

Prior Authorization Reference Guide for Providers

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

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 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](#).

The following table lists the most common services that require prior authorization. This list is not all-inclusive. Please visit our online portal for Code Specific requirements.

Medicare-Covered Benefits	Examples of Services Requiring Prior Authorization
Out-of-network services	Most out-of-network services require prior authorization. Exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which CareFirst authorizes use of out-of-network providers.
Ambulance/transportation services	Non-emergent ground and air ambulance transports
Behavioral health services	<ul style="list-style-type: none"> ■ Inpatient admissions ■ PHP (partial hospitalization program) ■ IOP (intensive outpatient program) ■ RTC (residential treatment center)
Group and individual behavioral health and substance abuse sessions	<ul style="list-style-type: none"> ■ Eye procedures (blepharoplasty, blepharoptosis repair and ptosis repair) ■ Breast reconstruction (reduction) ■ Panniculectomy and/or removal of excess skin/tissue ■ Congenital chest deformity repair (pectus carinatum, pectus excavatum and poland syndrome) ■ Nasal procedures (rhinoplasty, septoplasty and rhinophyma treatment)

Medicare-Covered Benefits	Examples of Services Requiring Prior Authorization
<p>Group and individual behavioral health and substance abuse sessions (continued)</p>	<ul style="list-style-type: none"> ■ Removal of breast implants ■ Skin procedures (scar revisions, treatment of hemangiomas and port wine stains) <p>Note: Surgery/procedures done for cosmetic reasons only are not covered. This includes associated screening, diagnostic exam and laboratory tests.</p>
<p>Diagnostic radiological services</p>	<p>X-Ray, CT, MRI, PET scans if performed in hospital-based facilities</p>
<p>Diagnostic procedures/tests and lab services</p>	<p>Most routine lab work does not require prior authorization. Code-specific requirements are available through our online authorization portal.</p>
<p>Durable medical equipment (DME)</p>	<ul style="list-style-type: none"> ■ Prosthetic devices ■ Diabetic shoes and inserts ■ Other equipment. <p>Code-specific requirements are available through our online authorization portal.</p>
<p>Elective procedures</p>	<p>Code-specific requirements are available through our online authorization portal.</p>
<p>Home health services</p>	<ul style="list-style-type: none"> ■ Skilled nursing care ■ Physical therapy ■ Occupational therapy ■ Speech therapy
<p>Inpatient</p>	<ul style="list-style-type: none"> ■ Elective ■ Emergent ■ Skilled nursing facility (SNF) ■ Long term care (LTC) ■ Organ, tissue and cell transplant procedures ■ Long term acute care hospital (LTACH)
<p>Medicare Part B drugs (e.g. injections, infusions)</p>	<ul style="list-style-type: none"> ■ Chemotherapy and radiation therapy drugs ■ Specialty injectable medications <p>Code-specific requirements are available through our online authorization portal</p>
<p>Occupational therapy services</p>	<p>All services require prior authorization.</p>
<p>Pain management services</p>	<ul style="list-style-type: none"> ■ Chemo denervation ■ Radio frequency ablations
<p>Physical therapy</p>	<p>All services require prior authorization.</p>
<p>Speech and language pathology services</p>	<p>All services require prior authorization.</p>

Carve outs and delegated services— CareFirst BlueCross BlueShield Advantage DualPrime

Part D drugs

- CVS Caremark Member Services:
844-786-6762
- CVS Caremark prior authorization:
855-344-0930
 - Part B versus Part D determinations
- For formulary and non-formulary products requiring prior authorization (PA), quantity limits (QL), or step therapy (ST), visit [carefirstmddsnp.com](https://www.carefirstmddsnp.com), then navigate to *Plans and Coverage*, select *Dual Special Needs Plan*, and choose **Prescription Coverage Overview**.

Behavioral health

- Carelon Behavioral Health:
844-470-6334; TTY: 711
- 24 hours a day, 7 days a week

Medicare-covered vision

- Superior Vision: 844-475-6334; TTY: 711
- 8 a.m.–8 p.m. EST, Monday–Friday

Medicare-covered dental

- DentaQuest: 844-474-6334; TTY: 711
- 8 a.m.–8 p.m. EST, Monday–Friday

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 Medicare Fee Schedule.

See CareFirst BlueCross BlueShield Medicare Advantage DualPrime Evidence of Coverage for a full listing of benefits.