

Prior Authorization Quick Reference Guide: CareFirst Healthy DC Plan

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](#)
- For all available provider training, please access the [Learning and Engagement Center](#).

The following table lists the most common services that require prior authorization. This list is not all-inclusive. 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](#).

Covered Benefits	Examples of Services That May Require Prior Authorization
Ambulance/transportation services	Non-emergent ground and air ambulance transports
Behavioral health services	<ul style="list-style-type: none"> ■ Inpatient admissions ■ Partial hospitalization program ■ Intensive outpatient program ■ Residential treatment center ■ Group and individual behavioral health and substance abuse sessions
Cosmetic procedures	<ul style="list-style-type: none"> ■ 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) <p>NOTE: Surgery/procedures done for cosmetic reasons only are not covered. This includes associated screening, diagnostic exam and laboratory tests.</p>

Covered Benefits	Examples of Services That May Require Prior Authorization
Diagnostic radiological services	CT, MRI, PET Scans
Diagnostic procedures (tests and lab services)	Most routine lab work does not require prior authorization. Code-specific requirements are available through our prior authorization lookup tool.
Durable medical equipment (DME)	Includes prosthetic devices, diabetic shoes and inserts, and other equipment. Code-specific requirements are available through our prior authorization lookup tool.
Elective procedures	Code-specific requirements are available through our prior authorization lookup tool.
Habilitative services	Including but not limited to: <ul style="list-style-type: none"> ■ Physical, occupational, and speech therapy
Home health services	<ul style="list-style-type: none"> ■ Skilled nursing care ■ Physical therapy ■ Occupational therapy ■ Speech therapy
Inpatient Admissions	<ul style="list-style-type: none"> ■ Elective ■ Observation ■ Skilled nursing facility ■ Long-term acute care hospital
Occupational therapy services	Prior authorization is required.
Pain management services	Chemo denervation, radio frequency ablations, certain injections.
Physical therapy	Prior authorization is required.
Speech and language pathology services	Prior authorization is required.

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.