MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE Effective 11/01/2026	MEDSTAR FAMILY CHOICE DC Healthy Families
ALL OUT-OF-NETWORK/ NON-PAR SERVICE	**Prior Authorization Required**
Emergency Medical Conditions (ED)	**No** Prior Authorization Required for Emgergency Department visits
INPATIENT Admissions (in network or out of network)	**Authorization Required**
INPATIENT & OUTPATIENT Admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services (in network or out of network)	**Prior Authorization Required**
OUTPATIENT In-Network **(Practitioner AND Facility)** **Facility based procedures (includes outpatient Chemotherapy and Radiation Therapy)**	**No** Prior Authorization Required, unless included below under the 'Exceptions Requiring Prior Authorization' section (See **EXCEPTIONS** below)
EXCEPTIONS REQUIRING PRIOR AUTHORIZATION	
ABA Services	**Prior Authorization Required**
Abortions	Elective Therapeutic Abortions are NOT A COVERED BENEFIT by MFC-DC. **Prior Authorization Required f**or Medical Abortions ONLY if the Federal Criteria are met
Acupuncture for Children < 21 years old	Prior Authorization Required for >10 visits ***per calendar year***
Acupuncture for Enrollees ≥21 years old	NOT A COVERED BENEFIT

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Audiology Services **Cochlear Implants**	**Prior Authorization Required** for: - Cochlear implant (BAHA) devices. - Replacement components (except microphone, transmitting cables and transmitting coils,) - All hearing aids - All auditory osseointergrated devices Auditory Rehab codes: 92626, 92627, 92630 and 92633 done by any provider type
Bariatric Surgery Program - Including OP Surgeries	Prior Authorization Required for these codes: 43659- Unlisted lap procedure of the stomach newly added for 8/15/26 43644 - Lap Gastric Bypass/roux-en-y 43645- Lap gastr bypass incl small incision 43770 - Adjustable Gastric Banding 43771 - Lap revise gastric adj device 43773 - Lap replace gastric adj device 43775 - Gastric sleeve gastrectomy 43842 - Vertical Banding gastroplasty 43843 - Gastroplasty w/o v-band 43845 - Gastroplasty duodenal switch (Not a covered code; do not enter for auth) 43846- Open Gastric Bypass for Obesity 43847 - Long-Limb Bypass - Gastric bypass including small incision 43848 - Revision gastroplasty 43860- Open surgical revision of a gastrojejunal connection(gastrojejunostomy) newly added for 8/15/26 43889-Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG) newly added for 8/15/26 43999 - Used for Overstitch Procedure, Lap Gastric Plication, Mini-Gastric Bypass

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Bone Growth Stimulators	Prior authorization required for the following codes: 20974, 20975, 20979			
Breast Reconstruction	Prior authorization required for the following codes: 11971, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396			
Cardiac Catheterizations and Angiograms	Prior authoriztion required for the following codes: 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93596, 93597			
Cardiac Rehabilitation	**Prior Authorization Required**			
Chiropractic Services for Enrollees <21 years old	**Prior Authorization Required** for >10 visits ***per calendar year***			
Chiropractic Services for Enrollees >21 years old	NOT A COVERED BENEFIT			
Clinical Trials	**Prior Authorization Required**			

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Cosmetic procedures	NOT A COVERED BENEFIT Examples of cosmetic procedures include (but not limited to): -Breast reduction (male or female) -Blepharoplasty -Brow ptosis -Rhinoplasty -Sclerotherapy -Septoplasty -Skin tag removal -Panniculectomy
Coumadin Clinics	**Prior Authorization Required**
Diabetes and Nutritional Counseling	**Prior Authorization Required** after > THREE (3) visits ***per Calendar Year*** (Office, Homecare or Hospital Based services)
Early Intervention Services	**Prior Authorization Required**
Erectile Dysfunction Procedures	**Prior Authorization Required**
Eye procedures and surgeries	**Prior Authorization Required** for: -Blepharoplasty; -Capsulotomy; -Corneal relaxing incision for correction of surgically induced astigmatism; -Corneal wedge resection for correction of surgically induced astigmatism; -Destruction of lesion of lid margin; -Ectropion repair; -Entropion repair; -Eyelid lesion excision or reconstruction; -Implantation of Intraocular devices; -Insertion of intraocular lens prosthesis (secondary implant) not associated with concurrent cataract removal; -Keratoplasty, -Orbital Prosthesis; -Ptosis repair; -Radial keratotomy; -Strabismus repair; **** Some eye procedure may be found under the Cosmetic Procedures ****
Genetic Counseling	**Prior Authorization Required**

