

MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE Effective for Date of Service 05/20/2026	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, <u>unless included below</u> 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 <i>per calendar year</i> .	
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: 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	
Bariatric Surgery Program - Inclusive OP Surgeries	Prior authorization required:	
Cardiac Rehabilitation	Prior authorization required	
Chiropractic Services for members <21 years old	Prior authorization required for >10 visits <i>per calendar year</i> .	
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 <i>per calendar year</i> . After 3 visits, an auth is required.	
Erectile Dysfunction Procedures	Prior authorization required	

Eye procedures and surgeries	<p>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)</p> <p>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.</p> <p>* Some eye procedure may be found under the Cosmetic Procedures *</p>																																																																																																							
Fertility Preservation Services	<p>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.</p>																																																																																																							
Genetic Counseling	<p>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.</p>																																																																																																							
Genetic Testing	<p>Prior authorization required</p>																																																																																																							
Gender Affirming Care	<p>Prior authorization required for all inpatient and outpatient surgeries.</p>																																																																																																							
Heart Failure Clinics	<p>Prior authorization required</p>																																																																																																							
High Cost Medications	<p>Prior authorization required whether being administered inpatient or outpatient for the following medications:</p> <table border="1"> <tr> <td>Abecma</td> <td>Elahere</td> <td>Lumizyme</td> </tr> <tr> <td>Actimmune</td> <td>Elaprase</td> <td>Luturna</td> </tr> <tr> <td>Adzyna (ADAMTS13)</td> <td>Elevidys</td> <td>Lyfgenia</td> </tr> <tr> <td>Adcetris</td> <td>Elfabrio</td> <td>Meppevii</td> </tr> <tr> <td>Adipilatin</td> <td>Eliactin</td> <td>Miyofifa</td> </tr> <tr> <td>Agamree</td> <td>Elirexio</td> <td>Myalept</td> </tr> <tr> <td>Alhemo</td> <td>Emflaza</td> <td>Nexvazyme</td> </tr> <tr> <td>Altovia</td> <td>Empaveli</td> <td>Nurosvaven</td> </tr> <tr> <td>Amondys 45</td> <td>Enciclo</td> <td>Nulibry</td> </tr> <tr> <td>Amtagvi</td> <td>Ensprinyng</td> <td>Ogsiveo</td> </tr> <tr> <td>Amvuttra</td> <td>Epkinly</td> <td>Ojemda</td> </tr> <tr> <td>Academby</td> <td>Eskacea</td> <td>Ojprova</td> </tr> <tr> <td>Anktiva</td> <td>Exondys 51</td> <td>Omsirge</td> </tr> <tr> <td>Agneursa</td> <td>Fabhalta</td> <td>Ongatro</td> </tr> <tr> <td>Benefix</td> <td>Fabuzez</td> <td>Orfadin</td> </tr> <tr> <td>Bequez</td> <td>Fajarro</td> <td>Orserdu</td> </tr> <tr> <td>Blincyto</td> <td>Gattex</td> <td>Ohadeyo</td> </tr> <tr> <td>Breyanzi</td> <td>Givlaari</td> <td>Oulumo</td> </tr> <tr> <td>Bimadura</td> <td>Haegarda</td> <td>Pembrolizumab ATGA</td> </tr> <tr> <td>Bykay</td> <td>Hemgenix</td> <td>Poteligeo</td> </tr> <tr> <td>Cablivi</td> <td>Hemlibra</td> <td>Procycbi</td> </tr> <tr> <td>Cabometyx</td> <td>Hepato</td> <td>Qilissa</td> </tr> <tr> <td>Canvylti</td> <td>Hempaszi</td> <td>Ravicti</td> </tr> <tr> <td>Casgevvy</td> <td>Increlex</td> <td>Rethymic</td> </tr> <tr> <td>Cerzyme</td> <td>Jivi</td> <td>Revocvi</td> </tr> <tr> <td>Chemodal</td> <td>Jansyn</td> <td>Rivfusa</td> </tr> <tr> <td>Cholbam</td> <td>Juxtapid</td> <td>Roctavian</td> </tr> <tr> <td>Cinryze</td> <td>Kanuma</td> <td>Rydapt</td> </tr> <tr> <td>Columni</td> <td>Keblido</td> <td>Rymoci</td> </tr> <tr> <td>Crysvta</td> <td>Kimtrak</td> <td>Syplasin</td> </tr> <tr> <td>Ctezli</td> <td>Korlym</td> <td>Rystiggo</td> </tr> <tr> <td>Danyelza</td> <td>Krytoxexa</td> <td>Scembix</td> </tr> <tr> <td>Daydue</td> <td>Lamsede</td> <td>Skysona</td> </tr> <tr> <td>Duzyat</td> <td>Livmarli</td> <td>Schonos</td> </tr> </table>	Abecma	Elahere	Lumizyme	Actimmune	Elaprase	Luturna	Adzyna (ADAMTS13)	Elevidys	Lyfgenia	Adcetris	Elfabrio	Meppevii	Adipilatin	Eliactin	Miyofifa	Agamree	Elirexio	Myalept	Alhemo	Emflaza	Nexvazyme	Altovia	Empaveli	Nurosvaven	Amondys 45	Enciclo	Nulibry	Amtagvi	Ensprinyng	Ogsiveo	Amvuttra	Epkinly	Ojemda	Academby	Eskacea	Ojprova	Anktiva	Exondys 51	Omsirge	Agneursa	Fabhalta	Ongatro	Benefix	Fabuzez	Orfadin	Bequez	Fajarro	Orserdu	Blincyto	Gattex	Ohadeyo	Breyanzi	Givlaari	Oulumo	Bimadura	Haegarda	Pembrolizumab ATGA	Bykay	Hemgenix	Poteligeo	Cablivi	Hemlibra	Procycbi	Cabometyx	Hepato	Qilissa	Canvylti	Hempaszi	Ravicti	Casgevvy	Increlex	Rethymic	Cerzyme	Jivi	Revocvi	Chemodal	Jansyn	Rivfusa	Cholbam	Juxtapid	Roctavian	Cinryze	Kanuma	Rydapt	Columni	Keblido	Rymoci	Crysvta	Kimtrak	Syplasin	Ctezli	Korlym	Rystiggo	Danyelza	Krytoxexa	Scembix	Daydue	Lamsede	Skysona	Duzyat	Livmarli	Schonos	
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Home Health Care	<p>Authorization required after first 6 visits, with in network provider per calendar year.</p> <p>Includes Home Infusion Nursing (99601 and 99602)</p>																																																																																																							
Home Visiting Services	<p>Prior authorization required for >30 visits</p>																																																																																																							
Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility	<p>All Services</p> <p>Prior authorization required</p>																																																																																																							
Hyperbaric Oxygen	<p>Prior authorization required</p>																																																																																																							

