



# Keystone First

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<b>2023 Keystone First Provider Manual Updates</b>	<b>Page</b>
<b>Important Plan Telephone Numbers:</b> updated phone and fax numbers, as appropriate.	15-16
<b>Definitions:</b> updated definitions, as appropriate.	17-31
<b>Referral &amp; Authorization Requirements</b>	
Added NaviNet Provider Portal Medical Authorizations language for Prior Authorization as appropriate, throughout Referral & Authorization Requirements section.	44, 47-48
Services Requiring Prior Authorization: Added clarifying language to list of services requiring prior authorization review for medical necessity and place of service. Updated Chiropractic services and home health services language.	45
Prior Authorization Lookup tool: Added information required to properly assess a Provider’s request for prior authorization. Added Emergency room, Observation Care and inpatient imaging procedures do not require Prior Authorization.	48
Medically Necessary: Updated the Medically Necessary section to reflect the updated definition.	49
Behavioral Health and Substance Abuse – By County: Updated the County, Behavioral Health Plan, and phone number as appropriate.	51
Home Accessibility DME: Added clarification to the definition and coverage of Home Accessibility DME.	55-56
Diapers/pull-up diapers: Added prior authorization language.	56
Home Oxygen Therapy: Clarification added regarding letter of medical necessity from the treating provider.	57
<b>Emergency Medical Services</b>	
Replaced JIVA with Medical Authorizations where appropriate.	64-67
ER Medical Care: Added information on Mandated reporting and how to report suspected child abuse by oral or written reporting	59
Maternity/Obstetrical Observation Stay: Updated how a Maternity/Obstetrical Observation Stay is defined.	62
Medical Observation Stay: Updated how a Medical Observation Stay is defined.	63
Detained Newborns and Other Newborn Admissions: Updated billing code DRG-391 with APR-DRG 640X.	71
Bright Start Maternity Program Overview: Updated language regarding goal and composition of program.	73
Pharmacy Services: Added Member Services line for after-hours inquiries.	91
Non-Covered Medications: Removed Drugs and other items prescribed for any of the following: obesity, anorexia, weight loss, weight gain, or appetite control unless the drug or item is prescribed for any medically accepted indication other than obesity, anorexia, weight loss, weight gain or appetite control.	99-100
<b>Member Eligibility</b>	
Treating Fee for Service MA Recipients: Updated list of exceptions where eligible MA recipients would access care under Fee for Service.	119-120

<b>2023 Keystone First Provider Manual Updates</b>	<b>Page</b>
<b>Provider Services</b>	
NaviNet: Added the Medical Authorizations workflow.	122-124
<b>Claims</b>	
National Provider Identification Number: Updated the NPI Enumerator address.	152
Definitions of Fraud, Waste, and Abuse (FWA): Added location of mandatory training and attestation of completion	160
Updated: Provider Correction Action Plan (PCAP) to Provider Corrective Action Plan (PCAP).	162
<b>Provider Dispute/Appeal Procedures; Member Complaints, Grievances, and Fair Hearings</b>	
Second Level Appeal Review: Removed information that Keystone First will send a letter to acknowledge receipt of the request for second-level appeal within 10 days of receipt.	175
What is a Complaint? Updated definition to current, required definition	176
External Grievance Review: Updated the mailing address.	187
<b>Quality Assessment Performance Improvement, Credentialing, and Utilization Management</b>	
Southeast Behavioral Health/Physical Health MCO Pharmacy & Therapeutics Committee: removed obsolete language.	204
Credentialing/Recredentialing Requirements: Added hospital-based practitioner specialties that are not credentialed.	205
Facility Requirements: Updated information that must be submitted with the credentialing application to include “or letter from CMS, or if the most recent survey is older than 3 years old at the time of verification”.	209-210
Utilization Management Inpatient Stay Monitoring: Added Lack of timely notification may result in a Denial of Services language.	218-219
Timeliness of UM Decisions: Updated Table 1: Timeliness of UM Decisions – Excludes Pharmacy table updated as needed.	219
Physician Reviewer Availability to Discuss Decision: Updated timeframe to call to discuss medical necessity decision from up to 5 business days from the Member’s discharge to within 5 business days of the verbal/faxed decision notification.	220
<b>Member Rights and Responsibilities</b>	
Member Rights & Responsibilities: Added gender identity and how providers can obtain Member Rights and Responsibilities on our website.	234