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Prior Authorization Requirements Update for Durable Medical Equipment and Advanced Diagnostic Imaging

Effective January 1, 2027, CareFirst BlueCross BlueShield is updating prior authorization requirements for durable medical equipment and advanced diagnostic imaging services provided to CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) members. These changes are intended to clarify when prior authorization is required and support timely, appropriate care.

What is Changing?

Durable Medical Equipment (DME)

The current $500 threshold rule is being removed. Prior authorization requirements for DME will no longer be determined by whether the cost is above or below $500. Providers should verify the applicable requirement for each service or item before delivery.

Advanced Diagnostic Imaging

Advanced diagnostic imaging services will require prior authorization, regardless of the place of service, including those performed in freestanding radiology facilities.

How Should Providers Prepare for this Change?

- Providers should continue to verify prior authorization requirements before rendering services by using the CareFirst Prior Authorization Lookup (PAL) Tool, available through the CareFirst Provider Portal. This tool remains the best resource to verify whether prior authorization is required based on the member's plan, product and service details. It also provides you with a searchable history of your verification results when utilizing the tool.
    - **Need help utilizing the PAL Tool?** Access these step-by-step instructions. For additional resources to support you, access the Learning and Engagement Center.
- Prior authorizations are not a guarantee of payment or benefit, and claims payments are subject to eligibility requirements, medical necessity, and benefit plan limitations. It is important that you check member eligibility and benefit coverage using CareFirst Direct. For assistance, access the following resource:
    - Checking Eligibility and Benefits in CareFirst Direct.
- Submit prior authorization requests before services are rendered and allow sufficient time for review.
- Include complete and accurate clinical documentation that supports medical necessity, the requested service, and the appropriate level of care.

Additional Resources and Training Available on the Learning and Engagement Center

- Entering Outpatient Authorizations
- How to Edit Dates of Service in the Authorization System
- Checking Authorization Status Electronically
- MCG User Interface Walk-Through
- Uploading Clinical Documentation to Authorizations

We appreciate your continued partnership and the care you deliver to our members.

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