

Provider News & Updates

Stay Connected

August 22, 2025
Updated September 26, 2025

Updated Utilization Management Requirements for Cardiac Rehabilitation, Musculoskeletal and Gastroenterological Procedures

At CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst), we're expanding our collaboration with EviCore to provide a new, simplified prior authorization process for cardiac rehabilitation, gastroenterology and musculoskeletal services.

These updates apply to members enrolled in fully insured commercial plans.

What's Changing

Starting October 8, 2025, providers will be able to submit prior authorization requests for the following services scheduled on or after the following dates:

- Musculoskeletal (outpatient), Cardiac Rehabilitation and Gastroenterology – for dates of service on or after October 22, 2025
- Musculoskeletal (inpatient) – for dates of service on or after November 10, 2025*

**This effective date has been updated from the original notification on August 22, 2025.*

Please access the [EviCore Resource Page for CareFirst](#) and navigate to the Solutions Resources tab for more information on the specific services requiring authorization. Additional information, such as training resources, clinical guidelines and FAQs will be added as they become available.

Why It Matters

Our goal is to support providers in delivering safe, effective and timely care. Prior authorization helps:

- Avoid unnecessary or duplicative procedures
- Ensure treatments follow national clinical guidelines
- Trigger additional support services like care management or expert consults when needed

Most decisions are made quickly—nearly 90% within just a few hours when all required documentation is submitted with the initial request—so you can move forward with care plans confidently.

Evidence-Based Support

EviCore's process is grounded in evidence-based clinical guidelines. This ensures that care recommendations are aligned with best practices—while respecting your clinical judgment.

Serving Maryland, the District of Columbia, and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, 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. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, 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.

How to Submit Requests

- Log into the [CareFirst Provider Portal](#) (CareFirst Direct):
- Select the Prior Auth/Notification tab.
- Choose Start under the Cardiology/Radiology/Gastroenterology/Musculoskeletal section to access EviCore's Prior Authorization Portal.

Training and Support

Live webinars are available to help providers prepare. Each session lasts about one hour and requires advance registration.

10/02/2025	10 to 11 a.m.	Register
10/07/2025	10:30 to 11:30 a.m.	Register
10/16/2025	10 to 11 a.m.	Register
10/22/2025	1 to 2 p.m.	Register
10/23/2025	10 to 11 a.m.	Register
10/28/2025	2 to 3 p.m.	Register

Important Reminders

Services listed that require prior authorization will be denied if performed without it. Participating providers may not seek reimbursement from members for these services.

These changes do not apply to:

- Federal Employee Program (FEP) ('R' prefix)
- Federal Employee Health Benefit Plan (Group ND50 and Group ND51)
- Medicare Advantage ('MXJ' or 'EGE' prefixes)
- CareFirst CHPMD (MDD prefix)
- Advantage DualPrime (DNP MD prefix)
- Non-Risk/Self-Funded Accounts

More information about this initiative will be available in the [October issue of BlueLink](#).