

Do You Need a Referral?		
Type of Visit	Referral Yes/No	If yes, how?
Emergency Room	No	
Any visit to your PCP	No	
Any visit to your OB/GYN	No	
Any visit to your dentist	No	
Any visit to your eye doctor	No	
Mental Health Services	No	
Substance Abuse	No	
Specialist	Yes	Obtain a referral from your PCP
Urgent Care Centers	No	

List of Services Requiring Approval Before Receiving (Prior Authorization)
How to Obtain: Your PCP will obtain prior authorization from MSFC Care Management for these services. This list of services is not meant to be all inclusive. Please contact Member Services at 1-888-404-3549 with any questions.
Ambulance/Wheelchair Van Transportation (<i>No Auth required for Wheelchair/ Van Provided by Access2Care</i>)
Ambulatory Surgery by an out of network doctor/facility
Bariatric Surgery Program, including outpatient surgeries
Cardiac Rehabilitation
Chiropractic Services –Adult (<i>Not a covered benefit</i>)
Chiropractic Services – Children (<i>Not a covered benefit</i>)
Cosmetic Procedures (<i>Not a covered benefit</i>)
Diabetes and Nutritional Counseling – after the first three visits with an in-network provider
Durable Medical Equipment (DME) required for more than \$1,000.00)
Durable Medical Supplies (Soft Supplies) more than \$500.00
Elective Admissions
Erectile Dysfunction Procedures
Home Health after 3 visit with an in-network provider
Hospice Care
Hyperbaric Oxygen
Infusion/Injectables
Investigational Surgery
Neuro-psychological testing
Braces and Splints that cost over \$250.00
Out of Network Services of any kind
Pain Injections
PET Scans
Pre-Transplant Testing
Prosthetics
Pulmonary Rehabilitation
Rehabilitation Services (PT/OT/ST) >20 visits
Skilled Nursing Facility Care
Transplants admissions require pre-authorization from the District of Columbia. Transplants are not a covered benefit for our Alliance members.
Wound Care