

**Summary of changes to the MedStar Family Choice Maryland HealthChoice Plan Quick Authorization Guide effective for date of service 7/14/2024**

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

Adstiladrin	Amtagvi
Elrexio	Talvey

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, then option 1

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

**Effective for Date of Service 7/14/2024**

<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). 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. Air Transport is carved to the State of Maryland, not MCO Liability
<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. Auditory 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

<b>Eye procedures and surgeries</b>	<p>Prior authorization required for: blepharoplasty (15820-15823), ectropion/entropion repair (67914-67917, 67921-67924), eyelid excision/repair/reconstruction (67950, 67961,67966,67971,67973,67975) keratoplasty/keratoprosthesis (65710, 65730, 65750, 65755, 65756, 65760, 65765, 65767, 65770), ptosis repair (67900-679004, 67906, 67908, 67909), radial keratotomy (65771), corneal relaxing incision for correction of surgically induced astigmatism (65772), corneal wedge resection for correction of surgically induced astigmatism (65775), Placement of amniotic membrane (65778, 65779); Ocular surface reconstruction (65780-65782) Insertion of anterior segment aqueous drainage device, without extraocular reservoir , external approach (66183), Implantation of Intraocular devices (65785), Insertion of drug-eluting implant (68841), Unlisted Procedure Orbit (67599)</p> <p><b>* Some eye procedure may be found under the Cosmetic Procedures *</b></p>																																																																																																																																																
<b>Fertility Preservation Services</b>	<p><b>Prior authorization required-</b> for those procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility. Iatrogenic infertility is considered to be impairment of fertility by surgery, radiation, chemotherapy or other medical treatment or intervention affecting reproductive organs or processes.</p>																																																																																																																																																
<b>Genetic Counseling</b>	<p>Prior authorization required. The Genetic Counselor must be licensed with the state of Maryland and be ePrep enrolled as a Medicaid provider in order to bill for this service.</p>																																																																																																																																																
<b>Genetic Testing</b>	<p>Prior authorization required</p>																																																																																																																																																
<b>Gender Affirming Care</b>	<p>Prior authorization required for all inpatient and outpatient surgeries.</p>																																																																																																																																																
<b>Heart Failure Clinics</b>	<p>Prior authorization required</p>																																																																																																																																																
<b>High Cost Medications</b>	<p>Prior authorization required whether being administered inpatient or outpatient for the following medications:</p> <table border="1" data-bbox="743 997 1554 1858"> <tr> <td>Abecma</td> <td>Eloctate</td> <td><b>Elrexio</b></td> <td>Olpruva</td> <td>Vyjuvek</td> </tr> <tr> <td>Actimmune</td> <td>Emflaza</td> <td>Empaveli</td> <td>Olpruva</td> <td>Vyondys</td> </tr> <tr> <td>Adcetris <b>Adstiladrin</b></td> <td>Enspryng</td> <td></td> <td>Onpattro</td> <td>Vyvgart</td> </tr> <tr> <td>Agamree</td> <td>Epkinly</td> <td></td> <td>Orfadin</td> <td>Vyvgart Hytrulo</td> </tr> <tr> <td>Altuviio</td> <td>Evkeeza</td> <td></td> <td>Orserdu</td> <td>Xenopozyme</td> </tr> <tr> <td>Amondys 