

## Quick Summary

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## RealMed Ready New Capabilities For Physicians

CareFirst and CareFirst BlueChoice are always looking for ways to speed up and simplify the claims filing and payment process for participating physicians and health care providers. One way to do that is through enhanced use of EDI services. CareFirst has teamed with RealMed, a revenue cycle management and clearinghouse solution to provide enhanced electronic capabilities to participating CareFirst physicians. Currently, RealMed users can submit single claims or unlimited-size batch claims to CareFirst through a Web-based, HIPAA compliant system that expedites remittance and payment. And RealMed can update claim status each day on most pending claims with detailed information that helps identify problem claims or categories of claims.



But administrative efficiency improvements will take an even larger step forward in the months to come as RealMed introduces and rolls out a number of capabilities specifically for CareFirst network physicians. While these capabilities may not yet be immediately available over all claims platforms or for all categories of health care providers, RealMed and CareFirst are committed to expanding their availability. Here are some of the ways that RealMed will be able to help your practice work better with CareFirst:

#### *Verify Insurance Coverage/Perform Eligibility Checks in Advance*

When eligibility information is correct, your practice can accurately bill both the payer and the patient, therefore eliminating up to 60 percent of the causes of claim denials. You will increase your cash flow and decrease days in accounts receivable. With RealMed, you can confirm patient eligibility either individually or through unlimited-size batch files. This confirmation can even take place prior to the patient's appointment, and will highlight potential problems for your review and correction. All information is displayed in a consistent format regardless of the payer, which increases your operating efficiency.

#### *Manage Payer Edits/Errors*

Even the best front-end practices cannot put an end to all claim denials. However, RealMed can  
(continued page 2)



BlueLink is part of the Utilization Management component of CareEssentials, our care management program that provides you with essential tools for patient care.

Note: All references to "CareFirst" in this publication refer to CareFirst BlueCross BlueShield. All references to "CareFirst BlueChoice" refer to CareFirst BlueChoice, Inc.

## Cover Story

### RealMed Ready New Capabilities for Physicians (continued from page 1)

help save valuable time and resources with the reworking/resubmittal process. RealMed instantly applies the edits providers designate to claims before they go to the payer, including basic content validation, CCI, HIPAA, clearinghouse, payer-specific and custom edits. Easily understandable error messages are instantly returned, which highlight the problem with the claim, and offer a clear explanation of what is wrong and how to fix it. With RealMed, corrected claims can be resubmitted with only a few clicks of the mouse to greatly reduce follow-up calls and other work typically required to fix denied claims.

#### *Claims Attachments (Claims Processed on Facets Platform Initially)*

RealMed allows you to securely exchange claim attachments, documentation, and correspondence with CareFirst. Upon submission of a batch of electronic claims, RealMed will identify claims requiring attachments upfront. You will be able to upload the necessary documentation via RealMed secure Web site for electronic submission. RealMed's process includes end-to-end claim tracking, thereby eliminating the need for phone calls by your staff to validate CareFirst's receipt of your documentation.

#### *Status Management*

RealMed updates claim status each day on most pending claims, and allows providers to sort them by status category, payer, date range, age,

claim number and provider, so that you can see problem claims or categories of claims. This shifts the use of your staff's time from seeking status information to actually using it and taking action accordingly.

#### *Electronic Funds Transfer (Claims Processed on Facets Platform Initially)*

CareFirst is planning to offer physician practices and ancillary providers the ability to receive payments via Electronic Funds Transfer (EFT). With EFT, payments can be seven days faster than with paper checks. Direct deposits are more secure and reduce the amount of required paperwork. EFT also improves the practice's financial results by shortening the number of days outstanding. CareFirst expects enrollment in the EFT service will be available via RealMed later this year. It is important to note that this capability will not be available at the institutional level.

RealMed, received number one ranking in the KLAS 2009 Managing the Claim and Getting Paid: Ambulatory Clearinghouse Services Report. RealMed achieved this recognition in its first year of inclusion in KLAS. RealMed is ranked first of fourteen EDI clearinghouses in the KLAS report. For questions or to discuss how RealMed can help your practice, contact RealMed at 877-732-5633. You may also send an email to [carefirst@realmed.com](mailto:carefirst@realmed.com) or visit [www.realmed.com](http://www.realmed.com).

