

MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE <i>Effective 05/01/2026</i>	MEDSTAR FAMILY CHOICE DC Healthy Families			
ALL OUT-OF-NETWORK/ NON-PAR SERVICE	Prior Authorization Required			
Emergency Medical Conditions (ED)	No Prior Authorization Required			
INPATIENT Elective Procedures (in network or out of network)	Prior 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, <u>unless included below</u> 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 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>			
Acupuncture for Enrollees ≥21 years old	NOT A COVERED BENEFIT			
Audiology Services Cochlear Implants	Prior Authorization Required for: - Cochlear implant (BAHA) devices. - Replacement components (except microphone,			
Bariatric Surgery Program - Including OP Surgeries	Prior Authorization Required			
Cardiac Rehabilitation	Prior Authorization Required			
Chiropractic Services for Enrollees <21 years old	Prior Authorization Required for >10 visits <i>per calendar year</i>			
Chiropractic Services for Enrollees ≥21 years old	NOT A COVERED BENEFIT			
Clinical Trials	Prior Authorization Required			

<p>MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE</p> <p>Effective 05/01/2026</p>	<p>MEDSTAR FAMILY CHOICE DC Healthy Families</p>
<p>Cosmetic procedures</p>	<p>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</p>
<p>Coumadin Clinics</p>	<p>Prior Authorization Required</p>
<p>Diabetes and Nutritional Counseling</p>	<p>Prior Authorization Required after > THREE (3) visits <i>per Calendar Year</i> (Office, Homecare or Hospital Based services)</p>
<p>Early Intervention Services</p>	<p>Prior Authorization Required</p>
<p>Epidural injections (cervical and lumbar) Facet blocks Rhizotomies SI Joint</p>	<p>No Prior Authorization Required</p>
<p>Erectile Dysfunction Procedures</p>	<p>Prior Authorization Required</p>
<p>Eye procedures and surgeries</p>	<p>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; <i>* Some eye procedure may be found under the Cosmetic Procedures *</i></p>
<p>Genetic Counseling</p>	<p>Prior Authorization Required</p>
<p>Genetic Testing</p>	<p>Prior Authorization Required</p>
<p>Gender Reassignment Surgery/Transgender Surgery</p>	<p>Prior Authorization Required</p>

<p>MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE</p> <p>Effective 05/01/2026</p>	<p>MEDSTAR FAMILY CHOICE DC Healthy Families</p>
Heart Failure Clinics	Prior Authorization Required
Medications - High Cost Med List	<p>Prior Authorization Required whether being administered inpatient or outpatient for the following medications:</p> <p>Abecma, Actimmune, Adcetris, Amondys 45, Blincyto, Breyanzi, Cabliivi, Carvykti, Cerezyme, Cinryze, Crysvita, Danyelza, Elaprase, Empaveli, Evkeeza, Gattex, Haegarda, Hemlibra, Kimmtrak, Korlym, Krystexxa, Myalept, Nexvazyme, Novoseven, Nulibry, Onpattro, Orfadin, Orladeyo, Oxlumo, Poteligeo, Procysbi, Pyrukynd, Ravicti, Revcovi, Scemblix, Soliris, Spinraza, Takhzyro, Tepezza, Tivdak, Ultomiris, Uplizna, Viltepsa, Vimizim, Vyondys 53, Vyvgart, Yervoy, Zolgensma, Zynlonta</p> <p>Post-administration retrospective requests for authorization will not be accepted for review.</p>
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 05/01/2026	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.			
Biosimilar Medical Drug Formulary	The following drugs require prior authorization.			
	Chemical Name (Drug Class)	HCPDS	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
	Ranibizumab (VEGF Inhibitor)	Q5128	Cimerli	Lucentis J2778 Byooviz Q5124
	Rituximab (Anti-CD20 monoclonal antibody)	Fara	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
Medical Drug Buy and Bill	Prior Authorization Required for all J and Q codes listed on the DC Fee Schedule that have a PA (prior auth) associated with them. Please check the DC Fee Schedule for those drugs.			

<p>MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE</p> <p>Effective 05/01/2026</p>	<p>MEDSTAR FAMILY CHOICE DC Healthy Families</p>
<p>Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies)</p>	<p>Prior Authorization Required</p>
<p>Neuropsychological Testing</p>	<p>Prior Authorization Required</p>
<p>Outpatient Rehabilitation Services Physical Therapy (PT) Occupational Therapy (OT) Speech Language Pathology (SLP)</p>	<p>Prior Authorization Required <u>after >30 visits per calendar year</u></p>
<p>Personal Care Aide (PCA)</p>	<p>Prior Authorization Required</p> <p>For Assessments (Initial/ Recertification/condition change): Submit ePOF (Electronic Prescription Order Form), along with any clinical information from the PCP/ treating physician via DHCF portal</p>
<p>PET Scans</p>	<p>No Prior Authorization Required if performed at participating free-standing facilities or at contracted hospital</p>
<p>Private Duty Nursing</p>	<p>Prior Authorization Required</p>
<p>Pulmonary Rehabilitation</p>	<p>Prior Authorization Required</p>
<p>Radiology: CT Scans, MRI's, X-RAYS, Nuclear Medicine, Sonograms, Digital Mammography</p>	<p>No Prior Authorization Required if performed at a participating free-standing facilities or at a contracted hospital.</p>
<p>Site of Service Prior Authorization Requirements</p>	<p>The following codes No Prior auth required if performed in an in network Ambulatory Surgery Center POS 24. Prior auth required in Off Campus Outpatient Hospitals POS 19, On Campus Outpatient Hospital POS 22 and Out of network. CPT Codes: 29888, 42820, 43239, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105 and G0121</p>
<p>Sleep Studies and Polysomnograms</p>	<p>No Prior Authorization Required if performed at a participating free-standing facilities or at a contracted hospital.</p>
<p>Spinal Cord Stimulators, Vagus Nerve Stimulators and Sacral Nerve and Peripheral Nerve Stimulators trial and implantation</p>	<p>Prior Authorization Required</p>
<p>Sterilization Reversals</p>	<p>NOT A COVERED BENEFIT</p>
<p>Transplant Services: Pre-Transplant and Post- Transplant services</p>	<p>Prior Authorization Required</p> <p>HLA Testing for BMT requires prior authorization.</p>
<p>Transplant Surgery</p>	<p>Prior Authorization Required BY DHCF for the Transplant surgery. MFC-DC only covers pre and post transplant services.</p>
<p>Viscosupplementation for Knee Osteoarthritis</p>	<p>The following drugs require prior authorization. Durolane J7318 Gel-One J7326 Euflexa J7323</p>
<p>Transportation: - Ambulance - Van Transport - Wheelchair</p>	<p>No Prior Authorization Required for: - PAR Vendors - DC Fire and Emergency Medical Services (DC FEMS); and - Urgent hospital to hospital transfers</p> <p>Prior Authorization Required for: Non PAR vendors</p>

MEDSTAR FAMILY CHOICE - DC QUICK AUTHORIZATION GUIDE Effective 05/01/2026	MEDSTAR FAMILY CHOICE DC Healthy Families
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 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.

*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.