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																																		
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Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).	Prior authorization required																																		
Neuropsychological and Psychological Testing	Prior authorization required.																																		
Outpatient Rehabilitation Services (PT/OT/SLP) for members >21yo	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																																		
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 <u>not done</u> 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, and 78816. 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																																		
Pulmonary Rehabilitation	Prior authorization required																																		

<p>Radiology- CT Scans, MRI's, X-RAYS, fluoroscopy, nuclear medicine, and Sonograms, and digital mammography</p>	<p>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, 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, 72192, 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 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.</p>
<p>Sleep Studies and Polysomnograms</p>	<p>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.</p>
<p>Spinal Cord Stimulators, Vagus Nerve Stimulators, and Sacral Nerve Stimulators and Peripheral Nerve Stimulators (PNS Sprint procedure) trial and implantation</p>	<p>Prior authorization required</p>
<p>Sterilization Reversals</p>	<p>Not a covered benefit</p>
<p>Transplants--Pre-Transplant testing</p>	<p>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.</p>
<p>Transplant</p>	<p>Prior authorization required</p>
<p>Viscosupplementation for Knee Osteoarthritis</p>	<p>The following drugs require prior authorizations. Durolane J7318 Gel-One J7326 Euflexa J7323</p>
<p>DME</p>	
<p>Braces, (Orthotics, Prosthetics) and Splints costing over \$500.00 excludes foot orthotics</p>	<p>Prior authorization required for items billed over \$500.00</p>
<p>Durable Medical Equipment</p>	<p>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 ossintegrated devices require authorizaion regardless of cost</p>
<p>Durable Medical Supplies (soft supplies and disposable items- includes enteral/parenteral supplies, Batteries, ear molds, components for hearing aids, cochlear implant or auditory osseintegrated devices)</p>	<p>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.</p>
<p>Foot orthotics, custom shoes, diabetic orthotics or shoes</p>	<p>Prior authorization required</p>
<p>Blood Glucose Monitors and Continuous Glucometer supplies(CGM)</p>	<p>Effective for dates of service on or after April 15th, 2024 these products will no longer be covered under medical benefit but <u>will</u> be covered as part of the Pharmacy benefit. No Prior authorization is required at the Pharmacy for these items.</p>
<p>Insulin Pumps</p>	<p>Prior authorization required</p>
<p>*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.</p>	
<p>*** This is a Quick Authorization Guide. It is not meant to be all inclusive. Please contact MD MFC at : 1-800-905-1722.</p>	