



**Summary of changes to the MedStar Family Choice Maryland HealthChoice Plan Quick  
Authorization Guide effective for date of service 10/01/2023**

1. The following medications has been added to the High Cost Medications list that require pre-authorization whether given as an inpatient or outpatient.

Altuviio	Livmarli
Amvuttra	Nexviazyme
Bylvay	Onpattro
Carvykti	Rethymic
Daybue	Roctavian
Elahere	Ryplazim
Elevidys	Skysona
Elfabrio	Tecvayli
Fyarro	Vyjuvek
Hemgenix	Xenopozyme
Joenja	Yervoy
Kimmtrak	Zynteglo
Lamzede	

\*See attached Quick Authorization Guide for complete list of all the High Cost Medications\*

Thank you,

MedStar Family Choice  
Utilization Management Department  
410-933-2200, option 2

**MEDSTAR FAMILY CHOICE MARYLAND HEALTHCHOICE QUICK AUTHORIZATION GUIDE**

**Effective for Date of Service 10/01/2023**

<b>INPATIENT elective procedures (in or out of network)</b>	Prior authorization required
<b>Inpatient admission for a Psychiatric diagnosis when the Bed Type is for Psychiatric Services</b>	State of Maryland Carve Out service
<b>Any Out of Network Services</b>	Prior authorization required.
<b>OUTPATIENT In-Network (practitioner AND facility), facility based procedures (includes outpatient Chemotherapy and Radiation Therapy). *New Benefit beginning 7-1-2018, MFC will cover audiology services and devices for children and adults. Benefit will follow this rule.*</b>  <b>**See exceptions below.</b>	No prior auth required, <u>unless included below</u> in 'Exceptions Requiring Prior Authorization.'
<b>Exceptions Requiring Prior Authorization</b>	
<b>Acupuncture for Children &lt;21 years old</b>	Prior authorization required for >10 visits <i>per calendar year</i> .
<b>Acupuncture for members ≥21 years old</b>	Not a covered benefit
<b>Ambulance/Wheelchair/Van Transport</b>	Prior authorization required except for Hospital to Hospital Transfers.  No reimbursement to city/county Fire Departments, including DC Fire Department and others that indicate "911" service. Hospital to SNF, Hospital to Home call MA Transport.
<b>Abortions</b>	Elective Abortions not MCO liability. Refer to MDH (Formerly DHMH) (877-463-3464) Not covered under the Self-Referral Services.
<b>Audiology Services (All members)</b>	Prior authorization required for: Cochlear implant devices and replacement components except microphone, transmitting cables and transmitting coils, All hearing aids, all auditory osseointegrated devices. Audiology Rehab codes: 92626, 92627, 92630 and 92633 done by any provider type
<b>Bariatric Surgery Program - Including OP Surgeries</b>	Prior authorization required:
<b>Cardiac Rehabilitation</b>	Prior authorization required
<b>Chiropractic Services for members &lt;21 years old</b>	Prior authorization required for >10 visits <i>per calendar year</i> .
<b>Chiropractic Services for members ≥21 years old</b>	Not a covered benefit
<b>Cosmetic procedures</b>	Not a covered benefit. Examples of cosmetic procedures include (but not limited to): septoplasty, rhinoplasty, sclerotherapy, septoplasty, skin tag removal, panniculectomy, breast reduction (male or female), blepharoplasty, brow ptosis
<b>Coumadin Clinics</b>	Authorization required for clinics in regulated space. (Prefer monitoring by physician with labs to LabCorp)
<b>Diabetes and Nutritional Counseling</b>	Office, Homecare or Hospital Based services, no authorization required for the first 3 visits <i>per calendar year</i> . After 3 visits, an auth is required.
<b>Erectile Dysfunction Procedures</b>	Prior authorization required