## What's Happening

### AAP Recommendations for Synagis Prophylaxis for RSV

The American Academy of Pediatrics (AAP) recently published changes to its recommendations for Synagis prophylaxis for Respiratory Syncytial Virus (RSV) in the 2009 edition of the Red Book, the report of the AAP's Committee on Infectious Diseases.

The major changes are to the 32 to 35 week gestational age category. The recommendations previously required an infant to be younger than 6 months old at the start of the RSV season and have two of five listed risk factors.

*For 2009 to 2010, the AAP has changed the number of risk factors applicable to the 32 to 35 week gestation group from five to two, and requires only one of those two risk factors to be present for the infant to fulfill the risk factor requirement. The two remaining risk factors are:*

- *The infant attends child care*
- *There are siblings less than five years of age living in the household*

*If an infant without hemodynamically significant congenital heart disease or chronic lung disease of prematurity in the 32 to 35 week gestational age group has at least one of the two risk factors, the child may receive a **maximum of three doses** of Synagis, given at monthly intervals **during the first 90 days of life only**.*

The AAP's recommendations remain unchanged for children with congenital heart disease, chronic lung disease of prematurity and birth before 32 weeks' gestation.

Based on results of several years of state-by-state RSV surveillance by the CDC (accessed on the internet at <http://www.surveillancedata.com/nrevss/main.asp>), CareFirst uses November 1 as the start of the RSV season, although the season usually begins in this region after mid-November. Pediatricians and other providers are encouraged to consult the Web site for information about the RSV season. For the full text of AAP's recommendations for Synagis prophylaxis, please refer to the Red Book or to AAP's Web site.

# Claims and Billing

## Enhancements to EDI Hotline Service



To respond to your questions in a more timely manner, we have implemented several enhancements to our EDI (Electronic Data Interchange) Hotline service. As of June 22, 2009, the EDI Hotline is now re-directed to our centralized Help Desk operation. What does this mean to providers?

- Your call will be answered by a live agent
- Assignment of a Magic Ticket number to assist in tracking resolutions/future inquiries regarding same issue
- Quicker response
- New toll-free number --877-526-8390\*

To better assist you, please be prepared to identify the issue that prompted your call, such as:

- 835 ERA's/enrollment
- NPI
- 837 claim status for NCOF (no claim on file) or front end rejections from CareFirst

The existing hotline number, 410-998-4599, will remain active until Sept. 22, 2009, in order to facilitate this change.

Send supplementary information related to your Help Desk ticket to [hippa.partner@carefirst.com](mailto:hippa.partner@carefirst.com). Reference the Magic Ticket number in the subject line of the e-mail.

Thank you for your cooperation as we implement this transition. Please forward this to your billing department and other appropriate staff.

*\*If you are inquiring about claim status do not call the toll-free telephone number. Please continue to use BlueLine, FirstLine or CareFirst Direct.*

## Walgreens Specialty Pharmacy Acquires McKesson Pharmaceuticals

McKesson Specialty Pharmaceuticals LLC was recently acquired by Walgreens Specialty Pharmacy, LLC. As a result, McKesson Specialty is now a wholly owned subsidiary of Walgreens Specialty. Walgreens Specialty is a wholly owned subsidiary of Walgreen Co.

As part of the integration, prescriptions being filled at the McKesson Specialty Pharmacy are now being filled at Medmark Specialty Pharmacy. Medmark is a wholly owned subsidiary of Walgreen Co. and is the primary dispensing facility for all specialty pharmacy prescriptions.

As such, Medmark will now dispense specialty pharmacy medications for CareFirst commercial members for hepatitis C, multiple sclerosis, rheumatoid arthritis, cancer (oral), and physician administered injectables and vaccines.

