

Outpatient Medical Prior Authorizations

Provider Portal User's Guide

Outpatient Medical Prior Authorizations

The following guide provides step by step instructions for how to submit a medical prior authorization using the CareFirst Provider Portal.

Log in to the Provider Portal at provider.carefirst.com.



Click on the *Prior Auth/ Notifications* tab from the home page.



Prior Authorization Landing Page

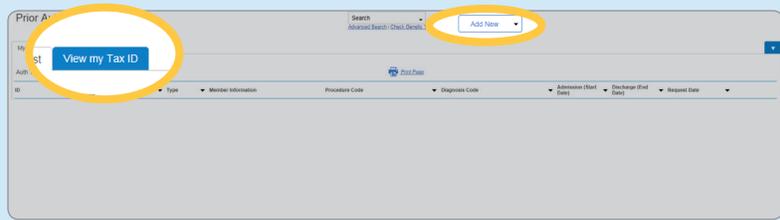
If you have entered any prior authorizations, they will show up here. You can also expand your view by clicking on *View my Tax ID*. This will show all authorizations entered for your tax ID by any user.

To begin entering a Prior Authorization, click *Add New* and select *Medical Prior Authorization*.

Search for and Select a Member

From here, you will enter the *Member ID* (including prefix) and click *Search*.

Important Note: Your Prior Authorization will remain in draft until it is submitted. Drafts remain on the roster for 72 hours. If you navigate away from this page it is automatically saved as a draft.



Select the appropriate Member and click **Next**.

Add New - Medical Prior Authorization

Please check this Member's benefits on CareFirst Direct or CareFirst on Call prior to submitting this request.
Click the link to view an out-of-area member's Blue Plan [Medical Policy](#) or [General Prior Authorization](#) information.

Indicates required

Search for a Member

Member ID: [XXXXXXXXXX] Date of Birth: [] Last Name: [] First Name: []
Enter entire ID with Prefix: [] format: mm/dd/yyyy Enter minimum 2 characters Enter minimum 2 characters

4 Result(s) Found - Please select a Member

Select	Member ID	Last Name	First Name	Date of Birth	Gender	Relationship to Subscriber	Product Line
<input checked="" type="radio"/>	XXXXXXXXXX	MEMBER 1	NAME	1/5/2013	MALE	DEPENDENT CHILD	HMO
<input type="radio"/>	XXXXXXXXXX	MEMBER 2	NAME	8/21/2010	FEMALE	DEPENDENT CHILD	HMO
<input type="radio"/>	XXXXXXXXXX	MEMBER 3	NAME	9/15/1972	FEMALE	SELF	HMO
<input type="radio"/>	XXXXXXXXXX	MEMBER 4	NAME	2/13/1968	MALE	SPOUSE	HMO

Next

From here, you can click on this icon to view more information about the Member.

Add New - Medical Prior Authorization

Please check this Member's benefits on CareFirst Direct or CareFirst on Call prior to submitting this request.
Click the link to view an out-of-area member's Blue Plan [Medical Policy](#) or [General Prior Authorization](#) information.

Indicates required

Search for a Member

Member ID: [XXXXXXXXXX] Date of Birth: [] Last Name: [] First Name: []
Enter entire ID with Prefix: [] format: mm/dd/yyyy Enter minimum 2 characters Enter minimum 2 characters

4 Result(s) Found - Please select a Member

Select	Member ID	Last Name	First Name	Date of Birth	Gender	Relationship to Subscriber	Product Line
<input checked="" type="radio"/>	XXXXXXXXXX	MEMBER 1	NAME	1/5/2013	MALE	DEPENDENT CHILD	HMO

Contract Information:
Effective Start Date: 01/01/2013
Effective End Date: 12/31/9999

Group Information:
Group Number: 000000000
Group Name: ABC EMPLOYER

Member Information:
Full Name: MEMBER NAME
Address: 123 ANY ST
TOWSON, MD
21286

Next

Enter Request Details

Select the *Urgency and Place of Service* from the drop-down options. (Urgency refers to the patient's status, not the urgency of the notification.)

REQUEST DETAILS
Note: As a part of the transition to ICD-10 on 10/01/2015, all Services rendered on and after 10/01/2015 will require ICD-10 Diagnosis Codes to be submitted.
Please select the Start Date/ End Date before entering the Diagnosis codes. All fields with an asterisk (*) are required to be completed before proceeding to next screen.
Urgency* Place of Service* Notification Date*
ROUTINE OFFICE 12/20/2016
Place of Service options: AMBULANCE - AIR, AMBULATORY SURGICAL CENTER, HOME, OFFICE, OUTPATIENT HOSPITAL.
DISCLAIMER: This is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service. Accumulated amounts such as deductible may change.

