



**Summary of changes to the MedStar Family Choice Maryland HealthChoice Plan
Quick Authorization Guide effective for date of service 01/01/2023**

1. Home Health Care visits authorization still required from a par provider after 6 visits per discipline, Skilled Nurse, OT/PT/SLP. The change will be per **calendar year** and no longer per condition.
2. Outpatient Rehabilitation Services (PT/OT/SLP) for members ≥ 21 years old prior authorization still required for >30 visits from a par provider. The change will be per **calendar year** and no longer per condition.
3. The following medications has been added to the High Cost Medications list that require pre-authorization whether given as an inpatient or outpatient.

Adcetris	Krystexxa
Blinicyto	Myalept
Cablivi	Porcysbi
Crysvita	Takhzyro
HGattex	Tepezz
Haegarda	Vyondys
Karlym	Yervoy

Thank you,
MedStar Family Choice Utilization
Management Department
410-933-2200, option 2

MEDSTAR FAMILY CHOICE MARYLAND HEALTHCHOICE
QUICK AUTHORIZATION GUIDE
Effective for Date of Service 1/01/2023

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). **See exceptions below.	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 calendar year</i> .
Acupuncture for members ≥21 years old	Not a covered benefit
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 (All members)	Prior authorization required for: Cochlear implant devices and replacement components except microphone, transmitting cables and transmitting coils, All hearing aids, all auditory osseointegrated devices, Auditory Rehab codes: 92626, 92627, 92630 and 92633 done by any provider type
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 calendar year</i> .
Chiropractic Services for members ≥21 years old	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, brow ptosis
Coumadin Clinics	Authorization required for clinics in regulated space. (Prefer monitoring by physician with labs to LabCorp)
Diabetes and Nutritional Counseling	Office, Homecare or Hospital Based services, no authorization required for the first 3 visits <i>per calendar year</i> . After 3 visits, an auth is required.
Erectile Dysfunction Procedures	Prior authorization required
Eye procedures and surgeries	Prior authorization required for: blepharoplasty, capsulotomy, ectropion repair, entropion repair, eyelid lesion excision/reconstruction, keratoplasty, radial keratotomy, ptosis repair strabismus repair, Implantation of Intraocular devices, Insertion of drug-eluting implant, Orbital Prosthesis destruction of lesion of lid margin, insertion of intraocular lens prosthesis (secondary implant) not associated with concurrent cataract removal, corneal relaxing incision for correction of surgically induced astigmatism, corneal wedge resection for correction of surgically induced astigmatism, * Some eye procedure may be found under the Cosmetic Procedures *
Genetic Counseling	The OB meets with the family and charges a regular office visit.
Genetic Testing	Prior authorization required
Gender Reassignment Surgery	Prior authorization required
Heart Failure Clinics	Prior authorization required

High Cost Medications	<p>Prior authorization required whether being administered inpatient or outpatient for the following medications:</p> <table border="0"> <tr><td>Abecma</td><td>Orfadin</td></tr> <tr><td>Actimmune</td><td>Orladeyo</td></tr> <tr><td>Adcetris</td><td>Oxlumo</td></tr> <tr><td>Amondys 45</td><td>Procysbi</td></tr> <tr><td>Blinicyto</td><td>Poteligeo</td></tr> <tr><td>Breyanzi</td><td>Ravicti</td></tr> <tr><td>Cablivi</td><td>Revcovi</td></tr> <tr><td>Cerezyme</td><td>Soliris</td></tr> <tr><td>Cinryze</td><td>Spinraza</td></tr> <tr><td>Crysvita</td><td>Takhzyro</td></tr> <tr><td>Elaprase</td><td>Tepezza</td></tr> <tr><td>Empaveli</td><td>Ultomiris</td></tr> <tr><td>Evkeeza</td><td>Viltepso</td></tr> <tr><td>Gattex</td><td>Vimizim</td></tr> <tr><td>Haegarda</td><td>Vyondys</td></tr> <tr><td>Korlym</td><td>Yervoy</td></tr> <tr><td>Krystexxa</td><td>Zolgensma</td></tr> <tr><td>Myalept</td><td></td></tr> <tr><td>Norovseven</td><td></td></tr> <tr><td>Nulibry</td><td></td></tr> </table> <p>Post-administration retrospective requests for authorization will not be accepted for review.</p>	Abecma	Orfadin	Actimmune	Orladeyo	Adcetris	Oxlumo	Amondys 45	Procysbi	Blinicyto	Poteligeo	Breyanzi	Ravicti	Cablivi	Revcovi	Cerezyme	Soliris	Cinryze	Spinraza	Crysvita	Takhzyro	Elaprase	Tepezza	Empaveli	Ultomiris	Evkeeza	Viltepso	Gattex	Vimizim	Haegarda	Vyondys	Korlym	Yervoy	Krystexxa	Zolgensma	Myalept		Norovseven		Nulibry	
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Home Health Care	<p>Authorization required after first 6 visits, with in network provider per calendar year.</p> <p>Includes Home Infusion Nursing (99601 and 99602)</p>																																								
Home Visiting Services	<p>Prior authorization required for >30 visits</p>																																								
Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility	<p>All Services Prior authorization required</p>																																								
Hyperbaric Oxygen	<p>Prior authorization required</p>																																								
Infertility Services	<p>Not a covered benefit</p>																																								
Investigational Surgery, Emerging Technology, Services, Procedures	<p>Non-Covered Benefit except unless reviewed by a Medical Director and determined to be Medically Necessary, and then it requires an authorization.</p>																																								
Laboratory Services (excludes genetic testing)	<p>No prior auth required if done at an In Network freestanding lab facility or at MedStar WHC and MedStar GUH</p>																																								
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).	<p>Prior authorization required</p>																																								
Neuropsychological Testing	<p>Prior authorization required.</p>																																								

Outpatient Rehabilitation Services (PT/OT/SLP) for members <21yo	Not MCO liability. Providers refer to MDH (877-463-3464), except for auditory rehabilitation codes 92626, 92627, 92630, 92633 are MFC's responsibility to cover and prior authorization is required. Members should call the Beneficiary Service Hotline 800-492-5321 if they have questions or are looking for participating providers.
Outpatient Rehabilitation Services (PT/OT/SLP) for members ≥21yo	Prior authorization required for >30 visits, <u>per calendar year</u> except for auditory rehabilitation codes 92626, 92627, 92630, 92633 are MFC's responsibility to cover and prior authorization required from 1st visit 7-1-2018
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	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. ***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.
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
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: Children's National Medical Center, 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: Children's National Medical Center, MS St. Mary's Hospital, MS So. Maryland Hospital, and MS Montgomery Medical Center. *see website for participating free standing facilities.

Spinal Cord Stimulators, Vagus Nerve Stimulators, Sacral Nerve Stimulators and Peripheral Nerve Stimulators (PNS Sprint procedure) trial and implantation	Prior authorization required
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. All hearing aids, cochlear implants, auditory ossintergrated devices require authorizaiton regardless of cost
Durable Medical Supplies (soft supplies and disposable items- includes enteral/parenteral supplies, Batteries, ear molds, components for hearing aids, cochlear implant or auditory osseointegrated devices)	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	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 : 1-800-905-1722.