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Genetic Testing	**Prior Authorization Required**
Gender Reassignment Surgery/Transgender Surgery	**Prior Authorization Required**
Heart Failure Clinics	**Prior Authorization Required**
Home Health Care	**Prior Authorization Required for all visits**
Hospice Care (IP and OP) **Skilled Nursing Facility** **Acute Rehab Facility**	**Prior Authorization Required** ***Custodial Care (long-term care) not covered by the MCO***
Hyperbaric Oxygen	**Prior Authorization Required**
Infertility Services	NOT A COVERED BENEFIT
Infusion Services **(in the Home and Free-Standing Facility)**	**No** Prior Authorization Required for the Home Infusion Therapy or Medications from in-network provider

MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE Effective 11/01/2026	MEDSTAR FAMILY CHOICE DC Healthy Families			
Investigational Surgery Emerging Technology, Services, Procedures (Also See Clinical Trials)	**Prior Authorization Required**			
Laboratory Services (includes Genetic Testing)	**No** Prior Authorization Required if done at an in-network freestanding lab facility. **Prior Authorization Required for**: genetic testing, lab testing at a hospital, non contracted lab, reference lab, etc.			
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies)	**Prior Authorization Required**			
Neuropsychological Testing	**Prior Authorization Required**			
	Prior Authorization required for the following codes:			
Ortho and Spine Procedures	22102	22800	27134	63020
	22103	22802	27137	63020
	22210	22804	27138	63030
	22212	22808	27279	63030
	22214	22810	27427	63032
	22216	22812	27428	63035
	22220	22830	27446	63040
	22222	22836	27447	63042
	22224	22837	27487	63043
	22226	22838	27570	63044
	22510	22840	29806	63045

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	22511	22841	29807	63045
	22512	22842	29821	63046
	22513	22843	29822	63047
	22514	22844	29823	63047
	22515	22844	29825	63048
	22532	22845	29826	63048
	22533	22845	29827	63050
	22534	22846	29828	63050
	22548	22846	29860	63051
	22551	22847	29861	63051
	22551	22847	29868	63052
	22552	22848	29873	63053
	22552	22848	29874	63055
	22554	22849	29875	63056
	22556	22849	29877	63057
	22558	22856	29879	63064
	22585	22857	29880	63066
	22590	22858	29881	63075
	22595	22860	29882	63075
	22600	22861	29883	63076
	22600	22862	29888	63077
	22610	22865	29914	63078
	22612	23120	29915	63081
	22612	23130	29916	63082
	22614	23470	29999	63085
	22614	23472	63001	63086
	22630	23473	63003	63090
	22630	23700	63005	63091
	22632	24786	63011	63200
	22633	27120	63012	63265
	22633	27125	63015	63266
	22634	27130	63016	63267
	22702	27132	63017	C1821
Outpatient Rehabilitation Services **Physical Therapy (PT)** **Occupational Therapy (OT)** **Speech Language Pathology (SLP)**	**Prior Authorization Required** after >30 visits ***per calendar year***			