Important Note: *Place of Service* within the *Prior Authorization* section is different than the *Place of Service* option within the *Inpatient Notifications* section. If you do not see the intended place of service, check to ensure you are in the correct tab.

Next, you will enter the *Procedure Code/Description*.

Click on the  to begin your search.

You may enter up to two Procedures. Any additional procedure codes can be added to the comments section.

From here, you will enter the *Type (CPT or HCPCS), Code and/or Description* and click *Search*.

Once, you find the Code Description you are looking for, highlight your selection by clicking on it and then click *OK*.

You may enter up to 2 Procedures. Please select the Primary Services.
Primary Procedure Code / Description* Procedure Medical Policy Notification Required?
To enter Procedure click Search Icon

Search for a Procedure
Search for a Procedure by entering Type, Code and/or Description
Type* CPT
Code and/or Description physical Search
Code Description
2020F COMPLETE PHYSICAL SKIN EXAM PERFORMED
40820 DSTRJ LES/ISCAR VESTIBULE MOUTH PHYSICAL METHS
76819 FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TESTING
97001 PHYSICAL THERAPY EVALUATION
97750 PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EST 20 MIN
97799 UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC
95954 RX/PHYSICAL EEG ACT/VAJ PHYSIQHP ATTENDANCE
97002 PHYSICAL THERAPY RE-EVALUATION
76818 FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING
97161 PHYSICAL THERAPY EVALUATION LOW COMPLEX 30 MINS
97162 PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS
97163 PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS
97164 PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS
Cancel OK

Important Note: You must ensure your selection is highlighted prior to clicking *OK* even if it is the only option listed.

Enter the *Units*, *Start Date* and *End Date*.

The *Prior Auth Required?* column will provide a **yes** or **no** response dependent upon the member's contract, place of service and procedure code selected.

Primary	Procedure Code / Description*	Units*	Start Date*	End Date*	Prior Auth Required?
<input checked="" type="radio"/>	97001 PHYSICAL THERAPY EVALUATION	Units	11/17/2017	11/23/2017	Yes

Important Note: The start date cannot be more than 3 days after the date of service. If you need to enter a retro authorization, use today's date as the start date and then enter the end date. Enter the correct start date in the Comments section. The start date can be up to 31 days in the future.

Next, you will enter the *Diagnosis Code/Description*.

You can type either the code or the description and then make your selection from the drop-down list.

Click on the  icon to enter additional diagnosis information (if applicable). Please select the Primary Diagnosis by clicking on the radio button under the Primary column Primary.

You may enter up to six Diagnosis Codes. Any additional codes can be added to the Comments section.

You may enter up to 6 Diagnosis. Please select the Primary Diagnosis. Enter minimum 3 characters of code/ description to search.

Primary	Diagnosis Code / Description*
<input checked="" type="radio"/>	

You may enter up to 6 Diagnosis. Please select the Primary Diagnosis. Enter minimum 3 characters of code/ description to search.

Primary	Diagnosis Code / Description*
<input type="radio"/>	back
<input type="radio"/>	M54.5 LOW BACK PAIN
<input type="radio"/>	M22.000 MUSCLE SPASM OF BACK
<input checked="" type="radio"/>	S39.92XA UNSPEC INJURY LOWER BACK, IE
<input type="radio"/>	S39.92XD UNSPEC INJURY LOWER BACK, SE
<input type="radio"/>	L02.222 FURUNCLE OF BACK [EXCEPT BUTTOCK]
<input type="radio"/>	L02.232 CARBUNCLE OF BACK [EXCEPT BUTTOCK]
<input type="radio"/>	L89.103 PRESSRE ULCR UNSPE BACK STAGE 3
<input type="radio"/>	L03.312 CELLULITIS OF BACK [EXCEPT BUTTOCK]
<input type="radio"/>	S30.810A ABRASION LOWER BACK & PELVIS, IE
<input type="radio"/>	S30.810D ABRASION LOWER BACK & PELVIS, SE

You may enter up to 6 Diagnosis. Please select the Primary Diagnosis. Enter minimum 3 characters of code/ description to search.

