CareFirst Medicare Advantage

Prior Authorization Quick Reference Guide

CareFirst BlueCross BlueShield Medicare Advantage PPO

This applies to CareFirst BlueCross BlueShield Advantage Essential (PPO), Complete (PPO), Salute (PPO) and Group Advantage (PPO) plans.

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:

- Accessing and Registering for CareFirst Direct
- Entering Inpatient Prior Authorizations
- Entering Outpatient Prior Authorizations

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**.

Medicare-Covered Benefits	Examples of Services Requiring Prior Authorization
Ambulance/transportation services	Non-emergent ground and air ambulance transports
Behavioral health services	■ Inpatient admissions ■ Partial hospitalization program ■ Intensive outpatient program ■ Residential treatment center ■ Group and individual behavioral health and substance abuse sessions
Chiropractic services	Applies to all Medicare-covered services
Cosmetic procedures	■ Eye procedures (blepharoplasty, blepharoptosis repair, ptosis repair) ■ Breast reconstruction/reduction ■ Panniculectomy and/or removal of excess skin/tissue ■ Congenital chest deformity repair (pectus carinatum, pectus excavatum, Poland syndrome) ■ Nasal procedures (rhinoplasty, septoplasty, rhinophyma treatment) ■ Removal of breast implants ■ Skin procedures (scar revisions, treatment of hemangiomas and port wine stains) NOTE: Surgery/procedures done for cosmetic reasons only are not covered. This includes associated screening, diagnostic exam and laboratory tests.

Medicare-Covered Benefits	Examples of Services Requiring Prior Authorization
Diagnostic radiological services	X-Ray, CT, MRI, PET Scans if performed in hospital-based facilities
Diagnostic procedures (tests and lab services)	Most routine lab work does not require prior authorization. Code-specific requirements are available through our online authorization portal.
Durable medical equipment (DME)	Includes prosthetic devices,diabetic shoes and inserts and other equipment. Code-specific requirements are available through our online authorization portal.
Elective procedures	Code-specific requirements are available through our online authorization portal.
Habilitative services	Including but not limited to: ■ Cardiac rehab ■ Intensive cardiac rehab ■ Pulmonary rehab ■ Supervised exercise therapy
Home health services	■ Skilled nursing care ■ Physical therapy ■ Occupational therapy ■ Speech therapy
Inpatient	■ Elective ■ Emergent ■ Observation ■ Skilled nursing facility ■ Long-term care ■ Organ, tissue and cell transplant procedures ■ Long-term acute care hospital
Medicare Part B drugs (e.g. injections, infusions)	Includes chemotherapy, radiation therapy drugs and specialty injectable medications. Code-specific requirements are available through our online authorization portal.
Occupational therapy services	Requires prior authorization from the first visit.
Pain management services	Chemo denervation, radio frequency ablations
Physical therapy	Requires prior authorization from the first visit.
Speech and language pathology services	Requires prior authorization from the first visit.

Carve outs and delegated services—CareFirst BlueCross BlueShield Medicare Advantage PPO plans

- Medicare-covered vision
  - Davis Vision: 888-573-2990
- Medicare-covered hearing
  - NationsHearing: 877-246-1666
- Part D drugs (pharmacy)
  - 888-877-0518
- CVS Caremark member services
  - 888-970-0917
- CVS Caremark prior authorization
  - 855-582-2038
- Part B drug prior authorization
  - 888-877-0518

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 Evidence of Coverage for each plan for a full listing of benefits.

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