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Pain Injections	Prior authorization required for the following the codes: 27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495
Personal Care Aide (PCA)	**Prior Authorization Required** For Assessments (Initial/ Recertifcation/condition change): Submit **ePOF** (Electronic Prescription Order Form), along with any clinical information from the PCP/ treating physician via DHCF portal
PET Scans	**The following PET/PET CT codes require Prior Authorization: 78811, 78812, 78813, 78814, 78815, 78816, 78451, 78452, 78459, 78491, and 78492.** **All other PET scan codes do not require prior authorization if performed at a participating free-standing radiology facility or contracted hospital**
Private Duty Nursing	**Prior Authorization Required**
Proton Beam Radiotherapy	Prior authorization required for the following codes: 77520, 77522, 77523, 77525
Pulmonary Rehabilitation	**Prior Authorization Required**
Radiology: CT Scans, MRI's, X-RAYS, Nuclear Medicine, Sonograms, Digital Mammography	**The following Advanced Imaging services/codes requires Prior Authorization:** **Breast Imaging: 77049** **Cardiac Imaging: 75561, 75571, 75572, 75574** **CT/CTA:70450, 70460, 70470, 70486, 70491, 70496, 70498, 71250, 71260, 71275, 72125, 72128, 72131, 73200, 73700, 74150, 74160, 74174, 74176, 74177, 74178** **MRI/MRA: 70543, 70544, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 72141, 72146, 72148, 72156, 72157, 72158, 72192, 72195, 72197, 73218, 73220, 73221, 73222, 73223, 73718, 73720, 73721, 73723, 74181, 74183** **Nuclear Cardiology: 78451, 78452, 78459, 78491, 78492** **PET/PET CT: 78811, 78812, 78813, 78814, 78815, 78816** **All other Radiology services and codes No Prior Authorization required if performed at participating free standing radiology facilities or a contracted hospital.**
Sleep Studies and Polysomnograms	Prior Authorization required for the following codes: 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811

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Spinal Cord Stimulators, Vagus Nerve Stimulators and Sacral Nerve and Peripheral Nerve Stimulators trial and implantation	Prior Authorization Required
Sterilization Reversals	NOT A COVERED BENEFIT
Transplant Services: Pre-Transplant and Post-Transplant services	Prior Authorization Required HLA Testing for BMT requires prior authorization.
Transplant Surgery	Prior Authorization Required **BY DHCF** for the Transplant surgery. MFC-DC only covers pre and post transplant services.
Vein Procedures	Prior authorization required for the following codes: 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 76942, 37700, 37718, 37722, 37780, 37785
Viscosupplementation for Knee Osteoarthritis	The following drugs require prior authorization. Durolane J7318 Gel-One J7326 Eufflexa J7323
Transportation: **- Ambulance** **- Van Transport** **- Wheelchair**	No Prior Authorization Required for: - PAR Vendors - DC Fire and Emergency Medical Services (DC FEMS); and - Urgent hospital to hospital transfers Prior Authorization Required for: - Non-PAR vendors - Non Urgent hospital to hospital transfers and other transfers **Emergency Medical Transport covered by DHCF effecctive 10/1/2021**
DME: **PAR providers - Prior authorization required for items billed > $1000 or rental equipment over 90 days.** **Non PAR providers - Prior authorization required regardless of cost.**	*Visit website or contact Enrollee Services (1-**888-404-3549**) for in-network providers.

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Custom shoes **Diabetic Shoes** **Orthotics (**Braces, Splints) **Prosthetics**	Prior Authorization Required per item billed over $500 or exceeds Max Units for PAR provider. No Prior Authorization Required for CAM Walking Boots. The specific codes are: **L4360, L4361, L4386, L4387**
Hearing Aids **Cochlear Implants** **Auditory Osseointegrated Devices**	Prior Authorization Required for: - All Hearing Aids - All auditory osseointegrated devices (BAHA) - Cochlear implant devices and replacement components (except microphone, transmitting cables and transmitting coils) - Repair and replacement of any hearing devices
Insulin Pumps **Continuous Glucose Monitors**	Prior Authorization Required No Prior Authorization Required only for Dexcom and Dexcom 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 per item billed over $750, per Enrollee/per provider/per month for PAR providers. *Visit our website or contact Enrollee Services (1-888-404-3549) for In-Network providers.
Wound Vac and Supplies	Prior authorization required. E2402, A6550, A7000

***Please visit our website at MedStarFamilyChoiceDC.com for assistance with finding in network vendors, physicians or facilities.**

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*** This is a Quick Authorization Guide. It is not meant to be all inclusive. For questions, please contact MFC-DC at: 1-(855)-798-4244; Local: (202)-363-4348				
The codes and guidance in this document is subject to Enrollee eligibility and the existence of coverage per the DC Medicaid Fee Schedule on the date of service.				

