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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
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

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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**
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**

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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 ****
Genetic Counseling	**Prior Authorization Required**
Genetic Testing	**Prior Authorization Required**
Gender Reassignment Surgery/Transgender Surgery	**Prior Authorization Required**
Heart Failure Clinics	**Prior Authorization Required**
High Cost Medications	Prior authorization required whether being administered inpatient or outpatient for the following medications:

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	Abecma Q2055 Actimmune J9216 Adcetris J9042 Alhemo J3590 Altuviio J7214 Amondys 45 J1426 Andembry J3590 Anktiva J9028 Avlayah J3590 Aqneursa J8499 Benefix J7195 Blenrep J9053 Breyanzi Q2054 Bylvay J8499 Carvykti Q2056 Cholbam J8499 Cinryze J0598 Ctexli J8499 Danyelza J9348 Dawnzera J3490 Daybue J8499 Duvyzat J8499 Elevidys J1413 Eloctate J7205 Empaveli J7799 Encelto J3403 Evkeeza J1305	Fabhalta J8499 Filsuvez J3490 Forzinity J3490 Gattex J3490 Givlaari J0223 Haegarda J0599 Harliku J0599 Hemgenix J1411 Hemlibra J7170 Hympavzi J7172 Inlexzo J9183 Itvisma J3405 Jivi J7208 Joenja J8499 Juxtapid J8499 Kanuma J2840 Kimmtrak J9274 Krystexxa JJ2507 Lamzede J0217 Livmarli J8499 Miplyffa J8499 Modeyso J8999 Myalept J3490 Nexviazyme J0219 Norovseven J7189 Nulibry J3490	Olpruva J8499 Omisirge J3590 Orladeyo J8499 Oxlumo J0224 Pombiliti ATGA J1203 Procysbi J8499 Qfitlia J7174 Ravicti J8499 Rethymic J3590 Revcovi J3590 Rivfloza J3490 Roctavian J1412 Rynocil J3402 Ryplazim J2998 Scemblix J8999 Sephience J8499 Sohonos J8499 Soliris J1299 Spinraza J2326 Strensiq J3490	Takhzyro J0593 Tryngolza J3490 Veopoz J9376 Viltepso J1427 Vimizim J1322 Vyjuvek J3401 Vykat XR J8499 Vyondys J1429 Vyvgart Hytrulo J9334 Wainua J3490 Xenopozyme J0218 Xolremdi J8499 Xyntha J7185 Yescarta Q2041 Zokinvy J8499 Zolgensma J3399 Zycubo J3490
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			

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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.
Biosimilar Medical Drug Formulary	The following drugs require prior authorization.

Chemical Name (Drug Class)	HCPCS	Preferred Products	Non-Preferred Products
Aflibercept (VEGF Inhibitor)	Q5147	Pavblu	Eylea J0178
Bevacizumab (VEGF Inhibitor)	Q5118	Zirabev	Avastin J9035 Mvasi Q5107 Vegzelma Q5129
Infliximab (TNF inhibitor)	Q5121	Avsola	Remicade J1745 Renflexis Q5104 Inflectra Q5103
Pegfilgrastim (Hematopoietic agent)	Q5108	Fulphila	NeulastaJ2506 Fylnetra Q5130 Nyvepria Q5122 Stimufend Q5127 Udenyca Q5111
Ranibizumab (VEGF Inhibitor)	Q5128	Cimerli	Lucentis J2778 Byooviz Q5124

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	Rituximab (Anti-CD20 monoclonal antibody)	Q5123 Q5119	Riabni Ruxience	Rituxan J9312 Truxima Q5115
	Tocilizumab (IL-6 antagonist)	Q5135	Tyenne	Actemra J3262 Tofidence Q5133
	Trastuzumab (HER2 receptor antagonist)	Q5114 Q5113	Ogivri Herzuma	Herceptin J9355 Kanjinti Q5117 Ontruzant Q5112 Trazimera Q5116
	Denosumab (RANKL inhibitor)	Q5136 Q5157	Jubbonti/Wyost Stoboclo/Osenvelt	Prolia/Xgeva J0897
	Ustekinumab (IL-23 inhibitor)	Q5100 Q5099	Yesintek Steqeyma	Stelara J3357, AJ3358 Otulfi Q9999 Selarsdi Q9998 Wezlana Q5137 Pyzchiva Q9996, Q9997
Medical Drug Buy and Bill Formulary	The following J codes require prior authorization:	J2323-Natalizumab(Tysabri)		
	C9047-Cablivi (caplacizumab)	J2327-Ustekinumab(Stelara)	J7171-Adzynma (ADAMTS13)	J9264-Paclitaxelprotein-bound(Abraxane)
	C9399-Lenmeldy (atidarsagene autotemcel)	J2329- Briumvi	J7208-Jivi(factor VIII, recombinant h	J9271-Pembrolizumab(Keytruda)
	C9399-Ojemda (tovorafenib)	J2350-Ocrelizumab(Ocrevus)	J8499-Chenodal (chenodiol)	J9272-Nivolumab+relatlimab(Opdualag)
	C9399-Rydapt (midostaurin)	J2353-Octreotide(SandostatinLAR)	J8499-mifepristone (Korlym)	J9273-Tivdak (tisotumab vedotin)
	C9399-Zilbrysq (zilucoplan)	J2506-Pegfilgrastim(Neulasta andbio	J8499-Orfadin (nitisinone)	J9286-Columvi (glofitamab)
	J0177-Aflibercept(Eylea)	J2508-Elfabrio (pegunigalsidase alfa-	J8999-Cabometyx (cabozantinib)	J9298-Nivolumab(Opdivo)
	J0178-Faricimab(Vabysmo)	J2802-Sutimlimab(Enjaymo)	J8999-Ogsiveo (nirogacestat)	J9299-Nivolumab(Opdivo,alternativebillingunit)
	J0218-Xenopozyme (olipudase alfa-rpcp)	J3032-Eptinezumab(Vyepti)	J9021-Atezolizumab(Tecentriq)	J9303-Panitumumab(Vectibix)
	J0218-Xenpozyme (olipudase alfa-rpcp)	J3055-Talvey (talquetamab)	J9022-Ado-trastuzumabemtansine(	J9308-Ramucirumab(Cyramza)
	J0220-Lumizyme (alglucosidase alfa)	J3241-Tepezza (teprotumumab)	J9029-Adstiladrin (darbepoetin alfa	J9312-Rituximab(Rituxan andbiosimilars)
	J0222-Onpattro (patisiran)	J3262-Tocilizumab(Actemra)	J9033-Bendamustine(Bendeka,Trea	J9316-Rituximab+hyaluronidase(RituxanHycela)
	J0225-Amvuttra (vutrisiran)	J3357-Stelara (Ustekinumab)	J9035-Bevacizumab(Avastin)	J9317-Sacituzumabgovitecan(Trodelvy)

