

MedStar Family Choice Quick Reference Guide

Care Management

MedStar Family Choice Care Management Center
8094 Sandpiper Circle, Suite #O • Baltimore, MD 21236
1-800-905-1722 or (fax) 410-933-2274
Provides authorization for required services and injectables. Fax or mail Maryland Uniform Referral Form to MSFC Care Management Center. Referrals are valid for 180 days.

Claims/Encounter Data Submission

MedStar Family Choice Claims Processing Center
10201 N. Port Washington Rd
Mequon, WI 53092
800-261-3371
Processes claims and encounter data. Resolves claims issues. Claims must be submitted within 180 days. Claims appeals must be submitted within 90 business days from the date of denial. Electronic claims submission is also available; please visit our website for options.

Clinics (Regulated Space)

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274
PCP and OB/Gyn visits in regulated space do not require prior authorization. All specialist visits in regulated space require prior authorization. Refer to the list of services requiring prior authorization to determine if a certain office-based procedure (regulated space) requires prior authorization. All facility based diagnostic services require prior authorization with exception of AFI, amniocentesis, BPP, EEG, fetal fibronectin, fetal stress test and genetic counseling.

Dental Benefits

Maryland Healthy Smiles Program- 1-888-696-9596. *Children under 21 yrs and pregnant women may self-refer to a participating dental provider for routine dental care. Adult dental is not covered.*

Diabetes and Nutritional Counseling

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274
Requires prior authorization. Services provided through home health.

DME, Home Health, & Soft Supplies

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274
DME over \$1,000.00 requires prior authorization. Soft Supplies over \$250.00 per member per month per provider require prior authorization. With the exception of oxygen, any rental equipment >90 days will also require prior authorization. Home Health requires prior authorization.

Eligibility Verification

EVS: 1-866-710-1447
The State's EVS line verifies that a patient is eligible to receive benefits and is active with MSFC.

Hearing (Audiology)

Not a benefit for over 21 yrs. Refer member to ENT. Under 21 yrs is managed by DHMH.

Infertility

Not a MSFC benefit

Injectables & Infusion Drugs

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274
Some drugs require prior authorization via MSFC Care Management.

Laboratory

LabCorp 1-800-788-8765
Requesting physician sends patient to an approved LabCorp draw station using a LabCorp Requisition Form with MedStar checked off.

Mental Health Benefits

ValueOptions 1-800-888-1965
Members may self-refer to a participating provider or provider may initiate referral by calling mental health provider.

Orthotics & Prosthetics

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274
Orthotics (braces) totaling greater than \$250 per member per claim requires prior authorization. All prosthetics, foot orthotics and custom shoes require prior authorization.

Outpatient Rehab (PT, OT, ST, Chiro.)

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274
Requesting Physician completes written referral to a participating Rehab site. More than 10 visits require prior authorization. (State manages patients under age 21 for PT, OT, ST; MSFC only manages patients ages 0-20 yrs for Chiropractic services.)

Outreach

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2264
Outreach verifies PCP assignment, answers questions about benefits, arranges access for non-emergency transportation to medical appointments for MSFC members and can assist providers in required outreach attempts for preventive care and member compliance.

Provider Relations

MedStar Family Choice Provider Relations
8094 Sandpiper Circle, Suite #O • Baltimore, MD 21236
410-933-3069 or (fax) 410-933-3077
Assists provider and staff in problem solving, orientations, training, recruitment, and credentialing.

Radiology

MSFC Outpatient Radiology Network (see Provider Manual)
Requesting Physician completes a script or MD uniform referral form to a participating radiology site for any radiology tests. Exception: MedStar Family Choice uses an exclusive network for Nuclear Cardiology.

Substance Abuse Benefits

ValueOptions 1-800-496-5849
Members may self refer to a participating provider or the provider may coordinate care.

Vision Benefits

Advantica 1-866-425-2323
Members may self refer to a participating provider for routine vision care. Medical eye problems must be referred to an approved ophthalmologist. Referrals are not required for Diabetic eye exams.

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PRIOR AUTHORIZATIONS

A limited number of services require authorization from MedStar Family Choice Care Management before the patient receives care. To obtain prior authorization, the rendering/ordering provider must complete a Maryland Uniform Referral Form. Please provide all necessary information and fax the form to 410-933-2274 or call 1-800-905-1722.

Services Requiring Prior-Authorization:

- Ambulance/Wheelchair Van Transportation
- Ambulatory Surgery
- Cardiac Rehabilitation
- Chiropractic Services (>10 visits) for < 21 yrs
- Clinic Services in regulated space (w/exception of PCP and OB/Gyn office visits)
- Cosmetic Procedures
- Diabetes and Nutritional Consults
- Durable Medical Equipment (>\$1,000.00 or rental equipment > 90 days)
- Elective procedures or Admissions
- Facility based diagnostic services (excluding AFI, amniocentesis, BPP, EEG, fetal fibronectin, fetal stress test and genetic counseling)
- Home Health & Hospice
- Hyperbaric Oxygen
- Infusion/Injectables (see Formulary)
- Investigational Surgeries
- Lithotripsy
- Neuro-psychological testing
- Orthotics, i.e. braces (greater than \$250 for the member's total claim)
- Out-of-network services of any kind
- Outpatient Rehab- PT, OT, ST (>10 visits) for ≥21 yrs
- PET Scans
- Prosthetics (including foot orthotics and custom shoes)
- Pulmonary Function Tests (facility based)
- Pulmonary Rehabilitation
- Skilled Nursing Facility
- Soft Supplies (>\$250 per member per month per provider)
- Sonograms (for more than 2 if OB related and any if hospital based or non-OB related)
- Sub-acute/Inpatient Rehabilitative Services
- Sleep Studies
- Urgent/Emergent Procedures or Admissions (notification within 24-48 hours mandatory)
- Wound care in regulated space

Dialysis does not require authorization, but a contracted facility should be used when possible.

Injectables Requiring Prior-Authorization:

Please refer to the MedStar Family Choice Closed Formulary for a listing of medications that require prior authorization. Be aware that high dollar injectables, long acting narcotics, and second-tier pharmacological agents require prior authorization. If you have any questions regarding the information in the formulary, please call Care Management at 410-933-2200 or 1-800-905-1722.

To avoid unnecessary cancellations, please send elective authorization requests at least seven days in advance of the procedure.

Sample MSFC ID card