Primary	Diagnosis Code / Description*
<input type="radio"/>	M54.5 LOW BACK PAIN

Next you will enter the Facility Information (if applicable).

You can select a Provider/Facility within your group, or one not in your group from the drop-down.

When you select a *Facility within your group*, you can then select the one you need from the drop-down.

Note: You can set this as My Favorite.

The screenshot shows the 'Facility Information' section of a web form. At the top, it says 'Please pick a method to select the Facility:' followed by a dropdown menu set to 'Select a Facility within my group'. Below this, it says 'Please select a Facility for this Request:' followed by another dropdown menu. This second dropdown menu is open, showing a list of facilities: 'Select one', 'ABC MEDICAL CENTER', and 'XYZ SUB ACUTE'. The 'Select one' option is highlighted in blue. A yellow circle highlights the dropdown menu.

The screenshot shows the 'Facility Information' section of a web form. At the top, it says 'Please pick a method to select the Facility:' followed by a dropdown menu set to 'Select a Facility within my group'. Below this, it says 'Please select a Facility for this Request:' followed by a dropdown menu. This dropdown menu is open, showing a list of facilities: 'Select one', 'ABC MEDICAL CENTER', and 'XYZ SUB ACUTE'. The 'Select one' option is highlighted in blue. A yellow circle highlights the dropdown menu. To the right of the dropdown menu, there is a table of facility details:

Network(s):	BLUECHOICE NETWORK (HMS) SELECT PREFERRED PROVIDER NETWORK (HMS) GLOBAL PARTICIPATING PROVIDER NETWORK
Facility ID#:	MD4001
Sub-Type:	ACCREDITED HOSPITAL
Address:	6701 N CHARLES ST. BALTIMORE, MD 21204
Phone Number:	4436462000

When you select a *Facility not in my group*, you are then prompted to enter the *Facility ID* and/ or *Facility Name* along with the *Facility Sub-Type* and *State* and click *Search*.

The screenshot shows the 'Facility Information' section of a web form. At the top, it says 'Please pick a method to select the Facility:' followed by a dropdown menu set to 'Search for Facility not in my group'. Below this, it says 'Please select a Facility for this Request:' followed by a dropdown menu. Below the dropdown menu, there are several input fields: 'Enter the Facility ID' (with a note 'Enter minimum 3 characters'), 'AND/OR', 'Facility Name' (with a note 'Enter minimum 5 characters'), 'Facility Sub-Type' (with a note 'Select One'), and 'State...' (with a dropdown arrow). There is also a 'Reset' button and a green 'Search' button. A yellow circle highlights the 'Search' button.

Next you will enter the Provider Information.

There are three options to enter the provider information:

- A provider within your group (tax-id)
- A provider not in your group (tax-id)
- Enter provider information

Important Note: Only use *Enter Provider Information* as a last resort. Using this option causes the case to pend for review.

Provider Information
Please pick a method to select the Provider: Select a Provider within my group

Please select a Provider for this Request:
Provider Name: Networks(s)
Practitioner NPI:
Provider NPI:
Specialty:
Address:
Phone Number:

Select this Provider as "My Favorite"

When selecting a *Provider not in my group* there are three different ways you can search for the provider.

- By Provider ID and Provider Name
- And/or Practice Name or Provider Last Name

Provider Information
Please select which type of Professional Provider for this request: Search for Provider not in my group

Please search by the Provider ID Type and/or Provider Name Type:
Provider ID Type* AND/OR Name Type*
Select one Enter minimum 5 digits Enter minimum 5 characters

Provider Information
Please select which type of Professional Provider for this Request: Search for Provider not in my group

Please search by the Provider ID Type and/or Provider Name Type:
Provider ID* AND/OR Name Type*
Select one Enter minimum 5 digits Enter minimum 5 characters

Within the Provider ID Type search, you can search by NPI or the provider's CareFirst Provider Number.

Once you have entered all the required information, click *Search*. You will be provided a list of providers that match your search criteria. Select the provider you need and click *Next*.

Provider Information
Please select which type of Professional Provider for this Request: Search for Provider not in my group

Please search by the Provider ID Type and/or Provider Name Type:
Provider ID Type* AND/OR Name Type*
Select one Enter minimum 5 digits Enter minimum 5 characters

Result(s) Found - Please select a Provider.

