

MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE Effective 4-1-2017	MEDSTAR FAMILY CHOICE - MD HEALTHCHOICE	MEDSTAR FAMILY CHOICE - DC HEALTHY FAMILIES	MEDSTAR FAMILY CHOICE - ALLIANCE
INPATIENT elective procedures (in or out of network)	Prior authorization required	Prior authorization required	Prior authorization required: All Alliance OB Deliveries are not MCO Liability.
Inpatient admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services	State of Maryland Carve Out service	Authorization and instructions will be obtained from Beacon Health. Refer to DC Mental Health and Substance Abuse Payment Policy.	Not a covered benefit. Refer to DC Mental Health and Substance Abuse Payment Policy.
Any Out of Network Services	Prior authorization required	Prior authorization required	No out of network benefits
OUTPATIENT In-Network (practitioner AND facility), facility based procedures. See exceptions below.	No prior auth required, unless included below in 'Exceptions Requiring Prior Authorization.'	No prior auth required, unless included below in 'Exceptions Requiring Prior Authorization.'	No prior auth required, unless included below in 'Exceptions Requiring Prior Authorization.'
Exceptions Requiring Prior Authorization			
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.	Auth required for non-emergency Ambulance. No auth required for hospital to hospital transfers No Auth required for Wheelchair/Van Provided by Access2Care. Auth Required for Transport outside of DC, Auth Required. DC Fire Department is reimbursed without prior authorization.	Non-Emergency Transport is not covered. DC Fire Department is reimbursed without prior authorization.
Abortions	Elective Abortions not MCO liability. Refer to DHMH (877-463-3464) Not covered under the Self-Referral Services.	Elective Abortions not MCO liability. Covered only under certain circumstances and requires authorization. Not covered under the Self-Referral Services.	Not a covered benefit

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Audiology Services for members <21 y/o	Not MCO liability. Refer to DHMH (877-463-3464) for audiology services, and hearing aid appliances and supplies.	Prior authorization required for hearing aid appliances and supplies only	Prior authorization required for hearing aid appliances and supplies only
Audiology Services for members ≥21 y/o	Audiology is not a covered benefit Vestibular testing by an audiologist requires prior authorization	Prior authorization required for hearing aid appliances and supplies only	Prior authorization required for hearing aid appliances and supplies only
Bariatric Surgery Program - Including OP Surgeries	Prior authorization required	Prior authorization required	Not a covered benefit
Cardiac Rehabilitation	Prior authorization required	Prior authorization required	Prior authorization required
Chiropractic Services for members <21 years old	Prior authorization required for >10 visits per condition	Not a covered benefit	Not a covered benefit
Chiropractic Services for members ≥21 years old	Not a covered benefit	Not a covered benefit	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 or 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 or 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 or brow ptosis
Coumadin Clinics	Authorization required for clinics in regulated space. (Prefer monitoring by physician with labs to LabCorp)	No prior authorization required, in network	No prior authorization required, in network
Diabetes and Nutritional Counseling	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.
Epidural injections (cervical and lumbar), Facet blocks, Rhizotomies	Prior authorization required	Prior authorization required	Prior authorization required
Erectile Dysfunction Procedures	Prior authorization required	Prior authorization required	Prior authorization required
Genetic Counseling	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.
Genetic Testing	Prior authorization required	Prior authorization required	Prior authorization required
Heart Failure Clinics	Prior authorization required	Prior authorization required	Prior authorization required