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
All Out of Network services, in all POS require an auth for payment. See exceptions below. Refer to Inpatient Payment Policy.		**Refer to Provider Exception Grid.**	All POS codes ER in OON hospital requires auth unless Dx is on the auto-pay list	Yes	Yes
MFC-DC does not review ERs					
Authorization required for all inpatient admissions		Refer to Pro Fees IP/OP/ER/Obs Payment Policy and Inpatient Payment Policy. Pertains to NON-participating Provider ONLY and inpatient OB delivery services.	21,31,32, 34,	Yes	Yes
Authorization required for all inpatient admissions. Authorization required for outpatient Partial Hospitalization Program (PHP) and Intensive Outpatient Psychiatric services (IOP) services		Code H0035 for outpatient Partial Hospitalization Program (PHP). Code S9480 for Intensive Outpatient Psychiatric services			
In-Network Providers: No Authorization Required (meaning services provided by an in network physician at a network hospital.) Out-of-Network providers OR facility: Authorization required. Refer to Outpatient Services Payment Policy.		Refer to IP/OP Payment Policy. If participating TIN, on exception list or IP/OP consider In-network. Also refer to Vision Payment Policy. See exceptions below. **Refer to Outpatient Services Payment Policy** **Refer to Provider Exception Grid for Free-Standing Radiology Providers.**	22,24,20 Refer to IP/OP Payment Policy	No*	No*
• 0-3: Processed through EI case management team • >3: Processed through pre-cert team Authorization required for these codes: CPT 97151; 97155-97158					
Authorization required for these codes: Codes 59840, 59841, 59850, 59851, 59852 (must use modifier). Codes 59866, 59100, S0190, S0191 (no modifier needed).		Claim Level Denial			
Providers may only be paid for 97813 and 97814 Covered with a U4 modifier. Max units for 97813 is one (1), and for 97814 is 96 units. Extended under EPSDT		Refer to Acupuncture Payment Policy, limitations apply.			
NOT A COVERED BENEFIT for adults					

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
* All requests even if the procedure meets InterQual Criteria goes to the Medical Director for review Authorization required for these codes: **V5299**-Hearing service, miscellaneous (procedure not listed; service not typically covered, request for consideration) **L7510** Repair of prosthetic device/repair or replace minor parts **L7520** Repair prosthetic device, labor component **L8614** Cochlear device/system (limited external replacement components) **L8619** Cochlear implant external speech processor (limited to non-repairable out of warranty cases) **L8627** Cochlear implant, external speech processor, component, replacement **L8628** Cochlear implant, external controller component, replacement **L8690** Auditory osseointergrated system, including all all internal and external components **L8691** Auditory osseointergrated device, external sound processor replacement, excludes transducer/actuator **L8692** Auditory osseointegrated device, external sound processor, used w/o osseointegration, body worn, includes headband or other means of external attachment (softband w/sound processor) **L8693** Auditory osseointegrated device abutment, any length, replacement only **L8694** auditory osseointegrated device, transducer/actuator, replacement only **V5171** Hearing aid contralateral routing device, monaural, in the ear (ITE) **V5172** Hearing aid contralateral routing device, monaural, in the canal (ITC) **V5181** Hearing aid, contralateral routing device, monaural, behind the ear (BTE) **V5211** Hearing aid contralateral routing system, binaural, ITE/ITE **V5212** Hearing aid contralateral routing system, binaural, ITE/ITC **V5213** Hearing aid contralateral routing system, binaural ITE/BTE **5214** Hearing aid contralateral routing system, binaural ITC/ITC **V5215** Hearing aid contralateral routing system, binaural ITC/BTE **V5221** Hearing aid, contralateral routing system, binaural BTE/BTE **V5254** Digital, monaural, CIC 1 per every 5 years **V5255** Digital, monaural, ITC 1 per every 5 years **V5256** Digital, monaural, ITE 1 per every 5 years **V5257** Digital, monaural, BTE 1 per every 5 years **V5258** Digital, binaural, CIC 1 per every 5 years **V5259** Digital, binaural, ITC, 1 per every 5 years					
Authorization required for these codes: 43659- Unlisted lap procedure of the stomach newly added for 8/15/26 43644 - Lap Gastric Bypass/roux-en-y 43645- Lap gastr bypass incl small incision 43770 - Adjustable Gastric Banding 43771 - Lap revise gastric adj device 43773 - Lap replace gastric adj device 43775 - Gastric sleeve gastrectomy 43842 - Vertical Banding gastroplasty 43843 - Gastroplasty w/o v-band 43845 - Gastroplasty duodenal switch (Not a covered code; do not enter for auth) 43846- Open Gastric Bypass for Obesity 43847 - Long-Limb Bypass - Gastric bypass including small incision 43848 - Revision gastroplasty 43860- Open surgical revision of a gastrojejunal connection(gastrojejunostomy) newly added for 8/15/26 43889-Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG) newly added for 8/15/26 43999 - Used for Overstitch Procedure, Lap Gastric Plication, Mini-Gastric Bypass			All POS	Yes	Yes

