

<b>MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE</b> <b>Effective for Date of Service 05/01/2026</b>	<b>MedStar Family Choice- MD HealthChoice</b>
<b>INPATIENT elective procedures (in or out of network)</b>	Prior authorization required
<b>Inpatient admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services</b>	State of Maryland Carve Out service
<b>Any Out of Network Services</b>	
<b>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.*</b>  <b>**Exemptions below</b>	No prior auth required, <u>unless included below</u> in 'Exceptions Requiring Prior Authorization.'
<b>Exceptions Requiring Prior Authorization</b>	
<b>Abortions</b>	Elective Abortions not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464)
<b>Acupuncture for Children &lt;21 years old</b>	Prior authorization required for >10 visits <b><i>per calendar year.</i></b>
<b>Acupuncture for members ≥21 years old</b>	Not a covered benefit
<b>Ambulance/Wheelchair/Van Transport</b>	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
<b>Audiology Services (All members)</b>	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
<b>Bariatric Surgery Program - Including OP Surgeries</b>	Prior authorization required:
<b>Cardiac Rehabilitation</b>	Prior authorization required
<b>Chiropractic Services for members &lt;21 years old</b>	Prior authorization required for >10 visits <b><i>per calendar year.</i></b>
<b>Chiropractic Services for members ≥21 years old</b>	Not a covered benefit
<b>Colonoscopy</b>	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

<b>Cosmetic procedures</b>	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), <del>blepharoplasty, keratoplasty</del>
<b>Coumadin Clinics</b>	Authorization required for clinics in regulated space. (Prefer monitoring by physician with labs to LabCorp)
<b>Diabetes and Nutritional Counseling</b>	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.
<b>Erectile Dysfunction Procedures</b>	Prior authorization required
<b>Eye procedures and surgeries</b>	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) <b>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.</b> <b>* Some eye procedure may be found under the Cosmetic Procedures *</b>
<b>Fertility Preservation Services</b>	<b>Prior authorization required-</b> 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.
<b>Genetic Counseling</b>	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.
<b>Genetic Testing</b>	Prior authorization required
<b>Gender Affirming Care</b>	Prior authorization required for all inpatient and outpatient surgeries.
<b>Heart Failure Clinics</b>	Prior authorization required
<b>High Cost Medications</b>	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 Blinicyto Breyanzi Brineura Bylvay Cabliivi Cabometyx Carvykti Casgev Cerezyme Chenodal Cholbam Cinryze Columvi Crysvita Ctexli	Elahere Elaprase Elevidys Elfabrio Eloctate 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 Tzield Ultomiris Unituxin Uplizna Veopoz Viltepso Vimizim Vyjuvek Vykat XR Vyondys Vyvgart Vyvgart Hytrulo Wainua Xenopozyme Xolremdi Xyntha Yervoy Yescarta Zokinvy Zilbrysq
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<b>Home Health Care</b>	Authorization required after first 6 visits, with in network provider per calendar year.  Includes Home Infusion Nursing (99601 and 99602)
<b>Home Visiting Services</b>	Prior authorization required for >30 visits
<b>Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility</b>	All Services Prior authorization required
<b>Hyperbaric Oxygen</b>	Prior authorization required
<b>Infertility Services</b>	Not a covered benefit

<b>Investigational Surgery, Emerging Technology, Services, Procedures</b>	Non-Covered Benefit except unless reviewed by a Medical Director and determined to be Medically Necessary, and then it requires an authorization.			
<b>Laboratory Services (excludes genetic testing)</b>	No prior auth required if done at an In Network freestanding lab facility or at MedStar WHC and MedStar GUH			
<b>Medical Drug Formulary</b>	The following drugs require prior authorization.			
	<b>Chemical Name (Drug Class)</b>	<b>HCPCS</b>	<b>Preferred Products</b>	<b>Non-Preferred Products</b>
	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

<b>Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).</b>	Prior authorization required
<b>Neuropsychological and Psychological Testing</b>	Prior authorization required.
<b>Outpatient Rehabilitation Services (PT/OT/SLP) for members &lt;21yo</b>	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. <b>Members should call the Beneficiary Service Hotline 800-492-5321 if they have questions or are looking for participating providers.</b>
<b>Outpatient Rehabilitation Services (PT/OT/SLP) for members ≥21yo</b>	Prior authorization required for >30 visits, <u>per calendar year</u> 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
<b>Pediatric Exceptions for Sinai Hospital</b>	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.
<b>PET Scans</b>	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.
<b>Private Duty Nursing</b>	Prior Authorization required
<b>Pulmonary Rehabilitation</b>	Prior authorization required
<b>Radiology- CT Scans, MRI's, X-RAYS, fluoroscopy, nuclear medicine, and Sonograms, and digital mammography</b>	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.
<b>Sleep Studies and Polysomnograms</b>	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.
<b>Spinal Cord Stimulators, Vagus Nerve Stimulators, and Sacral Nerve Stimulators and Peripheral Nerve Stimulators (PNS Sprint procedure) trial and implantation</b>	Prior authorization required
<b>Sterilization Reversals</b>	Not a covered benefit
<b>Transplants--Pre-Transplant testing</b>	<b>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.</b>
<b>Transplant</b>	Prior authorization required

Viscosupplementation for Knee Osteoarthritis	The following drugs require prior authorizations. Durolane J7318 Gel-One J7326 Eufflexa J7323
<b>DME</b>	
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 <b>will</b> be covered as part of the Pharmacy benefit
Insulin Pumps	Prior authorization required
*Please contact Member Services at 888-404-3549 or go to our website at <a href="http://MedStarFamilyChoice.com">MedStarFamilyChoice.com</a> 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.