MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE Effective for Date of Service 08/15/2026	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, 4387, 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 authoriztion 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); Ocular 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 Actimmune J9216 Adcetris J9042 Alhemo J3590 Altuviio J7214 Amondys 45 J1426 Andembry J3590 Anktiva J9028 Avlayah J3590 Aqneursa J8499 Benefix J7195 Blenrep J9053 Breyanzi Q2054 Bylvay J8499 Carvykti Q2056 Cholbam J8499 Cinryze J0598 Ctexli J8499 Danyelza J9348 Dawnzera J3490 Daybue J8499 Duvyzat J8499 Elevidys J1413 Eloctate J7205 Empaveli J7799 Encelto J3403 Evkeeza J1305	Fabhalta J8499 Filsuvez J3490 Forzinity J3490 Gattex J3490 Givlaari J0223 Haegarda J0599 Harliku J0599 Hemgenix J1411 Hemlibra J7170 Hympavzi J7172 Inlexzo J9183 Itvisma J3405 Jivi J7208 Joenja J8499 Juxtapid J8499 Kanuma J2840 Kimmtrak J9274 Krystexxa JJ2507 Lamzede J0217 Livmarli J8499 Miplyffa J8499 Modeyso J8999 Myalept J3490 Nexviazyme J0219 Norovseven J7189 Nulibry J3490	Olpruva J8499 Omisirge J3590 Orladeyo J8499 Oxlumo J0224 Pombiliti ATGA J1203 Procysbi J8499 Qfitlia J7174 Ravicti J8499 Rethymic J3590 Revcovi J3590 Rivfloza J3490 Roctavian J1412 Rynocil J3402 Ryplazim J2998 Scemblix J8999 Sephience J8499 Sohonos J8499 Soliris J1299 Spinraza J2326 Strensiq J3490	Takhzyro J0593 Tryngolza J3490 Veopoz J9376 Viltepso J1427 Vimizim J1322 Vyjuvek J3401 Vykat XR J8499 Vyondys J1429 Vyvgart Hytrulo J9334 Wainua J3490 Xenopozyme J0218 Xolremdi J8499 Xyntha J7185 Yescarta Q2041 Zokinvy J8499 Zolgensma J3399 Zycubo J3490
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			
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, AJ3358, Otulfi Q9999 Selarsdi Q9998 Wezlana Q5137 Pyzchiva Q9996, Q9997
Medical Drug Formulary	The following J codes require prior authorization:	J2323-Natalizumab(Tysabri)		
	C9047-Cablivi (caplacizumab)	J2327-Ustekinumab(Stelara)	J7171-Adzynma (ADAMTS13)	J9264-Paclitaxelprotein-bound(Abraxane)

C9399-Lenmeldy (atidarsagene autotemcel)	J2329- Briumvi	J7208-Jivi(factor VIII, recombinant human	J9271-Pembrolizumab(Keytruda)
C9399-Ojemda (tovorafenib)	J2350-Ocrelizumab(Ocrevus)	J8499-Chenodal (chenodiol)	J9272-Nivolumab+relatlimab(Opdualag)
C9399-Rydapt (midostaurin)	J2353-Octreotide(SandostatinLAR)	J8499-mifepristone (Korlym)	J9273-Tivdak (tisotumab vedotin)
C9399-Zilbrysq (zilucoplan)	J2506-Pegfilgrastim(Neulasta andbiosimilars)	J8499-Orfadin (nitisinone)	J9286-Columvi (glofitamab)
J0177-Aflibercept(Eylea)	J2508-Elfabrio (pegunigalsidase alfa-iwxj)	J8999-Cabometyx (cabozantinib)	J9298-Nivolumab(Opdivo)
J0178-Faricimab(Vabysmo)	J2802-Sutimlimab(Enjaymo)	J8999-Ogsiveo (nirogacestat)	J9299-Nivolumab(Opdivo,alternativebillingunit)
J0218-Xenopozyme (olipudase alfa-rpcp)	J3032-Eptinezumab(Vyepti)	J9021-Atezolizumab(Tecentriq)	J9303-Panitumumab(Vectibix)