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
New addition effective for DOS: 8/15/2026 Apply InterQual Criteria for code 20975. Requires MD review to determine Medical Necessity for all other codes and if InterQual criteria is not met.		New Addition for 8/15/2026	11, 12, 19, 21, 22, 24	Yes	Yes
New addition effective for DOS: 8/15/2026 Apply InterQual and MD review if criteria not met or if being done OON.		New Addition for 8/15/2026	19, 21, 22, 24	Yes	Yes
New addition effective for DOS: 8/15/2026 Apply InterQual and MD review if criteria not met or if being done OON.		New Addition for 8/15/2026	11, 19, 22, 24	Yes	Yes
Authorization required for these codes: - Rev Code 943 - CPT Codes 93797 and 93798 (limit 2 on DC Fee Schedule) S9472 (cardiac rehab; non physician provider, per diem) NOT A COVERED BENEFIT		Facility Claims by Rev Code. Claim level denial. Professional Claims by CPT Code line level denial.	22, 11	Yes	Yes
Prior Authorization Required After 10 visits for procedure codes 98940-98943 Available under the expanded EPSDT benefit		See Chiropractic Services Payment Policy	11,22	N/A	Yes*
NOT A COVERED BENEFIT			11,22	N/A	Yes*
Requires Medical Director Review C.5.28.19.1.11 The services are part of a clinical trial protocol. The Contractor shall cover all inpatient and outpatient services furnished over the course of a clinical trial but shall not cover the services included in the clinical trial protocol.					

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
Authorization is requiredf for medically necessary review **Medical Director review required for all Cosmetic Procedures**	Cosmetic Codes.xlsx	See embedded document	11,21,22,24	Yes	Yes
S9401-Anticoagulation clinic is **not a covered code on the DC fee schedule**		Skygen cannot determine who these providers are; therefore, no penalty if not denied or paid correctly	22	No	No
Authorization required for these codes: CPT 97802, 97803, 97804 and S9470 NOT COVERED CODES on DC Fee Schedue: HCPCS G0108, G0109, G0270, G0271		Refer to Nutrition Services Payment Policy.	11,12,22	Yes	Yes
EI services listed in attachment are reimbursable based on DHCF Medicaid fee schedule. Services must be billed with the associated modifier combination and adhere to the unit maximums.	EI CODES.docx.pdf	EI Provider services submitted with procedure T1027 are not covered by MCO			
Authorization required for these codes: 54400, 54401, 54405, 54410, 54411, 54416, 54417		E&M Codes are payable Line level denial.	21		
Authorization required for these codes: 15820, 15821, 15822, 15823, 21077, 65710, 65730, 65750, 65755, 65756, 65760, 65765, 65767, 65770, 65771, 65772, 65775, 65778, 65779, 65780, 65781, 65782, 65785, 66183, 66820, 66821, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66985, 67311, 67312, 67314, 67316, 67318, 67332, 67343, 67800, 67801, 67805, 67808, 67810, 67840, 67850, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67961, 67966, 67971, 67973, 67974, 67975, L8612		Refer to Vision Payment Policy	11, 21, 22, 24, 50		
Authorization required for this codes: 96040		Line item denial	N/A	Yes	Yes