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Home Health Care	Authorization required after first 6 visits with in network provider. Includes Home Infusion Nursing (99601 and 99602)	Authorization required after first 6 visits with in network provider. Includes Home Infusion Nursing, (99601 and 99602)	Authorization required after first 6 visits with in network provider. Includes Home Infusion Nursing (99601 and 99602)
Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility	All Services Prior authorization required	All Services Prior authorization required	All Services Prior authorization required
Hyperbaric Oxygen	Prior authorization required	Prior authorization required	Prior authorization required
Infertility Services	Not a covered benefit	Not a covered benefit	Not a covered benefit
Investigational Surgery, Emerging Technology, Services, Procedures	Prior authorization required	Prior authorization required	Prior authorization required
Laboratory Services (excludes genetic testing)	No prior auth required if done at an In-Network free standing lab facility or at MedStar WHC and MedStar GUH.	No prior auth required if done at an In-Network free standing Lab facility or In-Network DC facility.	No prior auth required if done at an In-Network Free standing lab facility or In-Network DC facility.
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program)	Prior authorization required	Prior authorization required	N/A
Neuropsychological Testing	Prior authorization required	Prior authorization required	Prior authorization required
Outpatient Rehabilitation Services (PT/OT/SLP) for members <21yo	Not MCO liability. Refer to DHMH (877-463-3464)	Prior authorization required for >30 visits per injury, per service Auth required for Whirlpool Treatments	Prior authorization required for >30 visits per injury, per service Auth required for Whirlpool Treatments
Outpatient Rehabilitation Services (PT/OT/SLP) for members ≥21yo	Prior authorization required for >30 visits per injury, per service	Prior authorization required for >30 visits per injury, per service Auth required for Whirlpool Treatments	Prior authorization required for >30 visits per injury, per service Auth required for Whirlpool Treatments
PET Scans	Prior authorization required	Prior authorization required	Prior authorization required
Pulmonary Rehabilitation	Prior authorization required	Prior authorization required: May go to INOVA if no facilities in DC	Prior authorization required: May go to INOVA if no facilities in DC

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Radiology- CT Scans, MRI's, X-RAYS, nuclear medicine, and Sonograms, and digital mammography	No authorization required if performed at par free standing facilities. Only hospitals exceptions are: 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 par free-standing facilities.	No authorization required if performed at a par-DC facility *See website or contact member services for par DC facilities.	No authorization required if performed at a par-DC facility *See website or contact member services for par DC facilities.
Sleep Studies and Polysomnograms	No authorization required if performed at a participating, free standing facility. Facilities not requiring an auth: MS St. Mary's Hospital, MS So. Maryland Hospital, and MS NRH. *see website for participating free standing facilities.	No authorization required if performed at an in network facility *see website or contact member services for in-network facilities.	No authorization required if performed at an in network facility *see website or contact member services for in-network facilities.
Sterilization Reversals	Not a covered benefit	Not a covered benefit	Not a covered benefit
Transplants--Pre-Transplant testing	HLA Testing for BMT auth required. Other labs at MD Hospitals require an auth.	HLA Testing for BMT auth required	HLA Testing for BMT auth required
Transplant	Prior authorization required	Inpatient Claim for actual transplant services are not MCO liability. Requires prior authorization from District of Columbia	Inpatient Claim for actual transplant services are NOT a covered benefit*
DME			
Braces, (Orthotics, Prosthetics) and Splints costing over \$500.00 excludes foot orthotics	Prior authorization required for items billed over \$500.00	Prior authorization required for items billed over \$500.00	Prior authorization required for items billed over \$500.00
Durable Medical Equipment	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.

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Durable Medical Supplies (soft supplies and disposable items- includes enteral/parenteral supplies)	Prior authorization required for billed amounts >\$500 per member/per vendor/per month. *See website or contact Member Services for In Network vendors.	Prior authorization required for billed amounts >\$500 per member/ per vendor/per month. *See website or contact Member Services for In Network vendors.	Prior authorization required for billed amounts >\$500 per member/ per vendor/per month. *See website or contact Member Services for In Network vendors.
Foot orthotics, custom shoes, diabetic orthotics or shoes, CAM Walking Boot	Prior authorization required	Prior authorization required if > \$1000 billed amount	Prior authorization required if > \$1000 billed amount
Insulin Pumps or Continuous Glucose Monitors	Prior authorization required	Prior authorization required	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.			See chart below for list of Alliance Coverage Exclusions

***** This is a Quick Authorization 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 questions*****

Alliance Coverage Exclusions:
Screening and stabilization services for Emergency Medical Conditions, provided outside the District
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

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			<p>Alliance Coverage Exclusions:</p> <p>Infertility treatment</p> <p>Experimental Treatment and investigational services and items</p> <p>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</p> <p>Deliveries*</p> <p>Non-emergency transportation services</p> <p>Mental health and substance abuse services*</p> <p>*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</p>