45</td> <td>Exkivity</td> <td></td> <td>Orladeyo</td> <td>Xyntha</td> </tr> <tr> <td><b>Amtagvi</b></td> <td>Fyarro</td> <td></td> <td>Oxlumo</td> <td>Yervoy</td> </tr> <tr> <td>Amvuttra</td> <td>Gattex</td> <td></td> <td>Poteligeo</td> <td>Yescarta</td> </tr> <tr> <td>Benefix</td> <td>Givlaari</td> <td></td> <td>Procysbi</td> <td>Zilbrysq</td> </tr> <tr> <td>Blincyto</td> <td>Haegarda</td> <td></td> <td>Ravicti</td> <td>Zolgensma</td> </tr> <tr> <td>Breyanzi</td> <td>Hemgenix</td> <td></td> <td>Rethymic</td> <td>Zynlonta</td> </tr> <tr> <td>Brineura</td> <td>Increlex</td> <td></td> <td>Revcovi</td> <td>Zynteglo</td> </tr> <tr> <td>Bylvay</td> <td>Jivi</td> <td></td> <td>Roctavian</td> <td></td> </tr> <tr> <td>Cablivi</td> <td>Joenja</td> <td></td> <td>Ryplazim</td> <td></td> </tr> <tr> <td>Cabometyx</td> <td>Kimmtrak</td> <td></td> <td>Rystiggo</td> <td></td> </tr> <tr> <td>Carvykti</td> <td>Korlym</td> <td></td> <td>Skysona</td> <td></td> </tr> <tr> <td>Casgevvy</td> <td>Krystexxa</td> <td></td> <td>Soliris</td> <td></td> </tr> <tr> <td>Cerezyme</td> <td>Lamzede</td> <td></td> <td>Spinraza</td> <td></td> </tr> <tr> <td>Cinryze</td> <td>Livmarli</td> <td></td> <td>Takhzyro</td> <td></td> </tr> <tr> <td>Columvi</td> <td>Lumizyme</td> <td></td> <td><b>Talvey</b></td> <td></td> </tr> <tr> <td>Crysvita</td> <td>Luxturna</td> <td></td> <td>Tecvayli</td> <td></td> </tr> <tr> <td>Danylza</td> <td>Mepsevii</td> <td></td> <td>Tepezza</td> <td></td> </tr> <tr> <td>Daybue</td> <td>Myalept</td> <td></td> <td>Tivdak</td> <td></td> </tr> <tr> <td>Elahere</td> <td>Nexviazyme</td> <td></td> <td>Tzield</td> <td></td> </tr> <tr> <td>Elaprase</td> <td>Norovseven</td> <td></td> <td>Ultomiris</td> <td></td> </tr> <tr> <td>Elevidys</td> <td>Nulibry</td> <td></td> <td>Unituxin</td> <td></td> </tr> <tr> <td>Elfabrio</td> <td></td> <td></td> <td>Viltepsa</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Vimizim</td> <td></td> </tr> </table>					Abecma	Eloctate	<b>Elrexio</b>	Olpruva	Vyjuvek	Actimmune	Emflaza	Empaveli	Olpruva	Vyondys	Adcetris <b>Adstiladrin</b>	Enspryng		Onpattro	Vyvgart	Agamree	Epkinly		Orfadin	Vyvgart Hytrulo	Altuviio	Evkeeza		Orserdu	Xenopozyme	Amondys 45	Exkivity		Orladeyo	Xyntha	<b>Amtagvi</b>	Fyarro		Oxlumo	Yervoy	Amvuttra	Gattex		Poteligeo	Yescarta	Benefix	Givlaari		Procysbi	Zilbrysq	Blincyto	Haegarda		Ravicti	Zolgensma	Breyanzi	Hemgenix		Rethymic	Zynlonta	Brineura	Increlex		Revcovi	Zynteglo	Bylvay	Jivi		Roctavian		Cablivi	Joenja		Ryplazim		Cabometyx	Kimmtrak		Rystiggo		Carvykti	Korlym		Skysona		Casgevvy	Krystexxa		Soliris		Cerezyme	Lamzede		Spinraza		Cinryze	Livmarli		Takhzyro		Columvi	Lumizyme		<b>Talvey</b>		Crysvita	Luxturna		Tecvayli		Danylza	Mepsevii		Tepezza		Daybue	Myalept		Tivdak		Elahere	Nexviazyme		Tzield		Elaprase	Norovseven		Ultomiris		Elevidys	Nulibry		Unituxin		Elfabrio			Viltepsa					Vimizim	
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Home Health Care	Authorization required after first 6 visits, with in network provider per calendar year.  Includes Home Infusion Nursing (99601 and 99602)
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 and Psychological Testing for a primary medical diagnosis or needed prior to having a medical or surgical procedure.	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.  Only hospital exceptions are: MS Union Memorial Hospital, MS St. Mary's Hospital, MS Southern Maryland, MedStar WHC and MedStar Georgetown Hospital. *see website for 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 polysomnograms 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 authorizaiton 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. <b>Require current medical records (definition of current is office visit dated within one (1) month of the request).</b> <b>Maximum time of authorization allowed will be 3 months; this could be &lt;3 months depending on the clinical situation as determined by a medical director (e.g., wound supplies would most likely require more frequent authorization than every 3 months)</b> *See website or contact Member Services for In Network vendors.
Foot orthotics, custom shoes, diabetic orthotics or shoes	Prior authorization required
Blood Glucose Monitors and Continuous Glucometer supplies(CGM)	Effective for dates of service on or after April 15th, 2024 these products will no longer be covered under medical benefit but <b>will</b> be covered as part of the Pharmacy benefit. No Prior authorization is required at the Pharmacy for these items.
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.	