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
Code 81515-QW -No PA required for PAR Providers, PA required for non-PAR Providers. Retro-effective 1/01/2025		Code 81515-QW -No PA required for PAR Providers, PA required for non-PAR Providers. Retro-effective 1/01/2025 See embedded document for list of codes that require an auth for Genetic Testing.	22,81	Yes*	Yes*
Medical Director review required for all gender reassignment surgeries. Nurses, please see Gender Dysphoria and Transgender Surgery policy for the CPT codes covered.	Policy 1415.DC; Gender Dysphoria and Transgender 06.01.2022.xlsx	Refer to Gender Reassignment Payment Policy	21, 22		
		Clinic Charges apply	22	No	No
Skilled Nurse Visit /PT/OT/SLP/P T100: **Private Duty Visit RN -** Rev T100: **Private Duty Visit LPN -** Rev G0151: **Physical Therapy (PT) -** F G0152: **Occupational Therapy (O** G0153: **Speech-Language Patholo** T1004: **Home Health Aide (not P** **FOR INFUSION PROVIDERS:** 99601, 99602: **Home Infusion Nursing** **NO Auth required at any time for: Home Infusion Therapy/ Medication / Fluids:** **Does NOT apply to physician home visits.** **All other "S" codes not listed on embedded spreadsheet; REQUIRES AN AUTH FOR ALL VISITS**	High%20Cost%20Meds%208-13-26.xlsx Home Infusion Therapy S Codes	New attachment of S Codes to **Never Deny for Auth**. These are part of the Drug administration which also does NOT require an auth. **NONE OF THE INFUSION CODES IN THIS SPREADSHEET ARE LISTED AS A COVERED BENEFIT ON THE FEE SCHEDULE**	12	Yes*	N/A
		By provider type	12,31,34, 21, 61	Yes	Yes
Authorization required for these codes: 99183 per session, other E&M codes for wound care, billed separately. Rev Code 413		Code level denial.	22	Yes	Yes
Services on the attached grid are considered not covered	Potential Infertility.xlsx	Claim Level Denial driven by Primary Diagnosis ICD-10 Diagnosis List	All POS	Yes	Yes
The "S" codes and Home Infusion/Specialty Drug Administration Nursing codes (99601 and 99602) are NOT covered per the DC Fee Schedule; HOWEVER, they will process at the TPA without an auth. **Do not enter for authorization** **Out of network - redirect to in-network provider or auth required**	HOME INFUSION THERAPY.xlsx	See list of the allowable S codes in Home Health section	12, 13, 14		

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
Medical Director review of all cases required. Category III Codes that end with a "T" C.5.28.19.1.10 The service is an investigational or Experimental Treatment if it is a diagnostic or treatment service that, in accordance with relevant evidence, is not considered to fall within the range of professionally accepted clinical practice with respect to illness, disability, or condition that is the focus of a coverage determination. **The Contractor shall, within twenty-four (24) hours of identifying or receiving a request for investigational or Experimental Treatment, submit the request to DHCF's Medical Director for review.**		All 4 Digit Numeric Codes that end with a "T" require an authorization.	All POS	Yes	Yes
Code 81515-QW -No PA required for PAR Providers, PA required for non-PAR Providers. Retro-effective 1/01/2025 Codes that require PA on fee schedule: BUT MFC-DC does not require PA: 80418, 80426, 80436, 86910, 87899, 88749 Genetic Codes: 81220, 81329, 81336, 81337, 81420, 81422, 81479, 81507 **ONLY LabCorp, Quest are in- network for all lab services** **MYRIAD IS IN-NETWORK ONLY FOR GENETIC TESTING.** Non PAR labs require an authorization for these codes: 80047-89999 **Codes on DC fee schedule that are not a covered benefit:** 80320 -80377 drug screening codes. 82160, 82240, 82696, 82945, 82962, 83006, 83009, 83789, 83861, 84112, 84145, 84431, 86386, 86816, 86885, 86923, 87103, 87187, 87197, 87505, 87506, 87507, 88249, 88363, 88375, 89049, 89250, 89268, 89272, 89290, 89291, 89322, 89329, 89331-89346, 89353-89398		Code 81515-QW -No PA required for PAR Providers, PA required for non-PAR Providers effective 01/01/2025. Pay per Fee Schedule amount. POS 81 = Free-Standing. If lab is In-network no Auth required except genetic testing Refer to the Lab Payment Policy which has already been written for OP and office services.	11, 22, 81	Yes*	Yes*
			22	No	No
96112, 96113, 96116, 96121, 9612 [redacted] 137 covered with an authorization with a medical diagnosis when done by a medical practitioner and requires Medical P Behavioral Health: 90791, 96130, 9 [redacted] TG 96138, 96139 & 96146 not covered per the DC fee schedule		Line item denial Auth required for: 96112, 96113, 96116, 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137	11,22	Yes	Yes
New addition effective for DOS: 8/15/2026					
Apply InterQual and MD review if criteria not met or if being done OON.			11, 19, 21, 22, 24	Yes	Yes

