

Provider News & Updates

Stay Connected

What's New for 2026

As we begin a new year, we want to share essential updates and important information to support you in delivering exceptional care to CareFirst members.

Important Updates for 2026: Platform Migration, Member IDs, Eligibility and Benefits

On January 1, 2026, CareFirst BlueCross BlueShield (CareFirst) transitioned to a new claims and enrollment platform for many of our large groups. This system migration is part of a major, multi-year modernization effort designed to improve reliability, performance and overall experience for both providers and members.

[Read the full article.](#)

Healthy DC Plan Update

In the [October and December 2025 issues of BlueLink](#), we announced that CareFirst will be participating in the District of Columbia's Basic Health Plan—the Healthy DC Plan—beginning on January 1, 2026. To further support providers who will be caring for Healthy DC members, we are pleased to share additional details and resources to ensure a smooth transition and continued high-quality care.

[Read the full article.](#)

CareFirst Administrators Member Transition Continues

CareFirst Administrators (CFA) enrollment, claims and billing is upgrading to a new platform. This transition began on November 1, 2025 with a small number of members and will continue monthly into late 2026, until all CFA members are officially transitioned.

Read the full article in the [December 2025 issue of BlueLink](#).

Recommended Coding for Preventive Services: Modifier 33

There are industry-standard coding practices that help to identify when a federally recommended preventive item or service was rendered. When providers follow AMA's coding standards and append modifier 33, they can better communicate to plans and issuers that preventive services should be covered without cost sharing. Modifier 33 helps signal when such items and services are preventive in nature. To align with CareFirst's mission to provide affordable healthcare, CareFirst has made additions and updates in the online [Payment Policy Reference Manual](#) regarding the use of modifier 33.

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. Group Hospitalization and Medical Services, Inc., and First Care, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst BlueCross BlueShield, CareFirst MedPlus, and CareFirst Diversified Benefits are the business names of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The aforementioned legal entities (excepting First Care, Inc. of Maryland), CareFirst BlueChoice, Inc., and The Dental Network, Inc., are independent licensees 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. CareFirst of Maryland, Inc. CareFirst Community Partners, Inc. and The Dental Network, Inc. underwrite products in Maryland only.

D.C. Infertility Mandate Expanded to Include Oocyte Thawing

Due to recently received regulatory guidance, we would like to inform all providers of an important update to the District of Columbia Infertility Services Mandate that went into effect January 1, 2025. Building on last year's original mandate, this update - effective January 1, 2026 - requires insurance coverage to include additional services for infertility treatment.

Expanded coverage details

Effective January 1, 2025, coverage is provided for the thawing of oocytes (egg cells) that were frozen prior to January 1, 2025, as part of infertility treatment. Upon authorization by CareFirst, eligible patients who previously cryopreserved their oocytes will be able to access necessary thawing procedures as part of their infertility treatment plan.

What Providers Need to Know

- The update applies only to oocytes frozen before January 1, 2025. Oocytes frozen on and after January 1, 2025, are not covered by this requirement.
- This change impacts all DC fully insured health plans.
- This coverage is in addition to the benefits outlined in the original DC Infertility Mandate (New District of Columbia Infertility Legislation Effective January 1, 2025).
- Thawing of oocytes frozen prior to January 1, 2025, are still subject to prior authorization.

We encourage all providers to review their administrative processes and benefits documentation to ensure compliance with this new requirement. Please communicate this change to your staff and patients as needed.

Expanded Coverage for HIV Treatment: DC VBID Mandate

Effective January 1, 2026 (new and renewing), CareFirst will implement new DC Health Benefit Exchange Authority (HBX) guidelines requiring zero cost share for a broad range of HIV treatment services and medications. The intent of this new guidance is to improve access and equity for members living with HIV.

