

MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE Effective 01/01/2023	MEDSTAR FAMILY CHOICE DC Healthy Families	MEDSTAR FAMILY CHOICE DC Alliance
ALL OUT-OF-NETWORK/ NON-PAR SERVICE	Prior Authorization Required	NOT A COVERED BENEFIT Some excluded services may be covered through DC Medicaid Fee For Service
Emergency Medical Conditions (ED) Including admissions for labor & Delivery	No Prior Authorization Required	Not covered by MFC-DC as described in DHCF Policy Number HCPRA-2013-02R
INPATIENT Elective Procedures (in network or out of network)	Prior Authorization Required	Prior Authorization Required (Including service by in-network Out of State providers) NOT COVERED BENEFITS: - Cosmetic surgery - Deliveries - Open heart surgery - Temporal Mandibular Joint (TMJ)- Services, and Supplies related to surgery and treatment - Transplantation Surgery - Treatment for Obesity
INPATIENT & OUTPATIENT Admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services (in network or out of network)	Prior Authorization Required	Not covered by MFC-DC. Refer to Dept of Behavioral Health (DBH).
OUTPATIENT In-Network (Practitioner AND Facility) Facility based procedures (includes outpatient Chemotherapy and Radiation Therapy).	No Prior Authorization Required, <u>unless included below</u> under the 'Exceptions Requiring Prior Authorization' section (See EXCEPTIONS below)	No Prior Authorization Required, <u>unless included below</u> under the 'Exceptions Requiring Prior Authorization' section (See EXCEPTIONS below)
EXCEPTIONS REQUIRING PRIOR AUTHORIZATION		
ABA Services	Prior Authorization Required	Prior Authorization Required
Abortions	Elective Therapeutic Abortions are NOT A COVERED BENEFIT by MFC-DC. Prior Authorization Required for Medical Abortions ONLY if the Federal Criteria are met	Elective Therapeutic Abortions are NOT A COVERED BENEFIT by MFC-DC. Prior Authorization Required for Medical Abortions ONLY if the Federal Criteria are met
Acupuncture for Children < 21 years old	Prior Authorization Required for >10 visits <i>per calendar year</i>	Not Applicable - there are no children in Alliance
Acupuncture for Enrollees ≥21 years old	NOT A COVERED BENEFIT	NOT A COVERED BENEFIT
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 osseointegrated devices Auditory Rehab codes: 92626, 92627, 92630 and 92633 done by any provider type	Prior Authorization Required for: - Cochlear implant (BAHA) devices. - 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	NOT A COVERED BENEFIT
Cardiac Rehabilitation	Prior Authorization Required	Prior Authorization Required
Chiropractic Services for Enrollees <21 years old	Prior Authorization Required for >10 visits <i>per calendar year</i>	Not Applicable - there are no children in Alliance
Chiropractic Services for Enrollees ≥21 years old	NOT A COVERED BENEFIT	NOT A COVERED BENEFIT
Clinical Trials	Prior Authorization Required	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	Prior Authorization Required after > THREE (3) visits <i>per Calendar Year</i> (Office, Homecare or Hospital Based services)	Prior Authorization Required after > THREE (3) visits <i>per Calendar Year</i> (Office, Homecare or Hospital Based services) Nutritional Counseling for the treatment of Obesity is not a covered benefit.
Early Intervention Services	Prior Authorization Required	N/A - there are no children in Alliance
Epidural injections (cervical and lumbar) Facet blocks Rhizotomies SI Joint	No Prior Authorization Required	No Prior Authorization Required