Medical%20Drugs%20that%20Req%20PA%208-

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
PT: 97161-97164 OT: 97165-97168, 97755 Speech: 92521-92524, 92507-92508 Whirlpool Treatments 97022 MFC-DC does NOT accept E&M codes for Therapy Services			11,22	Yes*	Yes*

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
New addition effective for DOS: 8/15/2026 Apply InterQual Criteria if criteria met nurse can approve and if criteria not met or being done OON MD review required		New Addition effective for DOS: 8/15/2026	11, 19, 22, 24	Yes	Yes
PCA: T1019 **RN** visit for PCA service supervision: G0299 **LPN** visit for PCA service supervision: G0300					
Effective 5/20/26 Authorization required for these codes for all places of services: 78811, 78812, 78813, 78814, 78815, 78816, 78451, 78452, 78459, 78491, and 78492. Authorization required for these codes excluding participating free-standing facilities and hospitals: 78608, 78609, 78429 - 78434, 78453, 78454, 78492, 78803, 78830 - 78832, G0219, G0235, G0252, S8085		These codes that require prior auth is change effective 5/20/26	11,15,19, 22	Yes	Yes
Rev Code 0559 Private Duty Visit RN: T1000; Mod TD Private Duty Visit LPN T1000; Mod TE Rev Code S948, S9473, G0424 (Not a covered code)					
New addition effective for DOS: 8/15/2026. Apply InterQual and MD review if criteria not met or if being done OON.		New Addition effective for DOS: 8/15/2026	11, 19, 22	Yes	Yes
Rev Code S948, S9473, G0424 **(Not a covered code)** **Note: Not all radiology codes have been listed. Other associated services are covered under the radiology authorization.**		Facility Claims by either Rev Code to HCPCS Code.	22	Yes	N/A
5/20/2026: Advanced Imaging services/codes listed in column B, C, D & E require Prior Authorization. All other radiology services do not require auth if performed at a par free standing radiology facility or a contracted hospital. Other associated services are covered under the radiology authorization. 77061, 77062 **(Not a covered code)** 77063, 77065, 77066, 77067, G0279 (Digital Mammograms are covered w/o an authorization for par free-standing facilities and hospitals)		See Provider Exception Grid	11, 15, 19, 22	Yes*	Yes*
New addition effective for DOS: 8/15/2026. Apply InterQual and MD review if criteria not met or if being done OON.		New Addition effective for DOS: 8/15/2026	11,12, 19, 22	Yes	Yes

