

IMPORTANT INFORMATION				
<p>Prior authorization requests should be submitted on a CareFirst BlueCross BlueShield 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:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Completed Preauthorization Form <li style="display: inline-block; width: 45%;">• Current medical health status <li style="display: inline-block; width: 45%;">• Treatment received to date <li style="display: inline-block; width: 45%;">• A proposed treatment plan, when applicable 				
Preauthorization request forms available online at:				
<p>Medicare D-SNP (CareFirst BlueCross BlueShield Medicare Advantage) www.CareFirst.com/MDdsnp For Providers Fax to: 844-328-5952 (Medical Requests) 844-329-0865 (SNF and Medical Injectable Requests)</p>				
<p>Call 800-730-8543 / 410-779-9359 for telephonic inquiries for prior authorization</p>				
OUT OF NETWORK	<p>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:</p> <ul style="list-style-type: none"> • Urgent or Emergent care <p>See CareFirst BlueCross BlueShield Medicare Advantage Evidence of Coverage for a full listing of benefits.</p>			
AUTHORIZATION NOT REQUIRED	<p>CareFirst BlueCross BlueShield Medicare Advantage does not require authorization for most office, and/or outpatient ambulatory based services provided by an in-network provider and/or in-network free standing facility.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • 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 </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Office Visits for Physician/Practitioner Services <ul style="list-style-type: none"> ○ Primary Care including Wellness and/or Preventative 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 & Postpartum • Radiation Therapy • Radiology screenings including: <ul style="list-style-type: none"> ○ Bone Density, Mammograms, AAA ○ Ultrasound, OB Ultrasound, Low Dose Lung CT • Radiology services performed by freestanding radiology network providers including: <ul style="list-style-type: none"> ○ CT, CTA, Digital X-ray, MRI, MRA, Nuclear Stress Test, PET, Ultrasound • Sleep Studies </td> </tr> </table>		<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Office Visits for Physician/Practitioner Services <ul style="list-style-type: none"> ○ Primary Care including Wellness and/or Preventative 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 & Postpartum • Radiation Therapy • Radiology screenings including: <ul style="list-style-type: none"> ○ Bone Density, Mammograms, AAA ○ Ultrasound, OB Ultrasound, Low Dose Lung CT • Radiology services performed by freestanding radiology network providers including: <ul style="list-style-type: none"> ○ CT, CTA, Digital X-ray, MRI, MRA, Nuclear Stress Test, PET, Ultrasound • Sleep Studies
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AUTHORIZATION REQUIRED	<p>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.</p>			
HOME VISITS				
<p>Concurrent or additional home visits after the Initial Evaluation visit for:</p>				
<ul style="list-style-type: none"> • Skilled Nursing • Physical Therapy • Occupational Therapy 	<ul style="list-style-type: none"> • Speech Therapy • Home Health Aide • Home Infusion 	<ul style="list-style-type: none"> • Social Work 		

INPATIENT ADMISSIONS

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

OUTPATIENT

<ul style="list-style-type: none"> • Acne Surgery • Audiology • Bariatric Surgery • Biofeedback • Bone Marrow Biopsy, Harvesting, Transplantation • Bone Stimulation • Cell Harvesting (stem cell, t-cell) • Chemodenervation • Chemical Peels, Dermabrasions • Clinical Trials • Cosmetic Surgery • DME/DMS - Purchase over \$500 and all Rentals and/or Repairs 	<ul style="list-style-type: none"> • Facet Joint Injections • Hearing Aids • Meals Post-Discharge - Hospital or SNF • Nerve Block • Neurostimulation • Non-Emergency Ambulance Transport • Oral and Maxillofacial Surgery • Pain Management Procedures - Joint, Trigger Point & Spinal Injections • Pharmacy see Carve Outs/Delegation below • Plastic Surgery 	<ul style="list-style-type: none"> • Radiology services performed by outpatient hospital radiology providers including: <ul style="list-style-type: none"> ◦ CT ◦ CTA ◦ Digital Xray ◦ MRI ◦ MRA ◦ Nuclear Stress Test ◦ PET ◦ Ultrasound • Reconstructions, Reductions, Implantations • Skin/Subcutaneous Tissue Excisions, Removal of Lesions • Sterilization • Vein Ablation Therapy, Ligation or Stripping
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REHABILITATIVE THERAPIES

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

<ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Speech Therapy 	<ul style="list-style-type: none"> • Seating Evaluations • Pulmonary &/or Cardiac Rehab (Medicare auth required only after 36 sessions exhausted)
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Medical Injectables & Biosimilars

<ul style="list-style-type: none"> • Keytruda (pembrolizumab) • Herceptin (trastuzumab) • Opdivo (nivolumab) • Darzalex (daratumumab) 	<p>This list of medical injectables, and their related biosimilars, all require prior authorization.</p>
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CARVE OUTS/DELEGATION

MEDICARE D-SNP (CareFirst BlueCross BlueShield Medicare Advantage)

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)

Formulary Search Tool online at: www.CareFirst.com/MDdsnp
For Providers → Pharmacy Information → Find a Drug or Pharmacy

Mental Health & Substance Use Disorder:

Beacon Health Options 844-470-6334

Dental: DentaQuest 844-474-6334

Vision: Superior Vision 844-475-6334

Hospice: Original Medicare

CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage DSNP, Inc. and CareFirst Advantage, Inc., which are independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.