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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 Cosmetic Procedures *	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 Cosmetic Procedures *
Genetic Counseling	Prior Authorization Required	Prior Authorization Required
Genetic Testing	Prior Authorization Required	Prior Authorization Required
Gender Reassignment Surgery/Transgender Surgery	Prior Authorization Required	NOT A COVERED BENEFIT
Heart Failure Clinics	Prior Authorization Required	Prior Authorization Required
Home Health Care	Prior Authorization Required for all visits	Prior Authorization Required for all visits
Hospice Care (IP and OP) Skilled Nursing Facility Acute Rehab Facility Hyperbaric Oxygen	Prior Authorization Required Custodial Care not covered by the MCO	Prior Authorization Required SNF limited to 30 days Custodial Care not covered by the MCO
Infertility Services	NOT A COVERED BENEFIT	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	No Prior Authorization Required for the Home Infusion Therapy or Medications from in-network provider
Investigational Surgery Emerging Technology, Services, Procedures (Also See Clinical Trials)	Prior Authorization Required	NOT A COVERED BENEFIT
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.	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, Crystvita, Danyelza, Elaprase, Empaveli, Evkeeza, Gattex, Haegarda, Hemlibra, Kimmtrak, Korlym, Krystexxa, Myalept, Nexvazyme, Novoseven, Nulibry, Onpattro, Orfadin, Orladeyo, Oxlumo, Poteligeo, Procybsi, Pyrukynd, Ravicti, Revcovi, Scemblix, Soliris, Spinraza, Takhzyro, Tepezza, Tivdak, Ultomiris, Uplizna, Viltespo, Vimizim, Vyondys 53, Vyvgart, Yervoy, Zolgensma, Zynlonta Post-administration retrospective requests for authorization will not be accepted for review.	Prior Authorization Required whether being administered inpatient or outpatient for the following medications: Abecma, Actimmune, Adcetris, Amondys 45, Blincyto, Breyanzi, Cablivi, Carvykti, Cerezyme, Cinryze, Crystvita, Danyelza, Elaprase, Empaveli, Evkeeza, Gattex, Haegarda, Hemlibra, Kimmtrak, Korlym, Krystexxa, Myalept, Nexvazyme, Novoseven, Nulibry, Onpattro, Orfadin, Orladeyo, Oxlumo, Poteligeo, Procybsi, Pyrukynd, Ravicti, Revcovi, Scemblix, Soliris, Spinraza, Takhzyro, Tepezza, Tivdak, Ultomiris, Uplizna, Viltespo, Vimizim, Vyondys 53, Vyvgart, Yervoy, Zolgensma, Zynlonta Post-administration retrospective 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	N/A - there are no children in Alliance
Neuropsychological Testing	Prior Authorization Required	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	Prior Authorization Required for >30 visits per Calendar Year

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Personal Care Aide (PCA)	Prior Authorization Required For Assessments (Initial/ Recertification): Submit ePOF (Electronic Prescription Order Form), along with any clinical information from the PCP/ treating physician via DHCF portal	NOT A COVERED BENEFIT
PET Scans	No Prior Authorization Required if performed at participating free-standing facilities or at a contracted hospital	No Authorization Required if performed at participating free-standing facilities or at a contracted hospital
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 Prior Authorization Required if performed at a participating free-standing facilities or at a contracted hospital.	No Prior Authorization Required if performed at a participating free-standing facilities or at a contracted hospital.
Sleep Studies and Polysomnograms	No Prior Authorization Required if performed at a participating free-standing facilities or at a contracted hospital.	No Prior Authorization Required if performed at a participating free-standing facilities or at a contracted hospital.
Spinal Cord Stimulators, Vagus Nerve Stimulators and Sacral Nerve and Peripheral Nerve Stimulators trial and implantation	Prior Authorization Required	Prior Authorization Required
Sterilization Reversals	NOT A COVERED BENEFIT	NOT A COVERED BENEFIT
Transplant Services: Pre-Transplant and Post-Transplant services	Prior Authorization Required HLA Testing for BMT requires prior authorization.	Prior Authorization Required
Transplant Surgery	Prior Authorization Required BY DHCF for the Transplant surgery. MFC-DC only covers pre and post transplant services.	NOT A COVERED BENEFIT
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 effective 10/1/2021	No Prior Authorization Required for: - PAR Vendors - DC Fire and Emergency Medical Services (DC FEMS); and - Urgent hospital to hospital transfers inside DC Prior Authorization Required for: - Non Urgent hospital to hospital transfers and other transfers inside DC Emergency Medical Transport covered by DHCF effective 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.	*Visit website or contact Enrollee Services (1-888-404-3549) for in-network providers.
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	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	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 FREESTYLE LIBRE	Prior Authorization Required No Prior Authorization Required only for FREESTYLE LIBRE
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.	Prior Authorization Required for items 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's eligibility and the existence of coverage per the DC Medicaid Fee Schedule on the date of service.