



Prior Authorization Quick Reference Guide

Important information:

Prior authorization requests should be submitted electronically using the CareFirst BlueCross BlueShield Provider Portal (CareFirst Direct) at provider.carefirst.com. For instructions, access the following resources:

- Access and register for [CareFirst Direct](#)
- Enter Authorizations in the [CareFirst Provider Portal](#)

Prior authorization requirements should be verified using the Prior Authorization Lookup Tool located on the Prior Authorization/Notifications page. For step-by-step instructions access the [Prior Authorization Lookup Tool Walk-Through](#). To ensure timeliness of prior authorization requests, documentation should be uploaded with your request and include, but is not limited to:

- Treatment received to date
- Current medical health status
- Complete clinical documentation supporting the request

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) pre-authorization request forms

- Visit carefirst.com/medicaid to access the forms online
- Providers can fax the forms to:
 - 443-552-7407 or 443-552-7408 (medical requests)
 - 443-753-2184 (SNF and Medical Injectable Requests)
- Call 800-730-8543 or 410-779-9359 for telephonic inquiries for prior authorization

Out-of-network

Before seeking out-of-network care, members should speak with their Primary Care Physician (PCP).

- Urgent or emergent care
 - Maryland Medicaid self referral services (e.g. school-based health centers, family planning services, renal dialysis for CareFirst CHPMD members)
- See CareFirst CHPMD member handbook for a full listing of benefits and self-referral services.

Authorization not required

CareFirst CHPMD does not require authorization for most office and routine patient ambulatory based services provided by an in-network provider and/or an in-network freestanding facility.

- Acupuncture
- Cardiac Cath
 - Chemotherapy (exceptions listed under authorization required section)
- Chiropractic Services (under age 21)
- Cholecystectomy (Laparoscopic)
- Colonoscopy
 - Cystoscopy (Cystectomy, w/ Urethroscopy, w/Lithotripsy)
- Diabetic education
 - Self-management training
 - Nutritional counseling
 - Screening and supplies
- Dialysis
- DME/DMS purchase less than \$500
- Endoscopy (EGD, ERCP)
- Emergency/Urgent Care (within U.S.)
- Hearing screening
- Hysteroscopy/Hysterectomy
- Laboratory/Pathology

- Nutrition counseling
- Observation
- Office visits for physician or practitioner services
- Primary Care including wellness and/or Preventative Visits,
- Immunizations/Vaccinations, EPSDT
- Specialist consultations/evaluations
 - Pain management consultations/evaluations
 - Podiatry* including diabetic care services and routine foot care for vascular disease affecting lower extremities
- Prenatal and post-partum
- Radiation therapy
- Radiology screenings including:
 - Bone density, mammograms, AAA ultrasound, OB ultrasound, low dose lung CT
 - Radiology services performed by freestanding radiology network providers including:
 - CT, CTA, Digital X-ray, MRI, MRA, Nuclear Stress Test, PET and Ultrasound
- Sleep Studies

Authorization required

Home visits

- Concurrent or additional home visits after the initial evaluation visit for:
 - Skilled Nursing
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Home Health Aide
 - Home Infusion
 - Hospice
 - Private Duty Nursing under 21 years of age
 - Social Work

In-patient admissions

All elective and emergent admissions, including skilled nursing facility and long-term care facility.

Outpatient

- Acne Surgery
- Audiology
- Bariatric Surgery
- Biofeedback
 - Bone Marrow Biopsy, Harvesting, Transplantation
- Bone Stimulation
- Cell Harvesting (stemcell, t-cell)
- Chemodenervation
- Chemical Peels, Dermabrasions
- Clinical Trials
- Cosmetic Surgery
 - DME/DMS Purchase over \$500 and all Rentals and/ or Repairs
- Facet Joint Injections
- Hearing Aids
- Meals Post-Discharge Hospital or SNF
- NerveBlock
- Neurostimulation
- Outpatient therapy (over age 21)
 - Physical, occupational and speech therapy
- Oral and Maxillofacial Surgery
 - Pain Management Procedures—Joint, Trigger Point and Spinal Injections
- Pharmacy see Carve Outs/Delegation below
- Plastic Surgery
 - Radiology services performed by outpatient hospital radiology providers including
 - CT
 - CTA
 - Digital Xray
 - MRI/MRA
 - Nuclear Stress Test
 - PET
 - Ultrasound
 - Reconstructions, Reductions, Implantations
 - Skin/Subcutaneous Tissue Excisions, Removal of Lesions
- Sterilization
 - Telemedicine and remote patient monitoring
- Vein Ablation Therapy, Ligation or Stripping

Rehabilitative therapies

Concurrent or additional visits after the Initial Evaluation visit for Seating Evaluations, Pulmonary and/or Cardiac Rehab

See Carve Outs/Delegation for under 21

Authorization required (cont.)

Medical injectables

This list of medical injectables, and their related biosimilars, all require prior authorization.

Carve outs/delegation

Maryland Medicaid (CareFirst CHPMD)

Pharmacy

- Member Services—855-566-8397
- Prior Authorization—877-418-4133

Prior authorization for formulary and non-formulary products requiring: PA

(Prior Authorization), QL (Quantity Limit), or ST (Step Therapy)

Visit carefirst.com/medicaid to access the formulary search tool online. To access the online search tool, click on For Providers and select Pharmacy Information.

Mental Health/Substance Use Disorder

Specialty Behavioral Health System—800-932-3918

Dental (children/pregnant women)

Healthy Smiles—855-934-9812

Vision

Superior Vision 1 (877) 235-5317

Non-Emergent Medical Transportation

- Contact the local Health Department.
- Maryland Medical Assistance Beneficiary Hotline—800-492-5231:
 - Abortions
 - Emergency transportation
 - HIV/AIDS services (viral load, genotypic, phenotypic or other resistance testing)
 - Medical day services
 - Outpatient PT, OT and ST for recipients under the age of 21
 - Personal care services
 - Speech augmentation

Authorization required

Verification of eligibility, and/or benefit information, or authorization is not a guarantee of payment. Authorizations are subject to eligibility requirements and benefit plan limitations and assumes that providers bill with codes billable under the current Medicaid Fee Schedule.