If you have any questions, need to place an order, or speak directly to a Medmark representative, please call 888-347-3416. Order forms may also be faxed to 877-231-8302. You can also visit their Web site at [www.walgreensspecialtyrx.com](http://www.walgreensspecialtyrx.com)

# Health Care Policy

## New Technology Evaluated

Our Technology Assessment Unit evaluates new and existing technologies to apply to our local indemnity and managed care benefit plans. The unit relies on current scientific evidence published in peer-reviewed medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst and CareFirst BlueChoice criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via BlueLine, FirstLine or CareFirst Direct. The Technology Assessment Unit recently made the following determinations:

Technology	Description	CareFirst and CareFirst Blue Choice Determination
Nitric oxide breath test	Nitric oxide in the breath is an indicator of inflammation in the respiratory tract	Considered medically necessary for the diagnosis and treatment of asthma. Considered experimental / investigational for all other respiratory conditions. CPT® reporting code 95012
Measurement of exhaled volatile organic compounds for detection of heart transplant rejection	Intended to be used as an adjunct to heart biopsies following a heart transplant.	Considered experimental / investigational. CPT® reporting code 0085T
Autologous platelet rich plasma injection for musculoskeletal and orthopedic surgical applications	The patient's platelets are extracted and injected into areas of musculoskeletal pain, i.e. tendonitis, low back pain, soft tissue injury. In surgery, platelets are used with bone grafts.	Considered experimental / investigational. CPT® reporting codes: multiple unlisted
HER2 gene expression testing by chromogenic in situ hybridization (CISH)	HER2 gene status must be determined before treating breast cancer with Herceptin®. CISH is one of three methods that may be used.	Considered medically necessary. CPT® reporting code 88365

*\*Note: Current Procedural Terminology (CPT®) codes and descriptions only are copyright of the 1966 American Medical Association. All rights reserved.*



# Health Care Policy

## Medical Policy Updates

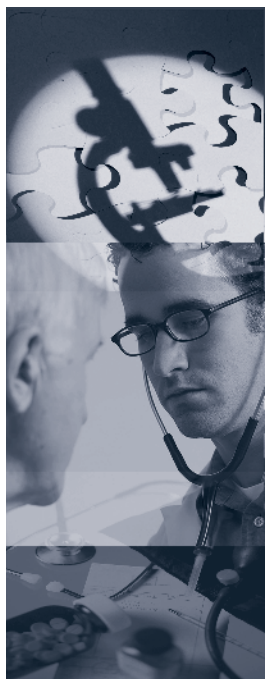
Our Health Care Policy department continually reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances in new or emerging technologies, as well as current technologies, procedures and services.

The table below is a guide designed to provide updates on any changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies for non-local accounts, such as NASCO and FEP, may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via BlueLine, FirstLine or CareFirst Direct.

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.001 Durable Medical Equipment with Attached Table	Updated the attached DME table. Removed reference to crutches and accessories. See Operating Procedure 1.01.024A.	Periodic review and update. Effective 6/22/09
1.01.024A Crutches and Accessories	Check the member's contract for specific benefits. Benefits are provided for crutches, as ambulatory assist devices, when a member needs assistance with ambulation; including, but not limited to, a surgical procedure, trauma, or neurological condition. Report with HCPCS codes A4635, A4636, A4637, E0110, E0111, E0112, E0113, E0114, E0116, E0118 or E0153. (These items are considered immediate needs). Review the Operating Procedure for details.	New Operating Procedure.  Effective 6/22/09
2.01.057 Exhaled Nitric Oxide Measurement for Treatment of Asthma	Under Policy statement, the measurement of exhaled nitric oxide changed from experimental/ investigational to medically necessary in the management of asthma patients. The measurement of exhaled nitric oxide is considered experimental/ investigational for all other conditions. Under Policy Guidelines added an updated 2009 rationale statement. Report with CPT® 95012.	Periodic review and update.  Effective 7/20/09
2.02.006 Ambulatory Blood Pressure Monitoring	Under Policy Guidelines added an updated 2009 rationale statement. Ambulatory blood pressure monitoring remains not medically necessary.	Periodic review and update. Effective 6/22/09
2.02.008 Correlated Audioelectric Cardiography	Under Policy Guidelines added an updated 2009 rationale statement. Correlated audioelectric cardiography remains experimental/ investigational. Report with CPT ® Category III codes 0068T, 0069T or 0070T.	Periodic review and update.  Effective 8/3/09
2.01.010 Quantitative Electroencephalogram/ Topographic Brain Mapping	Under Policy Guidelines added an updated 2009 rationale statement. Report with CPT® code 95957.	Periodic review and update.  Effective 7/20/09