J0218-Xenpozyme (olipudase alfa-rpcp)	J3055-Talvey (talquetamab)	J9022-Ado-trastuzumabemtansine(Kadcyla	J9308-Ramucirumab(Cyramza)
J0220-Lumizyme (alglucosidase alfa)	J3241-Tepezza (teprotumumab)	J9029-Adstiladrin (darbepoetin alfa)	J9312-Rituximab(Rituxan andbiosimilars)
J0222-Onpattro (patisiran)	J3262-Tocilizumab(Actemra)	J9033-Bendamustine(Bendeka,Treanda)	J9316-Rituximab+hyaluronidase(RituxanHycela)
J0225-Amvuttra (vutrisiran)	J3357-Stelara (Ustekinumab)	J9035-Bevacizumab(Avastin)	J9317-Sacituzumabgovitecan(Trodelvy)
J0490-Belimumab(Benlysta)	J3358-Stelara (Ustekinumab)	J9039-Blinatumomab(Blincyto)	J9321-Axicabtageneciloleucel(Yescarta)
J0567-Brineura (cerliponase alpha)	J3380-Vedolizumab(Entyvio)	J9039-Blincyto (blinatumomab)	J9321-Epkinly (epcoritamab-bysp)
J0584 -Crysvita (burosumab)	J3394-Lyfgenia (lovotibeglogene autoemcel)	J9042-Brentuximabvedotin(Adcetris)	J9329-Tevimbra (tislelizumab)
J0585-OnabotulinumtoxinA(Botox)	J3397-Mepsevii (vestronidase alpha)	J9047-Carfilzomib(Kyprolis)	J9331-Fyarro (nanoparticle albumin bound sirolimus)
J0741-Anakinra(Kineret)	J3398-Luxturna (voretigene neparvovec)	J9061-Cisplatin	J9333-Rystiggo (rozanolixizumab)
J0881-Darbepoetinalfa(Aranesp)	J3490-Lenmeldy (atidarsagene autotemcel)	J9063-Elahere (mirvetuximab)	J9347-Tafasitamab(Monjuvi)
J0896-Luspatercept(Reblozyl)	J3490-Ojemda (tovorafenib)	J9119-Cemiplimab(Libtayo)	J9350-Lunsumio (mosunetuzumab)
J0897-Denosumab(Prolia,Xgeva)	J3490-Orserdu (elacestrant)	J9144-Daratumumabhyaluronidase(Darzal	J9352-Trastuzumab(Herceptin andbiosimilars)
J1303-Ultomiris (ravulizumab)	J3490-Rydapt (midostaurin)	J9173-Durvalumab(Imfinzi)	J9354-Ado-trastuzumabemtansine(Kadcyla)
J1323-Elrexfro (elranatamab)	J3490-Zilbrysq (zilucoplan)	J9177-Enfortumabvedotin(Padcev)	J9356-Herceptin Hylecta
J1428-Exondys 51 (eteplirsen)	J3590-Amtagvi (lifileucel)	J9202-Goserelin(Zoladex)	J9358-Fam-trastuzumabderuxtecan(Enhertu)
J1459-Immuneglobulin(IVIG),e.g.,Privigen	J3590-Casgevy (exagamglogene autolemcel)	J9204-Poteligeo (mogamulizumab)	J9359-Zynlonta (loncastuximab tesirine-lpyl)
J1561-Immuneglobulin(IVIG),e.g.,Gamunex-C,	J3590-Enspryng (satralilzumab)	J9223-Leuprolideacetate(LupronDepot)	J9380-Tecvayli (teclistamab)

	J1743-Elaprase (Idursulfase)	J3590-Kebilidi (eladocagene exuparvovec-tmeq)	J9228-Ipilimumab(Yervoy)	J9381-Tzield (teplizumab)
	J1745-Infliximab(Remicade andbiosimilars)	J3590-Lenmeldy (atidarsagene autotemcel)	J9228-Yervoy (ipilimumab)	J9999-Orserdu (elacestrant)
	J1786-Cerezyme (imiglucerase/ glucocerebros	J3590-Skysona (elivaldogene autotemcel)	J92329-Briumvi	J9999-Unituxin (dinutuximab)
	J1823-Uplizna (inebilizumab-cdo)	J3590-Zilbrysq (zilucoplan)	J9261-Gemcitabine(Gemzar)	
	J2170-Increlex (mecasermin)	J3590-Zynteglo (betibeglogene autotemcel)		
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 Radiology not 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. 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			
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.**