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
Authorization required for these codes: CPT Codes: 61885, 63650, 63655, 63685, 64555, 64561, 64568, 64575, 64580, 64581, 64590			11, 21, 22, 24	Yes	Yes
ICD-10 Z30.1 IS NOT A COVERED BENEFIT		By Diagnosis Codes	N/A	Yes	Yes
		MFC is responsible for the Pre and Post Care. Refer to SCA or Contract.	11,22,81	Yes	Yes
Inpatient claim will require a separate authorization for the actual transplant service.			21	Yes	Yes
New addition effective for DOS: 8/15/2026 These vein procedures require Authorization, InterQual applied and MD review if criteria not met or if being done OON.		New addition effective for DOS: 8/15/2026	11, 19, 22, 24	Yes	Yes
These drugs require prior auth and any other viscosupplementation drugs. Durolane J7318 NDC 89130-2020-01 Gel-One J7326 NDC 50016-0957-11 Euflexxa J7323 NDC 55566-4100-01			11, 19, 22	Yes	Yes
Wheelchair Van: A0130 - with modifiers TP, U2, U4 and U6 with max unit of one; and - with modifier U1 with max unit of 99,999 Ambulance: A0021-A0999 Non-Emergent Ambulance: A0426, A0428 Non-Emergency Air Ambulance: S9960-S9961 - Ambulance Service, conventional air services, one way (fixed wing): S9960 - Ambulance Service, conventional air services, one way (rotary wing): S9961 - Weelchair Van: S0209 NOT A COVERED BENEFIT Unlisted Ambulance Service: A0999 Emergency Medical Transport **carve-out to DHCF as of 10/1/2021**: - Ambulance Oxygen and oxygen supplies: A0422 - Ambulance (extra) attendant (air or ground transport): A0424 - Ground Ambulance: A0427, A0429, A0433 - Air Ambulance: A0430, A0431		Refer to Transportation Payment Policy. This information is located in Box 32 of CMS 1500 form. The "911" calls can be from an Enrollee's home or "scene".	41, 42	N/A	Yes
Oxygen services not included in 90-day rental limitation		**Per claim billed amounts.**	11,12,22	N/A	Yes

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro
	DMEPOS 6.7.2021.xlsx	**This is per service line or HCPCs code. Line item denial.**	11, 12	N/A	Yes
	Hearing Aids; Cochlear; BAHA Devices Codes.doc	See Audiology Services Payment Policy	11, 21, 22, 24, 50	Yes	Yes
Internal Pump: E0783 **(Not a covered benefit per fee schedule)** External Pump: E0784 **Without modifier, not a covered benefit oer fee schedule. Omnipod PDM brand will be reimbursed over 2 months only),** **(modifier RR is covered w/o PA -rental)** **Continuous Glucose Monitors**: A9276- PA with manual pricing A9277- Transmitter A9278- Receiver K0553-Therapeutic CGM supply allowance, includes all supplies & access. 1month supply=1unit K0554-Thereapeutic CGM receiver/monitor 95250- **Not a covered code** 95251- Data Interpretation DEXCOM G6: available through DME or pharmacy - DEXCOM 6 Receiver one per year - DEXCOM transmitter one per 90 days - DEXCOM G6 MIS SENSOR 3 boxes per month; 90 day supply					
Dexcom: only available through retail pharmacy					
Cost is based on Total Amount Billed. Codes are located throughout HCPCS book. See DMEPOS Grid	DMEPOS 6.7.2021.xlsx	>$750.00 per Vendor/per month/per Enrollee billed amount	12	N/A	Yes
New addition effective for DOS: 8/15/2026 MD review if being done OON or medical necessity cannot be established.		New addition effective for DOS: 8/15/2026	11, 12	N/A	Yes

Comments, Codes and Requirements	Spreadsheets/ Documents	UST Notes	POS	Fac	Pro

Confirmation
Please refer to the IP/OP Professional Fees and the Alliance ER policies for any exceptions.

Confirmation

Confirmation

Confirmation

Confirmation

REVENUE CODE	HCPCS CODES	DESCRIPTION
0571	S9122	Home Health Aide, in the home; per hour
0551	S9123	Nursing care, in the home; by RN, per hour
0551	S9124	Nursing care, in the home; by LPN, per hour
0561	S9127	Social work visit, in the home, per diem
0441	S9128	Speech therapy, in the home, per diem
0431	S9129	Occupational therapy, in the home, per diem
0421	S9131	Physical therapy; in the home, per diem

Prior authorization rules apply.

Confirmation

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