Healthy DC-Basic Health Plan			
MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA QUICK AUTHORIZATION GUIDE Effective 11/01/2026	**MEDSTAR FAMILY CHOICE Basic Health Plan**		
Authorization is subject to quantity limits base on the DC Fee Schedule			
ALL OUT-OF-NETWORK/ NON-PAR SERVICE	Not Covered unless it is an emergency		
Emergency Medical Conditions (ED)	**NO** Prior Authorization Required		
INPATIENT ADMISSIONS (Concurrent Reviews & Elective Procedures) (In Network and Out of Network)	**Prior Authorization Required**		
INPATIENT ADMISSIONS for Psychiatric diagnoses OUTPATIENT RESIDENTIAL TREATMENT for Substance Use diagnosis (In Network and 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	**Not a Covered Benefit**			
Abortions	Elective Therapeutic Abortions are **NOT A COVERED BENEFIT by MFC-DC.**			
Acupuncture for Children < 21 years old	**Not a Covered Benefit**			
Acupuncture for Enrollees ≥21 years old	**Not a Covered Benefit**			
Audiology Services **Cochlear Implants**	**Hearing Aids are not covered.** **Prior Authorization Required** for: - Cochlear implant (BAHA) devices. - Replacement components (except microphone, transmitting cables and transmitting coils,) **- All hearing aids (not covered)**			
Bariatric Surgery Program - Including OP Surgeries	**Prior Authorization Required 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**			

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			
Cardiac Rehabilitation	**Prior Authorization Required**			
Chiropractic Services for Enrollees <21 years old	NOT A COVERED BENEFIT			
Chiropractic Services (Services provided by a Chiropractor to include PT) for Enrollees ≥21 years old	NOT A COVERED BENEFIT			
Clinical Trials	**Prior Authorization Required**			

Continuous Glucose Monitors (CGM) **Insulin Pumps** DEXCOM	**24685**
Cosmetic procedures	24685 Examples of cosmetic procedures include (but not limited to): -Breast reduction (male or female) -Blepharoplasty
Coumadin Clinics	
Diabetes and Nutritional Counseling	**Prior Authorization Required** after > THREE (3) visits ***per Calendar Year*** (Office, Homecare or Hospital Based services)
Early Intervention (EI) Services	**Not a Covered Benefit**
Epidural injections (cervical and lumbar) **Facet blocks** **Rhizotomies** **SI Joint**	**NO** Prior Authorization Required
Erectile Dysfunction Procedures	**Prior Authorization Required**
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;
Fertility Treatment	**Prior Authorization Required - required benefit for BHP**
Genetic Counseling	**Not a Covered Benefit**
Genetic Testing	**Prior Authorization Required**
Gender Reassignment Surgery/Transgender Surgery	**Prior Authorization Required**

Heart Failure Clinics	**Prior Authorization Required**
Home Health Care	**Prior Authorization Required for all visits** **PDN is not a covered benefit**
Home Infusion Services **(in the Home and Free-Standing Facility)**	**NO** Prior Authorization Required **from In-Network provider** (for the Home Infusion Therapy or Medications)
Hospice Care (IP and OP) **Skilled Nursing Facility** **Acute Rehab Facility**	**Prior Authorization Required** **Custodial Care is not a covered benefit**
Hyperbaric Oxygen	**Prior Authorization Required**
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.
Medications - High Cost Med List	Prior authorization required whether being administered inpatient or outpatient for the following medications:

	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
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

	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	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 human pegylated)	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 andbiosimilars)	J8499-Orfadin (nitisinone)	J9286-Columvi (glofitamab)
	J0177-Aflibercept(Eylea)	J2508-Elfabrio (pegunigalsidase alfa-iwxj)	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(Kadcyla)	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,Treanda)	J9316-Rituximab+hyaluronidase(RituxanHycela)
	J0225-Amvuttra (vutrisiran)	J3357-Stelara (Ustekinumab)	J9035-Bevacizumab(Avastin)	J9317-Sacituzumabgovitecan(Trodelvy)
	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 autoemcel)	J9042-Brentuximabvedotin(Adcetris)	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 neparvovec)	J9061-Cisplatin	J9333-Rystiggo (rozanolixizumab)
	J0881-Darbepoetinalfa(Aranesp)	J3490-Lenmeldy (atidarsagene autotemcel)	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(DarzalexFaspro)	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 autolemcel)	J9204-Poteligeo (mogamulizumab)	J9359-Zynlonta (loncastuximab tesirine-lpyl)
	J1561-Immuneglobulin(IVIG),e.g.,Gamunex-C,Gammaked	J3590-Enspryng (satralilzumab)	J9223-Leuprolideacetate(LupronDepot)	J9380-Tecvayli (teclistamab)
	J1743-Elaprase (Idursulfase)	J3590-Kebilidi (eladocagene exuparvovec-tmeq)	J9228-Ipilimumab(Yervoy)	J9381-Tzield (teplizumab)

	J1745-Infliximab(Remicade andbiosimilars)	J3590-Lenmeldy (atidarsagene autotemcel)	J9228-Yervoy (ipilimumab)	J9999-Orserdu (elacestrant)
	J1786-Cerezyme (imiglucerase/ glucocerebrosidase)	J3590-Skysona (elivaldogene autotemcel)	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)	**Not a Covered Benefit**			
Neuropsychological Testing	**Prior Authorization Required**			
	Prior authorization Required for these 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
	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
	22614	23472	63001	63086
	22630	23473	63003	63090
	22630	23700	63005	63091

	22632	24786	63011	63200
	22633	27120	63012	63265
	22633	27125	63015	63266
	22634	27130	63016	63267
	22702	27132	63017	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)	**Not a Covered Benefit**			
PET Scans	The following PET/PET CT codes require Prior Authorization: 78811, 78812, 78813, 78814, 78815, 78816, 78451, 78452, 78459, 78491, and 78492.			
Psychiatric Diagnostic Evaluation	**NO Prior Authorization required.**			
Private Duty Nursing	**Not a Covered Benefit**			

Proton Beam Radiotherapy	Prior authorization required for the following codes: 77520, 77522, 77523, 77525
Pulmonary Rehabilitation	**Prior Authorization Required**
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 Only	**Prior Authorization Required**
Transplant Surgery	**Prior Authorization Required**

Transportation: **- Ambulance** **- Van Transport** **- Wheelchair**	**Non Emergent Transporation is not covered** **NO** Prior Authorization Required for: - PAR Vendors - DC Fire and Emergency Medical Services (DC FEMS); and - Emergent/Urgent hospital to hospital transfers Prior Authorization Required for: - Non-PAR vendors **- Non Urgent hospital to hospital transfers and other transfers - Not a Covered Benefit**
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
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 (not a covered service)** - 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, not covered for hearing aids**			
Soft supplies and disposable items: **Includes enteral/parenteral (feeding) supplies, batteries, ear molds, components for hearing aids, cochlear implant or auditory osseointegrated devices, Ostomy Supplies, Catheters**	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.			
Wound Vac and Supplies	Prior authorization required. E2402, A6550, A7000			
***Please visit our website at MedStarFamilyChoiceDC.com for assistance with finding in network vendors,**				
***** 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.				