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	J0490-Belimumab(Benlysta)	J3358-Stelara (Ustekinumab)	J9039-Blinatumomab(Blincyto)	J9321-Axicabtageneciloleucel(Yescarta)
	J0567-Brineura (cerliponase alpha)	J3380-Vedolizumab(Entyvio)	J9039-Blincyto (blinatumomab)	J9321-Epkinly (epcoritamab-bysp)
	J0584 -Crysvita (burosumab)	J3394-Lyfgenia (lovotibeglogene aut	J9042-Brentuximabvedotin(Adcetri	J9329-Tevimbra (tislelizumab)
	J0585-OnabotulinumtoxinA(Botox)	J3397-Mepsevii (vestronidase alpha	J9047-Carfilzomib(Kyprolis)	J9331-Fyarro (nanoparticle albumin bound sirolimus)
	J0741-Anakinra(Kineret)	J3398-Luxturna (voretigene neparv	J9061-Cisplatin	J9333-Rystiggo (rozanolixizumab)
	J0881-Darbepoetinalfa(Aranesp)	J3490-Lenmeldy (atidarsagene autot	J9063-Elahere (mirvetuximab)	J9347-Tafasitamab(Monjuvi)
	J0896-Luspatercept(Reblozyl)	J3490-Ojemda (tovorafenib)	J9119-Cemiplimab(Libtayo)	J9350-Lunsumio (mosunetuzumab)
	J0897-Denosumab(Prolia,Xgeva)	J3490-Orserdu (elacestrant)	J9144-Daratumumabhyaluronidase	J9352-Trastuzumab(Herceptin andbiosimilars)
	J1303-Ultomiris (ravulizumab)	J3490-Rydapt (midostaurin)	J9173-Durvalumab(Imfinzi)	J9354-Ado-trastuzumabemtansine(Kadcyla)
	J1323-Elrexfro (elranatamab)	J3490-Zilbrysq (zilucoplan)	J9177-Enfortumabvedotin(Padcev)	J9356-Herceptin Hylecta
	J1428-Exondys 51 (eteplirsen)	J3590-Amtagvi (lifileucel)	J9202-Goserelin(Zoladex)	J9358-Fam-trastuzumabderuxtecan(Enhertu)
	J1459-Immuneglobulin(IVIG),e.g.,Privigen	J3590-Casgevy (exagamglogene auto	J9204-Poteligeo (mogamulizumab	J9359-Zynlonta (loncastuximab tesirine-lpyl)
	J1561-Immuneglobulin(IVIG),e.g.,Gamunex-C,Gam	J3590-Enspryng (satralilzumab)	J9223-Leuprolideacetate(LupronDe	J9380-Tecvayli (teclistamab)
	J1743-Elaprase (Idursulfase)	J3590-Kebilidi (eladocagene exupar	J9228-Ipilimumab(Yervoy)	J9381-Tzield (teplizumab)
	J1745-Infliximab(Remicade andbiosimilars)	J3590-Lenmeldy (atidarsagene autot	J9228-Yervoy (ipilimumab)	J9999-Orserdu (elacestrant)
	J1786-Cerezyme (imiglucerase/ glucocerebrosidase	J3590-Skysona (elivaldogene autote	J92329-Briumvi	J9999-Unituxin (dinutuximab)
	J1823-Uplizna (inebilizumab-cdo)	J3590-Zilbrysq (zilucoplan)	J9261-Gemcitabine(Gemzar)	
	J2170-Increlex (mecasermin)	J3590-Zynteglo (betibeglogene autotemcel)		
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

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	22222	22836	27447	63042
	22224	22837	27487	63043
	22226	22838	27570	63044
	22510	22840	29806	63045
	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

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	22614 22630 22630 22632 22633 22633 22634 22702 23472 23473 23700 24786 27120 27125 27130 27132 63001 63003 63005 63011 63012 63015 63016 63017 63086 63090 63091 63200 63265 63266 63267 C1821
Outpatient Rehabilitation Services **Physical Therapy (PT)** **Occupational Therapy (OT)** **Speech Language Pathology (SLP)**	**Prior Authorization Required** after >30 visits ***per calendar year***
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.**
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**

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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
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

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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
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.
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.

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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.**

***** 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.