MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA QUICK AUTHORIZATION GUIDE Effective 05/02/2024	MEDSTAR FAMILY CHOICE DC Healthy Families
Authorization is subject to quantity limits base on the DC Fee Schedule	
ALL OUT-OF-NETWORK/ NON-PAR SERVICE	Prior Authorization Required
Emergency Medical Conditions (ED)	NO Prior Authorization Required
INPATIENT ADMISSIONS (Concurrent Reviews & Elective Procedures) (In Network and Out of Network)	Prior Authorization Required
INPATIENT ADMISSIONS for Psychiatric diagnoses OUTPATIENT RESIDENTIAL TREATMENT for Substance Use diagnosis (In Network and Out of Network)	Prior Authorization Required

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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**

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Cardiac Rehabilitation	**Prior Authorization Required**
Chiropractic Services for Enrollees <21 years old	**Prior Authorization Required** for >10 visits ***per calendar year***
Chiropractic Services (Services provided by a Chiropractor to include PT) for Enrollees >21 years old	**NOT A COVERED BENEFIT**
Clinical Trials	**Prior Authorization Required**
Continuous Glucose Monitors (CGM) DEXCOM FREESTYLE LIBRE	NO Prior Authorization Required (Subject to quantity limits) Effective 4-15-24: All Dexcom and Freestyle devices and supplies are available through retail pharmacy only.

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Insulin Pumps	Prior Authorization Required
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 (EI) Services	**Prior Authorization Required**
Epidural injections (cervical and lumbar) **Facet blocks** **Rhizotomies** **SI Joint**	**NO** Prior Authorization Required
Erectile Dysfunction Procedures	**Prior Authorization Required**

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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 ****
Fertility Treatment	**NOT A COVERED BENEFIT**
Genetic Counseling	**Prior Authorization Required**
Genetic Testing	**Prior Authorization Required**

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Gender Reassignment Surgery/Transgender Surgery	**Prior Authorization Required**
Heart Failure Clinics	**Prior Authorization Required**
Home Health Care	**Prior Authorization Required for all visits**
Home Infusion Services **(in the Home and Free-Standing Facility)**	**NO** Prior Authorization Required **from In-Network provider** (for the Home Infusion Therapy or Medications)
Hospice Care (IP and OP) **Skilled Nursing Facility** **Acute Rehab Facility**	**Prior Authorization Required** ***SNF limited to 90 day*** ***Custodial Care (long-term care) not covered by the MCO***
Hyperbaric Oxygen	**Prior Authorization Required**
Investigational Surgery **Emerging Technology, Services, Procedures** **(Also See Clinical Trials)**	**Prior Authorization Required**

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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.
Medications - High Cost Med List	**Prior Authorization Required** whether being administered inpatient or outpatient for the following medications: Abecma, Actimmune, Adcetris, Amondys 45, **Blincyto,** Breyanzi, Cablivi, Carvykti, Cerezyme, Cinryze, Crysvita, Danyelza, Elaprase, Empaveli, Evkeeza, Gattex, Haegarda, Hemlibra, Kimmtrak, Korlym, Krystexxa, Myalept, Nexviazyme, Novoseven, Nulibry, Onpattro, Orfadin, Orladeyo, Oxlumo, Poteligeo, Procysbi, Pyrukynd, Ravicti, Revcovi, Scemblix, Soliris, Spinraza, Takhzyro, Tepezza, Tivdak, Ultomiris, Uplizna, Viltepso, Vimizim, Vyondys 53, Vyvgart, Yervoy, Zolgensma, Zynlonta **Post-administration retropsective requests for authorization will not be accepted for review.**
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies)	**Prior Authorization Required**

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Neuropsychological Testing	**Prior Authorization Required**
Outpatient Rehabilitation Services **Physical Therapy (PT)** **Occupational Therapy (OT)** **Speech Language Pathology (SLP)**	**Prior Authorization Required** after >30 visits ***per calendar year***
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 Practitioner via DHCF portal
PET Scans	**NO** Prior Authorization Required if performed at participating free-standing facilities or at contracted hospital
Psychiatric Diagnostic Evaluation	**NO** Prior Authorization Required
Private Duty Nursing	**Prior Authorization Required**
Pulmonary Rehabilitation	**Prior Authorization Required**
Radiology: CT Scans, MRI's, X-RAYS, Nuclear Medicine, Sonograms, Digital Mammography	**NO** Prior Authorization Required **if performed at** a participating free-standing facilities or at a contracted hospital.

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Sleep Studies and Polysomnograms	**NO** Prior Authorization Required if performed at a participating free-standing facilities, at a contracted hospital, Home.
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 Only	**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.
Transportation: **- Ambulance** **- Van Transport** **- Wheelchair**	**NO** Prior Authorization Required for: - PAR Vendors - DC Fire and Emergency Medical Services (DC FEMS); and - Emergent/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
Soft supplies and disposable items: **Includes enteral/parenteral (feeding) supplies, batteries, ear molds, components for hearing aids, cochlear implant or auditory osseointegrated devices, Ostomy Supplies, Catheters**	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.

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

***** 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.