# Health Care Policy

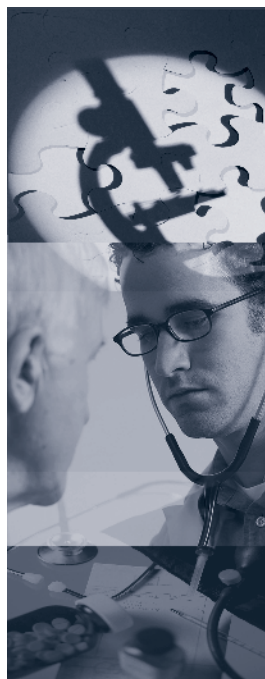
## Medical Policy Updates



MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
6.01.033 Focused Ultrasound Ablation of Uterine Fibroids	Under Policy Guidelines added an updated 2009 rationale statement. MRI-guided focused ultrasound treatment for uterine fibroids remains experimental/ investigational. Report with CPT® codes 0071T or 0072T.	Periodic review and update. Effective 6/22/09
6.01.040 Electrical Impedance Scanning of the Breast	Under Policy Guidelines added an updated 2009 rationale statement. Electrical impedance scanning of the breast remains experimental/ investigational. Report with CPT® code 76499.	Periodic review and update. Effective 8/3/09
7.01.015 Meniscal Allograft Transplantation	Under Policy, meniscal allograft transplantation changed from experimental/ investigational to medically necessary. Under Policy Guidelines added an updated 2009 rationale statement. Report with CPT® code 29868.	Periodic review and update. Effective 6/22/09
7.01.034 Archived Osteochondral Autograft Transfer System (OATS) Procedure	The OATS procedure has been incorporated within the policy for osteochondral autografts and allografts in the treatment of focal articular cartilage lesions. See medical policy 7.01.045	Policy archived. Effective 6/22/09
7.01.045 Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Description revised. Under Policy added “Osteochondral allografting is considered medically necessary as a technique to repair large full-thickness chondral defects of the knee. Osteochondral autografting is considered medically necessary for the treatment of symptomatic full-thickness cartilage defects of the knee. Osteochondral allografting or autografting for all other joints, including patellar and talar (CPT® 28446 or 28899) is considered experimental/ investigational.” Under Policy Guidelines added an updated 2009 rationale statement. Report with CPT® codes 27415, 27416, 29866 or 29867.	Periodic review and update. Effective 6/22/09
7.01.048 Autologous Chondrocyte Implantation	Description revised. Autologous chondrocyte implantation for the treatment of cartilage effects remains medically necessary for patients with cartilage defects of the femoral condyle (medial, lateral, or trochlear). Under Policy Guidelines revised the rationale statement. Report procedure with CPT® codes 27412 and 29870. Report implant material with HCPCS code J7330.	Periodic review and update. Effective 6/22/09
7.01.076 Wireless Capsule Endoscopy (Enteral Camera)	Under Policy added “The patency capsule is considered experimental/ investigational, including use to evaluate patency of the gastrointestinal tract before wireless capsule endoscopy.” Additional medically necessary and experimental/ investigational indications remain the same. Under Policy Guidelines added an updated 2009 rationale statement.	Periodic review and update. Effective 6/22/09
7.01.082 Surgical Treatment of Varicosities	Policy revised regarding medically necessary procedures for the treatment of symptomatic varicosities. See Policy and Policy Guidelines for details. The treatment of telangiectasis remains cosmetic.	Periodic review and update. Effective 6/22/09
7.01.087 Automatic Implantable Cardioverter Defibrillator (AICD)	Automatic implanted cardioverter-defibrillators are considered medically necessary. See Policy Guidelines for recommendations of the American College of Cardiology/American Heart Association Task Force on practice guidelines. Also under Policy Guidelines added an updated 2009 rationale statement. Report with appropriate CPT® codes 33240, 33241, 33243, 33244 and 33249.	Periodic review and update Effective 7/20/09

