



<b>Do You Need a Referral?</b>		
<b>Type of Visit</b>	<b>Referral Yes/No</b>	<b>If yes, how?</b>
Emergency Room	No	
Any visit to your PCP	No	
Any visit to your OB/GYN	No	
Any visit to your dentist	No	
Any visit to your eye doctor	No	
Mental Health Services	No	
Substance Abuse	No	
Specialist	Yes	Obtain a referral from your PCP
Urgent Care Centers	No	

<b>List of Services Requiring Approval Before Receiving (Prior Authorization)</b>
<b>How to Obtain:</b> Your PCP will obtain prior authorization from MFC Care Management for these services. This list of services is not meant to be all inclusive. Please contact Member Services at 1-888-404-3549 with any questions.
Ambulance/Wheelchair Van Transportation except for hospital-to-hospital transfers
Ambulatory Surgery by an out of network doctor/facility
Audiology (hearing) Services-Cochlear Implant Devices and some replacement components. All hearing aids and all auditory rehabilitation.
Bariatric Surgery Program, including outpatient surgeries
Cardiac Rehabilitation
Chiropractic Services –Adult (Not a covered benefit)
Chiropractic Services – Children (authorization required for more than 10 visits)
Cosmetic Procedures (Not a covered benefit)
Diabetes and Nutritional Counseling – after the first 3 visits with an in-network provider
Durable Medical Equipment (DME) required for more than \$1,000.00)
Elective Admissions
Erectile Dysfunction Procedures
Select eye procedures and surgeries
Foot orthotics, custom shoes, diabetic orthotics or shoes and CAM Walking Boot
Genetic Testing
Gender Reassignment Surgery
Heart Failure Clinics
High-Cost Medications
Home Health after 6 visits with an in-network provider
Home Visiting Services- service is to support health outcomes through pregnancy and up to the child's 3 <sup>rd</sup> birthday. First 30 visits no auth, then will authorize in increments of 10 visits thereafter.
Hospice Care
Hyperbaric Oxygen
Infusion/Injectables
Insulin Pumps or Continuous Glucose Monitors
Investigational Surgery
Mount Washington Pediatric Hospital Services (Weigh Smart® Program/Outpatient Feeding Program)
Neuro-psychological testing

<b>List of Services Requiring Approval Before Receiving (Prior Authorization)</b>
Braces and Splints that cost over \$500
Out of Network Services of any kind
Pre-Transplant Testing
Prosthetics
Private Duty Nursing
Pulmonary Rehabilitation
Rehabilitation Services (PT/OT/ST) >30 visits for members 21years old and over. For members <21 this benefit is covered by the State of Maryland.
Skilled Nursing Facility Care
Soft Supplies that cost over \$750.00
Spinal Cord Stimulators, Vagus Nerve Stimulators, Sacral Nerve Stimulators and Peripheral Nerve Stimulators trial and implantation
Transplants

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