

## January 2016 Topic of the Month

### MedStar Family Choice Medicaid Updated Authorization Rules Quick Reference Guide Effective March 1, 2016

To all of our valued practitioners of MedStar Family Choice Medicaid in Maryland and the District of Columbia:

***We have listened and heard your concerns about the burden of obtaining authorizations!***

We hope that you will be pleased with the updates we have made to streamline the authorization process for both the Maryland and District of Columbia Medicaid Plans. There are many services that no longer require authorization!

Please review the revised *MedStar Family Choice Quick Reference Guide* carefully. Rules will be effective for all claims submitted after March 1, 2016.

For questions or comments related to this communication, please contact your MedStar Family Choice Provider Relations Representative in Maryland at 1-800-905-1722 and in the District of Columbia at 1-855-210-6203.

# MedStar Family Choice Quick Reference Guide

	MEDSTAR FAMILY CHOICE - MD	MEDSTAR FAMILY CHOICE- DCHF	MEDSTAR FAMILY CHOICE ALLIANCE
<b>INPATIENT elective procedures (in or out of network)</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Any Out of Network Services</b>	Prior authorization required	Prior authorization required	No out of network benefits
<b>OUTPATIENT In-Network, facility based, procedures. See exceptions below.</b>	No prior auth required. See exceptions below.	No prior auth required. See exceptions below.	No prior auth required. See exceptions below.
<b>Exceptions Requiring Prior Authorization</b>			
<b>Cosmetic procedures</b>	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	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	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
<b>Coumadin Clinics</b>	Authorization required for clinics in regulated space.	No prior authorization required, in network	No prior authorization required, in network
<b>Epidural injections (cervical and lumbar), Facet blocks, Trigger Point Injections, Rhizotomies</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Heart Failure Clinics</b>	Prior authorization required	Prior authorization required	Prior authorization required

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<b>Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program)</b>	Prior authorization required	Prior authorization required	N/A
<b>PET Scans</b>	Prior authorization required	Prior authorization required	Not a covered benefit
<b>Pre-operative Bariatric Surgery Program</b>	Prior authorization required	Prior authorization required	Not a covered benefit
<b>Radiology- CT Scans, MRI's, X-RAYS</b>	No authorization required if performed at par-free-standing facilities. Only hospitals: Union Memorial Hospital, St. Mary's Hospital and So. Maryland Hospital In DC, WHC and Georgetown Hospital *See website or contact member services for In-Network facilities.	No authorization required if performed at a par-DC facility *See website or contact member services for In-Network facilities.	No authorization required if performed at a par-DC facility *See website or contact member services for In-Network facilities.
<b>Sleep Studies</b>	No authorization required if performed at a par-free-standing facilities. Only hospitals: St. Mary's Hospital and So. Maryland Hospital *see website or contact member services for in-network facilities.	No prior authorization required if done at an in network facility *see website or contact member services for in-network facilities.	No prior authorization required if done at an in network facility *see website or contact member services for in-network facilities.
<b>Durable Medical Equipment (DME)</b>			
<b>Braces, (Orthotics, Prosthetics) and Splints costing over \$250 excludes foot orthotics</b>	Prior authorization required for items costing over \$250.00	Prior authorization required for items costing over \$250.00	Prior authorization required for items costing over \$250.00
<b>Foot orthotics, custom shoes, diabetic orthotics or shoes, CAM Walking Boot</b>	Prior authorization required	Prior authorization required if > \$1000	Prior authorization required if > \$1000
<b>Durable Medical Equipment</b>	Prior auth required for items billed >\$1000 or rental equipment over 90 days. *See website or contact Member Services for in network vendors.	Prior auth required for items billed > \$1000 or rental equipment over 90 days. *See website or contact Member services for in network vendors	Prior auth required for items costing > \$1000 or rental equipment over 90 days. *See website or contact Member services for in network vendors