What Providers Need to Know

- \$0 cost share for all generic prescription drugs used to treat HIV in HIV drug classes.
- \$0 cost share for primary care visits and counseling sessions for HIV treatment with a primary diagnosis of HIV (including telemedicine and home visits; no age restrictions or annual service limits)
- \$0 cost share for HIV-related lab tests (comprehensive panels, viral load, CD4/CD8 counts, antibody tests, etc.)
- \$0 cost share applies to in-network services only.
- PrEP drugs remain covered under federal mandates
- \$0 cost sharing applies exclusively to generic medications. Additionally, members can seek financial assistance for brand-name drugs through the [DC Pharmacy Benefits Program](#).

New Medications Requiring Approval and Site of Care Management Updates Effective January 1, 2026

At CareFirst BlueCross BlueShield (CareFirst), our mission is to advance affordable, accessible, equitable, high-quality healthcare guides every decision we make. We understand that affordability is a significant concern for everyone, especially for the people we serve together.

Starting January 1, 2026, additional medications require prior authorization approval and site of care management for members with commercial insurance. We cover many effective therapies and continuously evaluate new treatments as they become available. CareFirst is committed to supporting broad access to medically necessary treatments and working with partners to advance the health and well-being of our communities.

[Read the full article.](#)

Changes to Current Payment Policies

In consideration of current industry standards and to align with CareFirst's mission to provide affordable healthcare, CareFirst has made updates to the following Payment Policies in the online [Payment Policy Reference Manual](#):

- **PP CO 021.01 IMRT Policy.** Effective January 1, 2026, code 77014 is no longer a valid code. The billing guidance related to this code has been removed from the policy.
- **PP CO 200.02 Telemedicine Services Policy.** Additional guidance has been added to the policy for the appropriate use of place of service codes 02 and 10.

Medications Added to FEP PPO Prior Authorization List Effective February 1, 2026

Effective February 1, 2026, medications have been added to the list of drugs subject to prior authorization and site of care management to better manage rising specialty drug costs. These medications are covered under the medical benefit and are administered in the outpatient hospital, home or office settings.

[Read the full article.](#)

Announcing the New Population Health Manager and the Sunset of MyHealth Portal

We are excited to share that the transition of PCP panel rosters and care plans for CareFirst CHPMD and Advantage DualPrime members from the MyHealth Portal to the [CareFirst Provider Portal](#) is now complete. You can now conveniently access this information through the new Population Health Manager tool within the Provider Portal. This enhancement was previously highlighted in our [BlueLink Newsletters](#).

[Read the full article.](#)

Behavioral Health Transition to CareFirst for Advantage DualPrime Members

In the October and December [BlueLink Newsletter](#), we announced an important change regarding the administration of Behavioral Health services for CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) members. Effective January 1, 2026, CareFirst BlueCross BlueShield is solely responsible for managing all Behavioral Health functions. This includes:

- Prior authorizations
- Claims processing
- Provider network participation and credentialing

[Read the full article.](#)

New Document Types Added to CareFirst Provider Portal Document Center

We are pleased to announce that correspondence from our Commercial provider service and claims departments is now available in the Document Center. This enhancement enables you to conveniently view and access these documents electronically, with all correspondence remaining accessible for three years. For assistance accessing the Document Center in the [CareFirst Provider Portal](#), check out this [step-by-step guide](#).

Coming Soon: New Way to Connect with Provider Credentialing and Enrollment

We're excited to share some important news! Beginning in April 2026, we are streamlining how you connect with our Provider Credentialing & Enrollment team. To make sure your requests reach the right contacts quickly, in lieu of calling the

credentialing status line we will be introducing three dedicated email inboxes.

What this will mean for you:

- Faster response times
- Clearer tracking of your requests
- A more efficient way to get the help you need

More details, including the exact mailbox addresses and submission tips, will be shared as we get closer to the launch date. Thank you for partnering with us as we continue to improve our processes to serve you better.

