedures	Prior Authorization required for the following codes:			
	22102	22800	27134	63020
	22103	22802	27137	63020
	22210	22804	27138	63030
	22212	22808	27279	63030
	22214	22810	27427	63032
	22216	22812	27428	63035
	22220	22830	27446	63040
	22222	22836	27447	63042
	22224	22837	27487	63043
	22226	22838	27570	63044
	22510	22840	29806	63045
	22511	22841	29807	63045
	22512	22842	29821	63046
	22513	22843	29822	63047
	22514	22844	29823	63047
	22515	22844	29825	63048
	22532	22845	29826	63048
	22533	22845	29827	63050
	22534	22846	29828	63050
	22548	22846	29860	63051
	22551	22847	29861	63051
	22551	22847	29868	63052
	22552	22848	29873	63053
	22552	22848	29874	63055
	22554	22849	29875	63056
	22556	22849	29877	63057
	22558	22856	29879	63064
	22585	22857	29880	63066
	22590	22858	29881	63075
	22595	22860	29882	63075
	22600	22861	29883	63076
	22600	22862	29888	63077
	22610	22865	29914	63078
	22612	23120	29915	63081
	22612	23130	29916	63082
	22614	23470	29999	63085
	22614	23472	63001	63086
	22630	23473	63003	63090
	22630	23700	63005	63091
	22632	24786	63011	63200
	22633	27120	63012	63265
	22633	27125	63015	63266
	22634	27130	63016	63267
	22702	27132	63017	C1821

Outpatient Rehabilitation Services (PT/OT/SLP) for members >21yo	Prior authorization required for >30 visits, ***per calendar year*** except for auditory rehabilitation codes 92626, 92627, 92630, 92633 are MFC's responsibility to cover and prior authorization required from 1st visit 7-1-2018
Pain Injections	Prior authorization required for the following the codes: 27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495
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 Radiologynot done on same day as an office visit or clinic visit require authorization.
PET Scans	The following PET/PET CT codes require Prior Authorization: 78811, 78812, 78813, 78814, 78815, 78816, 78451, 78452, 78459, 78491, and 78492. All other PET scan codes do not require prior authorization if performed at a participating free-standing radiology facility or the following hospital exceptions: 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
Proton Beam Radiotherapy	Prior authorization required for the following codes: 77520, 77522, 77523, 77525
Pulmonary Rehabilitation	Prior authorization required

Radiology- CT Scans, MRI's, X-RAYS, fluoroscopy, nuclear medicine, and Sonograms, and digital mammography	The following Advanced Imaging services/codes requires Prior Authorization: **Breast Imaging:** 77049 **Cardiac Imaging:** 75561, 75571, 75572, 75574 **CT/CTA:**70450, 70460, 70470, 70486, 70491, 70496, 70498, 71250, 71260, 71275, 72125, 72128, 72131, 72192, 73200, 73700, 74150, 74160, 74174, 74176, 74177, 74178 **MRI/MRA:** 70543, 70544, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 72141, 72146, 72148, 72156, 72157, 72158, 72195, 72197, 73218, 73220, 73221, 73222, 73223, 73718, 73720, 73721, 73723, 74181, 74183 **Nuclear Cardiology:** 78451, 78452, 78459, 78491, 78492 **PET/PET CT:** 78811, 78812, 78813, 78814, 78815, 78816 All other Radiology services and codes **No Prior Authorization required** if performed at participating free standing radiology facilities and these hospitals: Children's National Medical Center, MS Union Memorial Hospital, MS St. Mary's Hospital and MS So. Maryland Hospital, MS WHC, and MS Georgetown Univ. Hospital *See website or contact member services for participating free-standing facilities.
Sleep Studies and Polysomnograms	Prior authorization required for the following codes: 95782, 95783, 95800, 95801, 95803, 95805, 95806, 95807, 95808, 95810, 95811
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
Vein Procedures	Prior authorization required for the following codes: 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 76942, 37700, 37718, 37722, 37780, 37785
Viscosupplementation for Knee Osteoarthritis	The following drugs require prior authorizations. Supartz J7321 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
Wound Vac and Supplies	Prior authorization required. E2402, A6550, A7000
***Please contact Member Services at 888-404-3549 or go to our website at MedStarFamilyChoice.com for assistance with finding in network vendors, physicians 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.**