



MedStar Family  
Choice

**Provider Alert**  
**July 29, 2016**

**Updated Authorization Rules**  
**Quick Reference Guide**  
***Effective September 1, 2016***

**MedStar Family Choice-Maryland HealthChoice Product**  
**MedStar Family Choice-District of Columbia Healthy Families**  
**MedStar Family Choice-District of Columbia HealthCare Alliance**

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Thank you to all who have provided comments to us about our new Quick Reference Guide. We are pleased to have heard so many positive comments!

To address some of the questions we have received, MFC has made some updates to the Quick Reference Guide that went into effect on March 1, 2016.

Please review the revised *MedStar Family Choice Quick Reference Guide* carefully. Rules will be effective for all claims submitted on or after September 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, option 5 and in the District of Columbia at 1-855-210-6203, option 5.

## MedStar Family Choice Quick Reference Guide: Effective 9/1/16

 <b>MedStar Family Choice</b>	<b>MEDSTAR FAMILY CHOICE - MD HEALTHCHOICE</b>	<b>MEDSTAR FAMILY CHOICE - DC HEALTHY FAMILIES</b>	<b>MEDSTAR FAMILY CHOICE - ALLIANCE</b>
	<b>INPATIENT elective procedures (in or out of network)</b>	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 (practitioner and facility), 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>Ambulance/Wheelchair/Van Transport</b>	Prior authorization required No reimbursement to county Fire Departments	Auth required for non-emergency Ambulance. No Auth required for Wheelchair/Van Provided by Access2Care. Transport outside of DC, Auth Required. DCFD is reimbursed without prior authorization.	Non-Emergency Transport is not covered. DCFD is reimbursed without prior authorization.
<b>Abortions</b>	Not Covered by MCO	Authorization required. Covered only under certain circumstances	Not a covered benefit

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<b>Audiology Services for members &lt;21 y/o</b>	Hearing services provided by an audiologist should be billed directly to DHMH (877-463-3464)	Prior authorization required for hearing aid appliances only	Prior authorization required for hearing aid appliances only
<b>Audiology Services for members ≥21 y/o</b>	Hearing services billed by an audiologist are not a covered benefit ***Vestibular testing by an audiologist requires prior authorization	Prior authorization required for hearing aid appliances only	Prior authorization required for hearing aid appliances only
<b>Bariatric Surgery Program - Including OP Surgeries</b>	Prior authorization required	Prior authorization required	Not a covered benefit
<b>Cardiac Rehabilitation</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 ≥21 years old</b>	Not a covered benefit	Not a covered benefit	Not a covered benefit
<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

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<b>Diabetes and Nutritional Counseling</b>	Office, Homecare or Hospital Based services, no authorization required for the first 3 visits. After 3 visits, an auth is required.	Office, Homecare or Hospital Based services, no authorization required for the first 3 visits. After 3 visits, an auth is required.	Office, Homecare or Hospital Based services, no authorization required for the first 3 visits. After 3 visits, an auth is required.
<b>Epidural injections (cervical and lumbar), Facet blocks, Trigger Point Injections, Rhizotomies</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Erectile Dysfunction Procedures</b>	Prior authorization required	Prior authorization required	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>Heart Failure Clinics</b>	Prior authorization required	Prior authorization required	Prior authorization required
<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>Hyperbaric Oxygen</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Infertility Services</b>	Not a covered benefit	Not a covered benefit	Not a covered benefit
<b>Investigational Surgery, Emerging Technology, Services, Procedures</b>	Prior authorization required	Prior authorization required	Prior authorization required

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<b>Laboratory Services</b>	No prior auth required if done at an In Network freestanding lab facility (LabCorp). Capitated for Maryland Members.	No prior auth required if done at an In Network DC facility.	No prior auth required if done at an In Network DC facility.
<b>Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program)</b>	Prior authorization required	Prior authorization required	N/A
<b>Neuropsychological Testing</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Outpatient Rehabilitation 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 Auth required for Whirlpool Treatments	Prior authorization required for >20 visits per injury, per service Auth required for Whirlpool Treatments
<b>Outpatient Rehabilitation 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>PET Scans</b>	Prior authorization required	Prior authorization required	Prior authorization required
<b>Pulmonary Rehabilitation</b>	Prior authorization required	Prior authorization required: May go to INOVA as no facilities in DC	Prior authorization required: May go to INOVA as no facilities in DC

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<b>Radiology- CT Scans, MRI's, X-RAYS and Sonograms</b>	No authorization required if performed at par-free-standing facilities. Only hospitals: 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 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 and Polysomnograms</b>	No authorization required if performed at a par-free-standing facilities. Only hospitals: MS St. Mary's Hospital, MS So. Maryland Hospital, and MS NRH. *see website for participating Free Standing 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>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	Not MCO liability. Requires prior authorization from District of Columbia	Transplants are NOT a covered benefit
<b>DME</b>			
<b>Braces, (Orthotics, Prosthetics) and Splints costing over \$250 excludes foot orthotics</b>	Prior authorization required for items billed over \$250.00	Prior authorization required for items billed over \$250.00	Prior authorization required for items billed over \$250.00

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<b>Durable Medical Equipment</b>	Prior auth required for claims billed >\$1000 or rental equipment over 90 days. *See website or contact Member Services for in network vendors.	Prior auth required for claims billed > \$1000 or rental equipment over 90 days. *See website or contact Member services for in network vendors	Prior auth required for claims billed > \$1000 or rental equipment over 90 days. *See website or contact Member services for in network vendors
<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>Foot orthotics, custom shoes, diabetic orthotics or shoes, CAM Walking Boot</b>	Prior authorization required	Prior authorization required if > \$1000 billed amount	Prior authorization required if > \$1000 billed amount
<b>Insulin Pumps or Continuous Glucose Monitors</b>	Prior authorization required	Prior authorization required	Prior authorization required
*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.			See chart below for list of Alliance Coverage Exclusions
<p style="text-align: center;"><b>Alliance Coverage Exclusions:</b></p> <p style="text-align: center;">Screening and stabilization services for Emergency Medical Conditions, provided outside the District</p>			
<p>*** This is a Quick Reference Guide. It is not meant to be all inclusive. Please contact MD MFC at: 1-800-905-1722. DC MFC at: 1-855-210-6203 for further details or questions***</p>			

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Emergency Medical Conditions*
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
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;
Deliveries*



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Non-emergency transportation services
Mental health and substance abuse services*
<b>*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</b>