Eye procedures and surgeries	<p>Prior authorization required for: blepharoplasty, capsulotomy, ectropion repair, entropion repair, eyelid lesion excision/reconstruction, keratoplasty, ptosis repair strabismus repair, destruction of lesion of lid margin, insertion of intraocular lens prosthesis (secondary implant) not associated with concurrent cataract removal, radial keratotomy, corneal relaxing incision for correction of surgically induced astigmatism, corneal wedge resection for correction of surgically induced astigmatism. Implantation of Intraocular devices, Insertion of drug-eluting implant, Orbital Prosthesis</p> <p><b>* Some eye procedure may be found under the Cosmetic Procedures *</b></p>																																																																													
Genetic Counseling	The OB meets with the family and charges a regular office visit.																																																																													
Genetic Testing	Prior authorization required																																																																													
Gender Reassignment Surgery	Prior authorization required																																																																													
Heart Failure Clinics	Prior authorization required																																																																													
High Cost Medications	<p>Prior authorization required whether being administered inpatient or outpatient for the following medications:</p> <table border="1"> <tr> <td>Abecma</td> <td>Joenja</td> <td>Ravicti</td> </tr> <tr> <td>Actimmune</td> <td>Kimtrak</td> <td>Rethymic</td> </tr> <tr> <td>Adcetris</td> <td>Korlym</td> <td>Revcovi</td> </tr> <tr> <td>Altuviio</td> <td>Krystexxa</td> <td>Roctavian</td> </tr> <tr> <td>Amondys 45</td> <td>Lamzede</td> <td>Ryplazim</td> </tr> <tr> <td>Amvuttra</td> <td>Livmarli</td> <td>Skysona</td> </tr> <tr> <td>Blinicyto</td> <td>Myalept</td> <td>Soliris</td> </tr> <tr> <td>Breyanzi</td> <td>Nexviazyme</td> <td>Spinraza</td> </tr> <tr> <td>Bylvay</td> <td>Norovseven</td> <td>Takhzyro</td> </tr> <tr> <td>Cablivi</td> <td>Nulibry</td> <td>Tecvayli</td> </tr> <tr> <td>Carvykti</td> <td>Onpattro</td> <td>Tepezza</td> </tr> <tr> <td>Cerezyme</td> <td>Orfadin</td> <td>Ultomiris</td> </tr> <tr> <td>Cinryze</td> <td>Orladeyo</td> <td>Viltepso</td> </tr> <tr> <td>Crysvita</td> <td>Oxlumo</td> <td>Vimizim</td> </tr> <tr> <td>Daybue</td> <td>Poteligeo</td> <td>Vyjuvek</td> </tr> <tr> <td>Elahere</td> <td>Procysbi</td> <td>Vyondys</td> </tr> <tr> <td>Elaprase</td> <td></td> <td>Xenopozyme</td> </tr> <tr> <td>Elevidys</td> <td></td> <td>Yervoy</td> </tr> <tr> <td>Elfabrio</td> <td>Post-administration retrospective requests for authorization will not be accepted for review.</td> <td>Zolgensma</td> </tr> <tr> <td>Empaveli</td> <td></td> <td>Zynteglo</td> </tr> <tr> <td>Evkeeza</td> <td></td> <td></td> </tr> <tr> <td>Fyarro</td> <td></td> <td></td> </tr> <tr> <td>Gattex</td> <td></td> <td></td> </tr> <tr> <td>Haegarda</td> <td></td> <td></td> </tr> <tr> <td>Hemgenix</td> <td></td> <td></td> </tr> </table>			Abecma	Joenja	Ravicti	Actimmune	Kimtrak	Rethymic	Adcetris	Korlym	Revcovi	Altuviio	Krystexxa	Roctavian	Amondys 45	Lamzede	Ryplazim	Amvuttra	Livmarli	Skysona	Blinicyto	Myalept	Soliris	Breyanzi	Nexviazyme	Spinraza	Bylvay	Norovseven	Takhzyro	Cablivi	Nulibry	Tecvayli	Carvykti	Onpattro	Tepezza	Cerezyme	Orfadin	Ultomiris	Cinryze	Orladeyo	Viltepso	Crysvita	Oxlumo	Vimizim	Daybue	Poteligeo	Vyjuvek	Elahere	Procysbi	Vyondys	Elaprase		Xenopozyme	Elevidys		Yervoy	Elfabrio	Post-administration retrospective requests for authorization will not be accepted for review.	Zolgensma	Empaveli		Zynteglo	Evkeeza			Fyarro			Gattex			Haegarda			Hemgenix		
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Home Health Care	Authorization required after first 6 visits, with in network provider per calendar year.																																																																													
Home Visiting Services	Prior authorization required for >30 visits																																																																													
Hospice Care (IP and OP), Skilled Nursing Facility and Acute Rehab Facility	All Services Prior authorization required																																																																													
Hyperbaric Oxygen	Prior authorization required																																																																													
Infertility Services	Not a covered benefit																																																																													
Investigational Surgery, Emerging Technology, Services, Procedures	Non-Covered Benefit except unless reviewed by a Medical Director and determined to be Medically Necessary, and then it requires an authorization.																																																																													
Laboratory Services (excludes genetic testing)	No prior auth required if done at an In Network freestanding lab facility or at MedStar WHC and MedStar GUH																																																																													
Mount Washington Pediatric Hospital Services (Weight Smart Program/Outpatient Feeding Program and Sleep Studies).	Prior authorization required																																																																													
Neuropsychological Testing	Prior authorization required.																																																																													