Select	Provider ID	Practitioner ID	Practice Name	Practitioner Name	Specialty	Practitioner Address	Networks
<input type="radio"/>	X00000	XXXXXX	ABC PRACTICE	JANE DOE	GENERAL SURGEON	123 ANY STREET, SUITE 1, TOWSON, MD 21286	No Match
<input checked="" type="radio"/>	X00001	XXXXXX	XYZ PRACTICE	JOHN DOE	PSYCHOLOGIST	100 ANY AVENUE, BALTIMORE, MD 21204	BLUECHOICE NETWORK
<input type="radio"/>	X00002	XXXXXX	LMN PHYSICIAN GROUP	SALLY SMITH	HEMATOLOGY	500 ANY BLVD, SUITE 104 HANOVER, PA 17331	No Match

Note: No Match indicates the provider's network affiliation does not match the member's contract type.

You will then be prompted to complete a questionnaire, if applicable.

Questionnaire

Questionnaire listed below must be completed before proceeding forward. Select the "Start Questionnaire" link to begin xxx

Questionnaire(s)	Action
Medical Outpatient Questionnaire	In Progress Questionnaire

Medical Outpatient Questionnaire

- Can this service be performed in a freestanding in-network facility? Yes No
- If not, is a letter of medical necessity submitted with this request? Yes No
- Are recent office notes and treatment plan submitted? Yes No
- Are pertinent labs and diagnostic studies submitted? (if no, please submit as soon as possible in order for review to be completed) Yes No

You can also attach any supporting documents in the next step.

Click *Add Attachments*.

You have the option to either *Drag and Drop* a file here or to *Browse* your computer to locate the file you would like to attach.

Once the file has been added, click *OK*.

Attachments

Please attach applicable documents for medical review.

Attachment Limit: 3 Files [Add Attachments](#)

Total Size: 0.0 MB of 5 MB limit Total Files: 0 of 3 limit Size Limit per file: 2MB (MegaBytes) Total Size Limit: 5MB (MegaBytes)

Attachments	File Size (in MB)	Description	Attached By	Date Attached	Delete
No matching data was found.					

Attach A File

Drag and Drop

Files Description

Browser does not support Drag and Drop

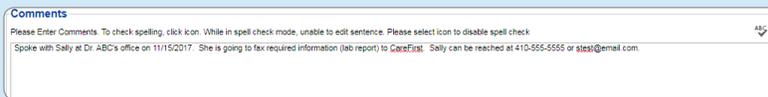
Or, Select Files Here

Description

File

You are then taken to the Comments section.

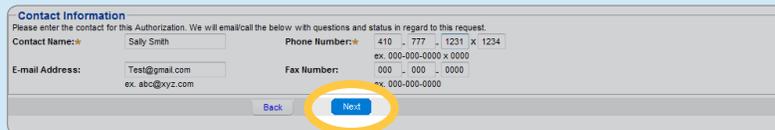
Note: If the prior authorization requires clinical information and the physician's office will be sending the information to CareFirst, please indicate this in the Comments section. Please also provide the contact information (name and phone number) of the person in the physician's office who will be sending in the clinical information.



Important Note: The comment section is also where you can include any additional procedure or diagnosis codes.

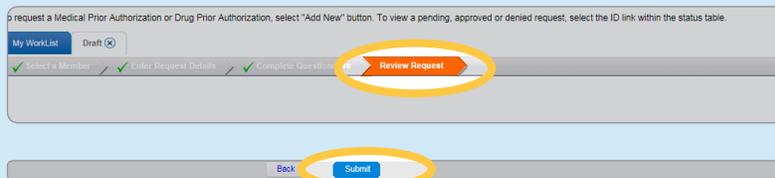
You will enter your *Contact Information* and click *Next*.

Note: Your information is stored from session to session. An email address is not required but it is recommended.



Review the prior authorization and then click *Submit*.

Once you submit it, the outpatient notification will be assigned a number.



Finalized requests are reflected as such on the roster as soon as they are finalized.

After a request is in a finalized state, an email is generated overnight to the requestor. This is why we encourage you to enter your email address in the contact information section.

Subject: Your CareFirst Pre-Auth/Notification Requests Are Now Complete

Dear <Contact Name>,

The following Request(s) have been completed and are ready for your review.

