

MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE Effective for claims received 10-01-2020	MEDSTAR FAMILY CHOICE DC Healthy Families	MEDSTAR FAMILY CHOICE DC Alliance
INPATIENT Elective Procedures (in network or out of network).	Prior authorization required	Prior authorization required -Benefits that are not covered includes: - Open heart surgery - Transplants - Treatment for Obesity -Cosmetic surgery - Services and Supplies related to surgery and treatment for temporal mandibular joint problems (TMJ)
INPATIENT Admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services	Prior authorization required by Magellan Health	Not covered by MFC-DC. Refer to Dept of Behavioral Health (DBH).
BIRTHING CENTERS	Prior authorization required	Not a covered benefit
All Out-of-Network Services	Prior authorization required.	Not a covered benefit for services out of network or outside of the District of Columbia. Some excluded services may be covered through DC Medicaid Fee For Service.
OUTPATIENT In-Network (practitioner AND facility) Facility based procedures (includes outpatient Chemotherapy and Radiation Therapy).	No authorization required, <u>unless included below</u> in 'Exceptions Requiring Prior Authorization.' (See exceptions below)	No authorization required, <u>unless included below</u> in 'Exceptions Requiring Prior Authorization.' (See exceptions below)

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EXCEPTIONS REQUIRING PRIOR AUTHORIZATION		
ABA Services	Prior authorization required	Prior authorization required
Acupuncture for Children < 21 years old	Prior Authorization required; must meet medical necessity.	Not Applicable - there are no children in Alliance
Acupuncture for Enrollees ≥21 years old	Not a covered benefit	Not a covered benefit
Ambulance/Wheelchair/Van Transport	No auth required for PAR Vendor. No authorization is required for DC Fire and Emergency Medical Services (DC FEMS) and urgent hospital to hospital transfers. Prior-authorization required for non-PAR vendors for non urgent hospital to hospital transfers and other transfers	No auth required for PAR Vendors. No authorization is required for DC Fire and Emergency Medical Services (DC FEMS) and urgent hospital to hospital transfers. Prior-authorization required for non-PAR vendors for non urgent hospital to hospital transfers and other transfers
Abortions	Elective Therapeutic Abortions are not covered by MFC. Prior Auth for Medical Abortions only if the Federal Criteria are met	Elective Therapeutic Abortions are not covered by MFC. Prior Auth for Medical Abortions only if the Federal Criteria are met
Audiology Services Cochlear Implants	Prior authorization required for services to implant BAHA or Cochlear implant.	Prior authorization required for services to implant BAHA or Coclear implant.
Bariatric Surgery Program - Including OP Surgeries	Prior authorization required	Not a covered benefit
Cardiac Rehabilitation	Prior authorization required	Prior authorization required

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Chiropractic Services for Enrollees <21 years old	Prior Authorization required; must meet medical necessity.	Not Applicable - there are no children in Alliance
Chiropractic Services (Services provided by a Chiropractor to include PT) for Enrollees <u>></u>21 years old	Not a covered benefit for adult Enrollees.	Not a covered benefit
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	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	Prior authorization required
Diabetes and Nutritional Counseling	No authorization required for the first THREE (3) visits per condition per provider for Office, Homecare or Hospital Based services, Prior authorization required: After three (3) visits.	No authorization required for the first THREE (3) visits per condition per provider for Office, Homecare or Hospital Based services, Prior authorization required: After three (3) visits. Nutritional Counseling for the treatment of Obesity is not a covered benefit.
Early Intervention Services	Prior authorization required	Not Applicable. There are no children in Alliance

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Epidural injections (cervical and lumbar) Facet blocks Rhizotomies SI Joint	Prior authorization required	Prior authorization required
Erectile Dysfunction Procedures	Prior authorization required	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 <i>Cosmetic Procedures</i> *	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 procedures may be found under the <i>Cosmetic Procedures</i> *
Genetic Counseling	Prior authorization required	Prior authorization required
Genetic Testing	Prior authorization required	Prior authorization required

