

MedStar Family Choice Providers and Providers who are not part of MedStar Family Choice: Prior Authorization

MedStar Family Choice will pay for the care you get when you go to one of our doctors or other healthcare providers. We call these doctors and other healthcare providers our network providers. All these in-network doctors can be found in your Provider Directory. A doctor or provider who is not one of ours is called an out-of-network provider.

If you go to an out-of-network doctor, hospital, lab or other provider, you will have to pay for the care you get. MedStar Family Choice does not cover you if you go to an out-of-network provider.

MedStar Family Choice may require prior authorization for certain services. Your participating doctor has been given a list of services that need prior authorization. In order for this to happen, the provider must contact MedStar Family Choice for approval. MedStar Family Choice requires 14 days to process a request once all necessary information has been received. If it is in your benefit, MedStar Family Choice can extend the decision-making process another 14 days if we need additional information from you or your provider. The decision may be shorter, depending on the urgency of the request. MedStar Family Choice will review all requests on an individual basis.

Prior authorization (or prior approval) means to get approval from your health plan for a health service before the service is provided. Usually your doctor will take care of this for you.