

MEDSTAR FAMILY CHOICE QUICK AUTHORIZATION GUIDE Effective for claims received 6-1-18	MEDSTAR FAMILY CHOICE - MD HEALTHCHOICE
INPATIENT elective procedures (in or out of network)	Prior authorization required
Inpatient admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services	State of Maryland Carve Out service
Any Out of Network Services	Prior authorization required.
OUTPATIENT In-Network (practitioner AND facility), facility based procedures (includes outpatient Chemotherapy and Radiation Therapy).	No prior auth required, <u>unless included below</u> in 'Exceptions Requiring Prior Authorization.'
Exceptions Requiring Prior Authorization	
Acupuncture for Children <21 years old	Prior authorization required for >10 visits <i>per condition</i>
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.
Abortions	Elective Abortions not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464) Not covered under the Self-Referral Services.
Audiology Services for members <21 y/o	Not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464) for audiology services, and hearing aid appliances and supplies.
Audiology Services for members ≥21 y/o	Audiology is not a covered benefit Vestibular testing by an audiologist requires prior authorization
Bariatric Surgery Program - Including OP Surgeries	Prior authorization required
Cardiac Rehabilitation	Prior authorization required
Chiropractic Services for members <21 years old	Prior authorization required for >10 visits <i>per condition</i>
Chiropractic Services for members ≥21 years old	Not a covered benefit

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<p>Cosmetic procedures</p>	<p>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</p>
<p>Coumadin Clinics</p>	<p>Authorization required for clinics in regulated space. (Prefer monitoring by physician with labs to LabCorp)</p>
<p>Diabetes and Nutritional Counseling</p>	<p>Office, Homecare or Hospital Based services, no authorization required for the first 3 visits per condition . After 3 visits, an auth is required.</p>
<p>Epidural injections (cervical and lumbar), Facet blocks, Rhizotomies</p>	<p>Prior authorization required</p>
<p>Erectile Dysfunction Procedures</p>	<p>Prior authorization required</p>
<p>Eye procedures and surgeries</p>	<p>Prior authorization required for: blepharoplasty, capsulotomy, cataract removal, ectropion repair, entropion repair, eyelid lesion excision/reconstruction, keratoplasty, ptosis repair strabismus repair, destruction of lesion of lid margin, insertion of intraocular lens prosthesis (secondary implant) not associated with concurrent cataract removal, radial keratotomy, corneal relaxing incision for correction of surgically induced astigmatism, corneal wedge resection for correction of surgically induced astigmatism. Implantation of Intraocular devices, Orbital Prosthesis * Some eye procedure may be found under the Cosmetic Procedures *</p>
<p>Genetic Counseling</p>	<p>The OB meets with the family and charges a regular office visit.</p>
<p>Genetic Testing</p>	<p>Prior authorization required</p>
<p>Gender Reassignment Surgery</p>	<p>Prior authorization required</p>
<p>Heart Failure Clinics</p>	<p>Prior authorization required</p>
<p>Home Health Care</p>	<p>Authorization required after first 6 visits per condition , with in network provider Includes Home Infusion Nursing (99601 and 99602)</p>
<p>Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility</p>	<p>All Services Prior authorization required</p>

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Hyperbaric Oxygen	Prior authorization required
Infertility Services	Not a covered benefit
Investigational Surgery, Emerging Technology, Services, Procedures	Non-Covered Benefit except 0403T.
Laboratory Services (excludes genetic testing)	No prior auth required if done at an In Network freestanding lab facility or at MedStar WHC and MedStar GUH
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program)	Prior authorization required
Neuropsychological Testing	Prior authorization required
Outpatient Rehabilitation Services (PT/OT/SLP) for members <21yo	Not MCO liability. Refer to DHMH (877-463- 3464)
Outpatient Rehabilitation Services (PT/OT/SLP) for members ≥21yo	Prior authorization required for >30 visits <u>per injury, per service</u>
Pediatric Exceptions for University of Maryland Medical Center main campus, University of Maryland Midtown Campus, University of Maryland Rehab and Orthopedic Institute(formally Kernan) and Sinai Hospitals	<p>For children <21 years old, Univ. of Maryland Medical Center Main Campus, Univ. of Maryland Midtown Campus, Univ. of Maryland Rehab and Orthopedic Institute (formally Kernan) and Sinai Hospitals are considered in-network for doctor visits and clinic visits and services performed on the same day (PFTs, EEGs, EKGs, labs, x-rays, etc) do not require authorization.</p> <p>***Please note: Authorization is required, for services listed in the "Exceptions Requiring Prior Authorization" section of the Quick Authorization Guide (Example >3 nutrition visits per condition, Sleep studies, etc). All outpatient surgeries require authorization. Services such as diagnostic tests, Labs and Radiology <u>not done</u> on same day as an office visit or clinic visit require authorization.</p>
PET Scans	No authorization required if performed at participating free-standing facilities. Only hospital exceptions are: MS Union Memorial Hospital, MS St. Mary's Hospital, MS Southern Maryland, MedStar WHC and MedStar Georgetown Hospital. *see website for participating free standing facilities.
Private Duty Nursing	Prior Authorization required
Pulmonary Rehabilitation	Prior authorization required

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Radiology- CT Scans, MRI's, X-RAYS, nuclear medicine, and Sonograms, and digital mammography	No authorization required if performed at participating 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 participating free-standing facilities.
Sleep Studies and Polysomnograms	No authorization required if performed at a participating, free-standing facilities. Facilities not requiring an auth: MS St. Mary's Hospital, MS So. Maryland Hospital, and MS NRH. *see website for participating free standing facilities.
Sterilization Reversals	Not a covered benefit
Transplants--Pre-Transplant testing	HLA Testing for BMT auth required Other labs at MD Hospitals require an auth.
Transplant	Prior authorization required
DME	
Braces, (Orthotics, Prosthetics) and Splints costing over \$500.00 excludes foot orthotics	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.
Durable Medical Supplies (soft supplies and disposable items- includes enteral/parenteral supplies)	Prior authorization required for billed amounts >\$750, 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
Insulin Pumps or Continuous Glucose Monitors	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.	

*** This is a **Quick Authorization** Guide.

It is not meant to be all inclusive. Please contact MD MFC at : 1-800-