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Gender Reassignment Surgery/Transgender Surgery	Prior authorization required	Not a covered benefit
Heart Failure Clinics	Prior authorization required	Prior authorization required
Home Health Care	Authorization required after first SIX (6) visits <i>per condition</i> , with in-network providers	Authorization required after first SIX (6) visits <i>per condition</i> , with in-network providers
Hospice Care (IP and OP) Skilled Nursing Facility Acute Rehab Facility	Prior authorization required	Prior authorization required. SNF limited to 30 days
Hyperbaric Oxygen	Prior authorization required	Prior authorization required
Infertility Services	Not a covered benefit	Not a covered benefit
Infusion Services in the Home	No auth required for the medications/infusions from in-network provider	No auth required for the medications/infusions from in-network provider
Infusion Services in a Free Standing Facility	No auth required for the medications/infusions from in-network provider.	No auth required for the medications/infusions from in-network provider.
Investigational Surgery Emerging Technology, Services, Procedures (Also See Clinical Trials)	Prior Authorization Required	Not a covered benefit

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Laboratory Services (includes Genetic Testing)	No prior authorization required if done at an in-network freestanding lab facility. ONLY LabCorp and Quest are considered in-network. Prior authorization required for: genetic testing, lab testing at a hospital, non contracted lab, reference lab, etc.	No prior authorization required if done at an in-network freestanding lab facility. ONLY LabCorp and Quest are considered in-network. 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	Not Applicable - there are no children in Alliance
Neuropsychological Testing	Prior authorization required	Prior authorization required
Outpatient Rehabilitation Services (PT/OT/SLP) for Enrollees < 21yo	Prior authorization required for >30 visits per injury, per service.	Not Applicable - there are no children in Alliance
Outpatient Rehabilitation Services (PT/OT/SLP) for Enrollees ≥ 21yo	Prior authorization required for >30 visits per injury, per service.	Prior authorization required for >30 visits per injury, per service .
Personal Care Aide (PCA)	Prior authorization required For Assessment: Submit ePOF (Electronic Prescription Order Form), along with clinical information from the PCP/ treating physician to Liberty Health	Not a covered benefit
PET Scans	No authorization required if performed at participating free-standing facilities or at contracted hospital.	No authorization required if performed at participating free-standing facilities or at contracted hospital.

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Private Duty Nursing	Prior authorization required	Not a covered benefit
Pulmonary Rehabilitation	Prior authorization required	Prior authorization required
Radiology: CT Scans, MRI's, X-RAYS, Nuclear Medicine, Sonograms, Digital Mammography	No authorization required if performed at participating free-standing facilities or at contracted hospital.	No authorization required if performed at participating free-standing facilities or at contracted hospital.
Sleep Studies and Polysomnograms	No authorization required if performed at participating free-standing facilities or at contracted hospital.	No authorization required if performed at participating free-standing facilities or at contracted hospital.
Spinal Cord Stimulators, Vagus Nerve Stimulators and Sacral Nerve Stimulators trial and implantation	Prior authorization required	Prior authorization required
Sterilization Reversals	Not a covered benefit	Not a covered benefit
Transplants: Pre-Transplant and Post-Transplant services	Prior authorization required. HLA Testing for BMT requires prior authorization.	Not a covered benefit
Transplant Surgery	Prior authorization required by DHCF for the Transplant. MFC-DC only covers pre and post transplant services.	Not a covered benefit

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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.	*Visit website or contact Enrollee Services (1-888-404-3549) for in-network providers.
Braces Orthotics Prosthetics Splints (excludes foot orthotics)	Prior authorization required for items billed over \$500 for PAR provider. Non PAR providers - Prior authorization required regardless of cost.	Prior authorization required for items billed over \$500 for PAR provider. Non PAR providers - Prior authorization required regardless of cost.
Custom Shoes Diabetic Shoes CAM Walking Boot	Prior authorization required	Prior authorization required
Clinical Trials	Prior authorization required and Medical Director Review	Not a covered benefit
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	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

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Insulin Pumps Continuous Glucose Monitors	Prior authorization required	Prior authorization required
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 items billed over \$750, per Enrollee/per provider/per month for PAR providers. Prior authorization required for Non PAR providers regardless of cost. *Visit website or contact Enrollee Services (1-888-404-3549) for In-Network providers.	Prior authorization required for items billed over \$750, per Enrollee/per provider/per month for PAR providers. Prior authorization required for Non PAR providers regardless of cost. *Visit website or contact Enrollee Services (1-888-404-3549) for In-Network providers.
*Please contact Enrollee Services at: 888-404-3549 or visit our website at MedStarFamilyChoice.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.