Outpatient Rehabilitation Services (PT/OT/SLP) for members <21yo	Not MCO liability. Providers refer to MDH (877-463-3464), except for auditory rehabilitation codes 92626, 92627, 92630, 92633 are MFC's responsibility to cover and prior authorization is required. <b>Members should call the Beneficiary Service Hotline 800-492-5321 if they have questions or are looking for participating providers.</b>
Outpatient Rehabilitation Services (PT/OT/SLP) for members >21yo	Prior authorization required for >30 visits, <u>per calendar year</u> except for auditory rehabilitation codes 92626, 92627, 92630, 92633 are MFC's responsibility to cover and prior authorization required from 1st visit 7-1-2018
Pediatric Exceptions for University of Maryland Medical Center main campus, University of Maryland Midtown Campus, University of Maryland Rehab and Orthopedic Institute(formally Kernan) and Sinai Hospitals	For children <21 years old, Univ. of Maryland Medical Center Main Campus, Univ. of Maryland Midtown Campus, Univ. of Maryland Rehab and Orthopedic Institute (formally Kernan) and Sinai Hospitals are considered in-network for doctor visits and clinic visits and services performed on the same day (PFTs, EEGs, EKGs, labs, x-rays, etc) do not require authorization. ***Please note: Authorization is required, for services listed in the "Exceptions Requiring Prior Authorization" section of the Quick Authorization Guide (Example >3 nutrition visits per condition, Sleep studies, etc). All outpatient surgeries require authorization. Services such as diagnostic tests, Labs and Radiology <u>not done</u> on same day as an office visit or clinic visit require authorization.
PET Scans	No authorization required if performed at participating free-standing facilities.
Private Duty Nursing	Prior Authorization required
Pulmonary Rehabilitation	Prior authorization required
Radiology- CT Scans, MRI's, X-RAYS, nuclear medicine, and Sonograms, and digital mammography	No authorization required if performed at participating free standing facilities. Only these hospitals can perform these tests and do not require an auth: Children's National Medical Center, MS Union Memorial Hospital, MS St. Mary's Hospital and MS So. Maryland Hospital In DC, MS WHC and MS Georgetown Univ. Hospital *See website or contact member services for participating free-standing facilities.
Sleep Studies and Polysomnograms	No authorization required if performed at a participating, free-standing facilities. Facilities not requiring an auth to perform sleep studies or polysomograms are: Children's National Medical Center, MS St. Mary's Hospital, MS So. Maryland Hospital, and MS Montgomery Medical Center. *see website for participating free standing facilities.
Spinal Cord Stimulators, Vagus Nerve Stimulators, Sacral Nerve Stimulators and Peripheral Nerve Stimulators (PNS Sprint procedure) trial and implantation	Prior authorization required
Sterilization Reversals	Not a covered benefit
Transplants--Pre-Transplant testing	HLA Testing for BMT auth required Other labs at MD Hospitals require an auth.
Transplant	Prior authorization required
<b>DME</b>	
Braces, (Orthotics, Prosthetics) and Splints costing over \$500.00 excludes foot orthotics	Prior authorization required for items billed over \$500.00
Durable Medical Equipment	Prior auth required for claims billed >\$1000 or rental equipment over 90 days. *See website or contact Member Services for in network vendors. All hearing aids, cochlear implants, auditory ossintergrated devices require authorizaion regardless of cost
Durable Medical 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 for billed amounts >\$750, per member/per vendor/per month. *See website or contact Member Services for In Network vendors.
Foot orthotics, custom shoes, diabetic orthotics or shoes	Prior authorization required
Insulin Pumps or Continuous Glucose Monitors	Prior authorization required
*Please contact Member Services at 888-404-3549 or go to our website at <a href="http://MedStarFamilyChoice.com">MedStarFamilyChoice.com</a> for assistance with finding in network vendors, physicians or facilities for all plans.	

\*\*\* This is a Quick Authorization Guide. It is not meant to be all inclusive. Please contact MD MFC at : 1-800-905-1722.