

# Prior Authorization Quick Reference Guide

## IMPORTANT INFORMATION

Prior authorization requests should be submitted electronically using the CareFirst BlueCross BlueShield Provider Portal (CareFirst Direct).

- Log into <https://provider.carefirst.com>
- Once logged in, select the 'Prior Authorization/Notifications' tab
- Select 'Start Now' with the 'Medical' box
- For step-by-step instructions, access the following resources:
  - [Accessing and Registering for CareFirst Direct](#)
  - [Entering Authorizations in the CareFirst Provider Portal](#)
  - [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

**Fax requests should only be sent if electronic submission is not available.** When faxing, requests should be sent using the Medicare Advantage Preauthorization Form along with sufficient clinical documentation via fax. To ensure timeliness of prior auth requests, documentation submitted shall include, but is not limited to:

- Completed Preauthorization Form
- Treatment received to date
- A proposed treatment plan, when applicable
- Current medical health status
- CareFirst BlueCross BlueShield Medicare Advantage DualPrime (HMO-SNP) preauthorization request forms available online at [carefirstmddsnp.com](https://carefirstmddsnp.com) under the Resources tab > Provider Resources.
- Fax to **833-915-3865** (medical requests) / **443-753-2184** (SNF and medical injectable requests) Call **800-730-8543** / **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. All services rendered out-of-network require prior authorization, including ambulatory surgical centers (ASC) and freestanding facilities, except for the following:

- Urgent or emergent care

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

## Authorization not required

CareFirst BlueCross BlueShield Medicare Advantage DualPrime does not require authorization for most office, and/ or outpatient ambulatory-based services provided by an in-network provider and/or in-network freestanding facility.

- Cardiac cath
- Chemotherapy (exceptions listed below under “Medical Injectables”)
- 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/practitioner services
  - Primary care including wellness and/or preventive visits, immunizations/vaccinations, ESPDT
  - Specialist consultations/evaluations
  - Pain management consultations/evaluations
  - Podiatry, including diabetic care services, and routine foot care vascular disease affecting lower extremities
  - Prenatal and postpartum
- 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, ultrasound
- Sleep studies

## 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 Medicare Fee Schedule.

### Home visits

Concurrent or additional home visits **after the initial evaluation visit** for:

- Home health aide
- Home infusion
- Occupational therapy
- Physical therapy
- Skilled nursing
- Social work
- Speech therapy

### Inpatient 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
- Diabetic supplies and shoes
- Dialysis
- DME/DMS
- Purchase over \$500 and all rentals and/or repairs
- Facet joint injections
- Hearing aids
- Individual and group mental health
- Meals post-discharge—hospital or SNF
- Medicare-covered acupuncture
- Medicare-covered chiropractic services
- Nerve block
- Neurostimulation
- Non-emergency ambulance transport
- Opioid and substance abuse services
- Oral and maxillofacial surgery
- Other health care professional
- Pain management procedures— joint, trigger point and spinal injections
- Personal emergency response system
- Pharmacy (see carve outs/ delegation below)
- Plastic surgery
- Psychiatric services
- Radiology services performed by outpatient hospital radiology providers including CT, CTA, digital X-ray, MRI, MRA, nuclear stress test, PET, ultrasound
- Reconstructions, reductions, implantations
- Skin/subcutaneous tissue excisions, removal of lesions
- Sterilization
- Vein ablation therapy, ligation or stripping

### Rehabilitative therapies

Concurrent or additional home visits after the Initial Evaluation visit for:

- Physical therapy
- Occupational therapy
- Speech therapy
- Seating evaluations
- Pulmonary and/or cardiac rehab (Medicare auth required only after 36 sessions exhausted)

### Medical injectables

Click [here](#) to view the most up to date information.

## Authorization required

### Carve outs/delegation

#### CareFirst BlueCross BlueShield Medicare Advantage DualPrime

- **Pharmacy:**
  - CVS Caremark Member Services **844-786-6762**
  - CVS Caremark Prior Authorization **855-344-0930**
    - Part B versus Part D determinations
- **Prior authorization for formulary and non-formulary products requiring:** PA (prior authorization), QL (quantity limit) or ST (step therapy)
  - For more information access [carefirstmddsnp.com](https://carefirstmddsnp.com) > Plans and Coverage > Dual Special Needs Plan > [Prescription Coverage Overview](#).
- **Behavioral Health (Carelton Behavioral Health): 1-844-470-6334; TTY: 711**
  - 24 hours a day, 7 days a week
- **Vision (Superior Vision): 1-844-475-6334; TTY: 711**
  - 8 a.m.–8 p.m. EST, Monday through Friday
- **Dental (DentaQuest): 1-844-474-6334; TTY: 711**
  - 8 a.m.–8 p.m. EST, Monday through Friday