Request ID	Request Type
<AuthID>	Inpatient Notification
<AuthID>	Inpatient Notification
<AuthID>	Medical Pre-Authorization
<AuthID>	Medical Pre Authorization

To review your requests:

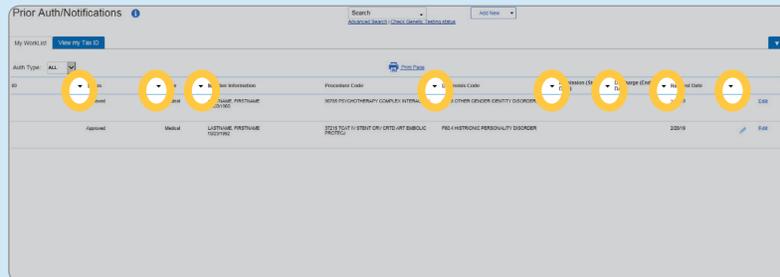
- Log into [CareFirst Provider Portal](#).
- Click the "Pre-Auth/Notification" tab at the top of the screen.
- Navigate to the request(s) noted above, by clicking on the "<Pre-AuthORIZATIONS" / "Inpatient Notifications"> sub-tab.

Thank you for your assistance.

This email address is used for notifications only. Please do not respond to this email as this mailbox is not monitored.

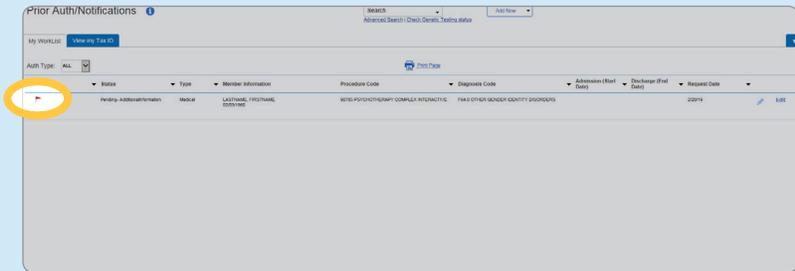
You can review the prior authorization by clicking on the assigned request number.

The roster allows you to filter each column by clicking the drop-down arrow. This will assist in pinpointing the information you would like to view.



Red Flag Indicator

A red flag indicates an incomplete request. Review the authorization request by clicking on the *Assigned ID Number*. You will be provided information regarding any action that needs to be taken.



The screenshot shows a table titled "Prior Auth/Notifications" with a search bar at the top right. The table has columns for "Auth Type", "Status", "Type", "Member Information", "Procedure Code", "Diagnosis Code", "Admission Start Date", "Discharge End Date", and "Request Date". A red flag icon is visible in the "Status" column of the first row, which is circled in yellow.

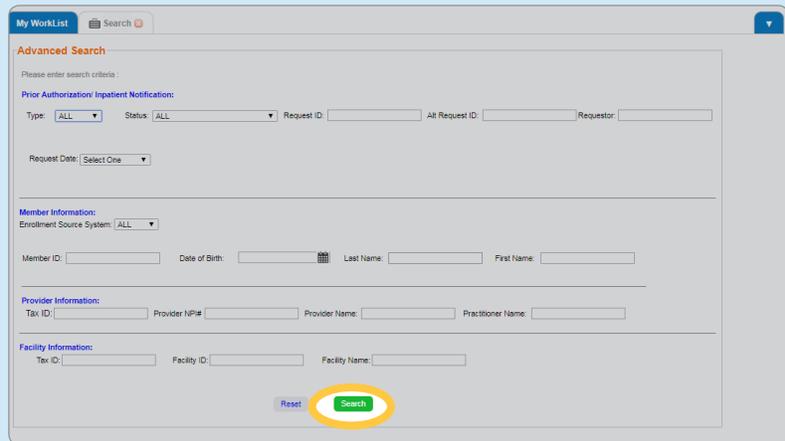
Search Capabilities

You can search by entering information in the search field (member name, member number or authorization number), or you can click on *Advanced Search* for additional search capabilities.

Enter any of the desired search criteria and click *Search*.



The screenshot shows the top of the "Prior Auth/Notifications" page. It features a search bar with a dropdown menu containing "Search", "Advanced Search", and "Check Genetic Testing status". The "Advanced Search" option is highlighted with a yellow circle.



The screenshot shows the "Advanced Search" form. It includes sections for "Prior Authorization/ Inpatient Notification" (with fields for Type, Status, Request ID, Air Request ID, and Requestor), "Member Information" (with fields for Enrollment Source System, Member ID, Date of Birth, Last Name, and First Name), "Provider Information" (with fields for Tax ID, Provider NPI#, Provider Name, and Practitioner Name), and "Facility Information" (with fields for Tax ID, Facility ID, and Facility Name). A "Search" button is highlighted with a yellow circle.