

MEDSTAR FAMILY CHOICE MARYLAND HEALTHCHOICE QUICK AUTHORIZATION GUIDE

Effective for Date of Service 9/01/2024

INPATIENT elective procedures (in or out of network)	Prior 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). 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	
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
Abortions	Elective Abortions not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464) Not covered under the Self-Referral Services.
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 - Including 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 members ≥21 years old	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>* 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" data-bbox="743 909 1557 1738"> <tr> <td>Abecma</td> <td>Elevidys</td> <td>Myalept</td> <td>Tivdak</td> </tr> <tr> <td>Actimmune</td> <td>Elfabrio</td> <td>Norovseven</td> <td>Tzeild</td> </tr> <tr> <td>Adzynnma - (ADAMTS13)</td> <td>Eloctate</td> <td>Nulibre</td> <td>Ultomiris</td> </tr> <tr> <td>Adcetris Adstiladri</td> <td>Elrexio</td> <td>Olpruva</td> <td>Unituxin</td> </tr> <tr> <td>Agamree</td> <td>Emflaza</td> <td>Onpattro</td> <td>Veopoz</td> </tr> <tr> <td>Altuvii</td> <td>Empaveli</td> <td>Orfadin</td> <td>Viltepso</td> </tr> <tr> <td>Amondys 45</td> <td>Enspryng</td> <td>Orserdu</td> <td>Vimizim</td> </tr> <tr> <td>Amtagvi</td> <td>Epkinly</td> <td>Orladeyo</td> <td>Vyjuvek</td> </tr> <tr> <td>Amvuttra</td> <td>Evkeeza</td> <td>Oxlumo</td> <td>Vyondys</td> </tr> <tr> <td>Benefix</td> <td>Exkivity</td> <td>Pombiliti ATGA</td> <td>Vyvgart</td> </tr> <tr> <td>Blinicyto</td> <td>Fabhalta</td> <td>Poteligeo</td> <td>Vyvgart Hytrulo</td> </tr> <tr> <td>Breyanzi</td> <td>Fyarro</td> <td>Procysbi</td> <td>Xenopozyme</td> </tr> <tr> <td>Brineura</td> <td>Gattex</td> <td>Ravicti</td> <td>Xyntha</td> </tr> <tr> <td>Bylvay</td> <td>Givlaari</td> <td>Rethymic</td> <td>Yervoy</td> </tr> <tr> <td>Cablivi</td> <td>Haegarda</td> <td>Revcovi</td> <td>Yescarta</td> </tr> <tr> <td>Cabometyx</td> <td>Hemgenix</td> <td>Roctavian</td> <td>Zilbrysq</td> </tr> <tr> <td>Carvykti</td> <td>Hemlibra</td> <td>Ryplazim</td> <td>Zolgensma</td> </tr> <tr> <td>Casgevvy</td> <td>Increlex</td> <td>Rystiggo</td> <td>Zynlonta</td> </tr> <tr> <td>Cerezyme</td> <td>Jivi</td> <td>Skysona</td> <td>Zyntegol</td> </tr> <tr> <td>Cinryze</td> <td>Joenja</td> <td>Sohonos</td> <td></td> </tr> <tr> <td>Columvi</td> <td>Kimtrak</td> <td>Soliris</td> <td></td> </tr> <tr> <td>Crysvita</td> <td>Korlym</td> <td>Spinraza</td> <td></td> </tr> <tr> <td>Danyelza</td> <td>Krystexxa</td> <td>Stelera</td> <td></td> </tr> <tr> <td>Daybue</td> <td>Lamzede</td> <td>Takhzyro</td> <td></td> </tr> <tr> <td>Elahere</td> <td>Livmarli</td> <td>Talvey</td> <td></td> </tr> <tr> <td>Elaprase</td> <td>Lumizyme</td> <td>Tecvayli</td> <td></td> </tr> <tr> <td></td> <td>Luxturna</td> <td>Tepezza</td> <td></td> </tr> <tr> <td></td> <td>Mepsevii</td> <td></td> <td></td> </tr> </table>				Abecma	Elevidys	Myalept	Tivdak	Actimmune	Elfabrio	Norovseven	Tzeild	Adzynnma - (ADAMTS13)	Eloctate	Nulibre	Ultomiris	Adcetris Adstiladri	Elrexio	Olpruva	Unituxin	Agamree	Emflaza	Onpattro	Veopoz	Altuvii	Empaveli	Orfadin	Viltepso	Amondys 45	Enspryng	Orserdu	Vimizim	Amtagvi	Epkinly	Orladeyo	Vyjuvek	Amvuttra	Evkeeza	Oxlumo	Vyondys	Benefix	Exkivity	Pombiliti ATGA	Vyvgart	Blinicyto	Fabhalta	Poteligeo	Vyvgart Hytrulo	Breyanzi	Fyarro	Procysbi	Xenopozyme	Brineura	Gattex	Ravicti	Xyntha	Bylvay	Givlaari	Rethymic	Yervoy	Cablivi	Haegarda	Revcovi	Yescarta	Cabometyx	Hemgenix	Roctavian	Zilbrysq	Carvykti	Hemlibra	Ryplazim	Zolgensma	Casgevvy	Increlex	Rystiggo	Zynlonta	Cerezyme	Jivi	Skysona	Zyntegol	Cinryze	Joenja	Sohonos		Columvi	Kimtrak	Soliris		Crysvita	Korlym	Spinraza		Danyelza	Krystexxa	Stelera		Daybue	Lamzede	Takhzyro		Elahere	Livmarli	Talvey		Elaprase	Lumizyme	Tecvayli			Luxturna	Tepezza			Mepsevii		
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	<p>Post-administration retrospective requests for authorization will not be accepted for review</p>																																																																																																																			
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	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.
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).	Prior authorization required
Neuropsychological and Psychological Testing for a primary medical diagnosis or needed prior to having a medical or surgical procedure.	Prior authorization required
Outpatient Rehabilitation Services (PT/OT/SLP) for members <21yo	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. Members should call the Beneficiary Service Hotline 800-492-5321 if they have questions or are looking for participating providers.
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 <u>prior authorization required from 1st visit 7-1-2018</u>
Pediatric Exceptions for University of Maryland Medical Center main campus, University of Maryland Midtown Campus, University of Maryland Rehab and Orthopedic Institute(formally Kernan) and Sinai Hospitals	For children <21 years old, Univ. of Maryland Medical Center Main Campus, Univ. of Maryland Midtown Campus, Univ. of Maryland Rehab and Orthopedic Institute (formally Kernan) and Sinai Hospitals 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 condition, 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	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.
Private Duty Nursing	Prior Authorization required
Pulmonary Rehabilitation	Prior authorization required
Radiology- CT Scans, MRI's, X-RAYS, nuclear medicine, and Sonograms, and digital mammography	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.
Sleep Studies and Polysomnograms	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.
Spinal Cord Stimulators, Vagus Nerve Stimulators, 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	HLA Testing for BMT auth required Other labs at MD Hospitals require an auth.
Transplant	Prior authorization required
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	*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 <u>will</u> be covered as part of the Pharmacy benefit. No Prior authorization is required at the Pharmacy for these items.
Insulin Pumps or Continuous Glucose Monitors	Prior authorization required
*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.	