Snapshot: Where to Submit Medical Prior Authorization Requests

The [CareFirst Provider Portal](#) offers three distinct electronic systems for submitting medical prior authorization requests. Each system is designed to manage specific types of prior authorization services, ensuring that providers can efficiently route requests according to the member's plan and the nature of the service. The table below provides a concise overview of each system, detailing which members are affected, the services covered, and links to valuable resources for further guidance.

Prior authorization request system	Members Impacted	Services requiring prior authorization	How to access?	Supporting Resources
CareFirst Provider Portal	All	Majority of medical prior authorizations	Login to the CareFirst Provider Portal > Prior Auth/ Notifications Tab > Select 'Start' within the Medical section.	Commercial and Medicare Advantage: <ul style="list-style-type: none"> • Entering Inpatient Authorizations • Entering Outpatient Authorizations CareFirst CHPMD and Advantage DualPrime: <ul style="list-style-type: none"> • Entering Prior Authorizations through the CareFirst Provider Portal
Carelon	Commercial	Genetic Testing	Login to the CareFirst Provider Portal > Prior Auth/ Notifications Tab > Select 'Start' within the Genetic Testing section.	<ul style="list-style-type: none"> • How to Submit Genetic Testing Prior Authorizations through Carelon • Carelon Genetic Testing Guidelines Carelon contact #: 844-377-1277
EviCore CareCore National Portal	Commercial Fully Insured	Advanced Imaging (Radiology and Cardiology), Cardiac Rehabilitation, Gastro, MSK	Login to the CareFirst Provider Portal > Prior Auth/ Notifications Tab > Select 'Start' within the Cardiovascular, Radiology, Musculo-skeletal, Gastro-enterology section.	<ul style="list-style-type: none"> • How to Submit Prior Authorization Requests Using EviCore's CareCore National Portal • EviCore Resource Page for CareFirst EviCore contact #: 844-303-8450

To ensure you are using the correct system for your request, please verify all prior authorization requirements using the Prior Authorization Lookup tool. This resource will direct you to the appropriate submission platform based on the member and the type of authorization needed, streamlining your workflow and supporting timely care delivery. Access these [step-by-step instructions](#) for assistance.

Coming Soon: Streamlined Utilization Management Fax Forms and Fax Lines

To better support you and your patients, we are streamlining our fax communication channels. This initiative will make it easier for you if you are unable to submit requests electronically through the [CareFirst Provider Portal](#).

Important Reminder

Effective February 1, 2026, all Medicare Advantage faxes should be sent to our new dedicated fax line: 443-753-2346

Please note that the following Medicare Advantage fax numbers will be decommissioned as of February 1, 2026, and will no longer be available for use:

- Inpatient: 443-753-2341
- Outpatient: 443-753-2342
- Home Health: 443-753-2343
- Outpatient-Behavioral Health: 443-753-2347

Read the full article in the [December 2025 issue of BlueLink](#).

Please stay tuned for further updates as we approach the completion of this enhancement.

2026 Medicare Advantage (MA) PPO Plan Updates

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively "CareFirst"), is excited to announce important updates to our Individual Medicare Advantage (MA) PPO plans, effective January 1, 2026.

For more information access the [Medicare Advantage Provider Quick Reference Guide](#).

[Read the full article.](#)

Important Reminder for Providers: CMS Registration Requirement

As a reminder, providers must be registered with the Centers for Medicare & Medicaid Services (CMS) to be paid for services rendered to Medicare patients.

The Provider Enrollment, Chain, and Ownership System (PECOS) is a web-based platform managed by CMS that facilitates the enrollment process for Medicare providers and suppliers. PECOS streamlines provider enrollment, allowing providers and credentialing staff to efficiently manage and submit Medicare enrollment information electronically.

[Review the PECOS Fact Sheet.](#)

The PECOS database can be found [here](#).

Quick Links to Helpful Resources

- [Looking for Support Tool](#)
- [Provider Link List](#)
- [Provider Quick Reference Guide](#)
- [Provider Billing Self Service Guide](#)
- [Member ID Quick Reference Guide](#)
- [Payment Policies](#)