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<b>Durable Medical Supplies (soft supplies)</b>	Prior authorization required for billed amounts >\$500 per vendor/per month. *See website or contact Member Services for In Network vendors.	Prior authorization required for billed amounts >\$500 per vendor/per month. *See website or contact Member Services for In Network vendors.	Prior authorization required for billed amounts >\$500 per vendor/per month. *See website or contact Member Services for In Network vendors.
<b>Insulin Pumps or Continuous Glucose Monitors</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Non-Facility Based Services-In-Network</b>			
<b>Ambulance/Wheelchair/Van Transport</b>	Prior authorization required No reimbursement to county Fire Departments	Auth required for Ambulance. No Auth required for Wheelchair/Van Provided by Access2Care. Transport outside of DC, Auth Required. DCFD is reimbursed	Non-Emergency Transport is not covered. DCFD is reimbursed
<b>Audiology Services for members &lt;21 you</b>	Refer to DHMH (877-463-3464)	Prior authorization required	Prior authorization required
<b>Audiology Services for members &gt;21 you</b>	Not a covered benefit	Prior authorization required	Prior authorization required
<b>Cardiac Rehabilitation</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Infertility or Impotence Services/Therapies</b>	Not a covered benefit	Not a covered benefit	Not a covered benefit
<b>Home Health Care</b>	Authorization required after first 3 visits with in network provider	Authorization required after first 3 visits with in network provider	Authorization required after first 3 visits with in network provider
<b>Hospice, Skilled Nursing and Acute Rehab Facilities</b>	All Services Prior authorization required	All Services Prior authorization required	All Services Prior authorization required
<b>Genetic Counseling</b>	The OB meets with the family and charges a regular office visit.	The OB meets with the family and charges a regular office visit.	The OB meets with the family and charges a regular office visit.
<b>Genetic Testing (not done through Lab Corp)</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Chiropractic Services for members &lt;21 years old</b>	Prior authorization required for >10 visits per condition	Not a covered benefit	Not a covered benefit
<b>Chiropractic Services for members <u>&gt;</u>21 years old</b>	Not a covered benefit	Not a covered benefit	Not a covered benefit

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<b>Hyperbaric Oxygen</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Investigational Surgery: Emerging Technology, Services, Procedures</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Diabetes and Nutritional Counseling</b>	In office (from 4 visits) In Network Homecare agency (after 3 visits) and Hospital based visits (from visit 4)require authorizations.	In office (from 4 visits) In Network Homecare agency (after 3 visits) and Hospital based visits (from visit 4)require authorizations.	In office (from 4 visits) In Network Homecare agency (after 3 visits) and Hospital based visits (from visit 4)require authorizations.
<b>Laboratory Services</b>	No prior auth required if done at an In Network freestanding facility (Labcorp). Capitated for Maryland Members.	No prior auth required if done at an In Network DC facility. *See website or contact Member Services for In Network facilities	No prior auth required if done at an In Network DC facility. *See website or contact Member Services for In Network facilities
<b>Neuro-psych Testing</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Outpatient rehab services (PT/OT/SLP) for members &lt;21yo</b>	Refer to DHMH (877-463-3464)	Prior authorization required for >20 visits per injury, per service	Prior authorization required for >20 visits per injury, per service
<b>Outpatient rehab services (PT/OT/SLP) for members ≥21yo</b>	Prior authorization required for >20 visits per injury, per service	Prior authorization required for >20 visits per injury, per service	Prior authorization required for >20 visits per injury, per service
<b>Pulmonary Rehabilitation</b>	Prior authorization required	Prior authorization required: Must go to INOVA as no facilities in DC	Prior authorization required: Must go to INOVA as no facilities in DC
<b>Sterilization Reversals</b>	Not a covered benefit	Not a covered benefit	Not a covered benefit
<b>Transplants--Pre-Transplant testing</b>	Prior authorization required	Prior authorization required	Transplants are NOT a covered benefit
<b>Transplant</b>	Prior authorization required	Needs prior authorization from District of Columbia	Transplants are NOT a covered benefit
*Please contact Member Services at 888-404-3549 or go to our website at <a href="http://MedStarFamilyChoice.com">MedStarFamilyChoice.com</a> for assistance with finding in network vendors, physicians or facilities for all plans.			

**Alliance Coverage Exclusions:**

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			Screening and stabilization services for Emergency Medical Conditions, provided outside the District
			Non-emergency transportation services
			Services furnished in schools
			Any Covered Services when furnished by Providers outside of the District
			Services and supplies related to surgery and treatment for temporal mandibular joint problems (TMJ);
			Chiropractic services
			Cosmetic surgery
			Open heart surgery
			Organ transplantation Infertility treatment;
			Sclerotherapy
			Therapeutic abortions
			Vision care for adults
			Treatment for obesity
			Infertility treatment
			Experimental Treatment and investigational services and items
			Treatment for mental health, behavioral health and alcohol or substance abuse services, except services related to medical treatment received in a hospital for life threatening withdrawal from alcohol or narcotic drugs;
		*Covered by the District of Columbia. Claims for these services should be submitted directly to the Department of Health Care Finance for reimbursement under Medicaid	Deliveries*
			Emergency Medical Conditions*
			Mental health and substance abuse services*