# Health Care Policy

## Medical Policy Updates



MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
7.01.090 Pulmonary Vein Ablation/ Isolation for Atrial Fibrillation	Description updated. Under Policy, transcatheter radiofrequency ablation/ isolation of the pulmonary veins as a treatment for atrial fibrillation changed from experimental/ investigational to medically necessary with indications. Under Policy Guidelines added an updated 2009 rationale statement. Report with CPT® code 93799. Review policy for details.	Periodic review and update.  Effective 6/22/09
7.03.011 Ventricular Assist Devices and Associated Services	Under Policy Guidelines added an updated 2009 rationale statement. Medically necessary and experimental/ investigational indications remain the same. Report with CPT® codes 33975 – 33980, 33999, 0048T or 0050T.	Periodic review and update. Effective 6/22/09
8.01.012 Peripheral Arterial Disease Rehabilitation	Under Policy Guidelines added an updated 2009 rationale statement. Peripheral arterial disease rehabilitation remains experimental/investigational.	Periodic review and update Effective 8/3/09
8.01.017 Low Level Laser Therapy for Musculoskeletal and Neuromuscular Conditions	Under Policy Guidelines added an updated 2009 rationale statement. Low level laser therapy remains experimental/ investigational for all indications. Report with HCPCS code S8948.	Periodic review and update. Effective 7/20/09
11.01.031 Pharmacogenomic and Serologic Metabolite Markers for Inflammatory Bowel Disease Patients Treated with Azathioprine	Under Policy Guidelines added an updated 2009 rationale statement. Medically necessary and experimental/investigational indications remain the same. Report CPT codes 83890-9A – 83913-9A or 83914-9A	Periodic review and update.  Effective 8/3/09
11.01.036 Lipoprotein-Associated Phospholipase A2 (Lp-PLA2)	Under Policy Guidelines added an updated 2009 rationale statement. The measurement of lipoprotein-associated phospholipase A2 (Lp-PLA2) remains experimental/ investigational. Report with CPT® code 83698.	Periodic review and update. Effective 6/22/09
<b>POLICIES UNCHANGED FROM LAST REVIEW</b>		
8.01.011A Habilitative Services (MD and DC Mandates) 9.01.001A Anesthesia Services 9.01.005A Epidural/ Intrathecal Analgesia, Post-Operative or Non-Surgical 10.01.006 Care of Normal Newborn		

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# Health Care Policy

## Practitioner and Staff Seminars and Training Sessions

CareFirst and CareFirst BlueChoice offer half-day seminars and webinars designed to familiarize professional and institutional providers and office staff with CareFirst and CareFirst BlueChoice policy, provider-oriented procedures and tools. The types of seminars and webinars are listed below accompanied by a brief description and its identification code to assist in selecting the presentations that best meet your needs.



**Basics & Updates** —designed as a new provider staff employee training tool or a refresher for a seasoned employee. This seminar will review CareFirst products, referrals, authorizations, COB and much more. The seminar will conclude with a CareFirst update and questions and answers.

### Professional Seminars

Date and Time	Location	Room
Friday, Sept. 18, 2009 8:30 a.m. to 11 a.m. <b>Basics &amp; Updates</b>	Medical Pavilion at Howard County 10710 Charter Drive Columbia, Md. 21044	Suite 100
Wednesday, Sept. 23, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b>	Hampton Inn --- Salisbury 121 East Naylor Mill Road Salisbury, Md. 21804	Chesapeake Room
Thursday, Sept. 24, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b> <span>New Date</span>	Holiday Inn Exp.-- Hagerstown 241 Railway Lane Hagerstown, Md. 21740	Conference Room
Tuesday, Sept. 29, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b>	Montgomery Cty. Gen. Hosp. 18101 Prince Phillip Drive Olney, Md. 20832	Meeting Rooms A & B
Wednesday, Sept. 30, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b>	GBMC 6701 North Charles St. Baltimore, Md. 21204	Civelitta Conference Rooms A & B
Tuesday, Oct. 6, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b>	Holiday Inn --- Aberdeen 1007 Beards Hill Road Aberdeen, Md. 21001	Conference Room E
Wednesday, Oct. 14, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b>	Holy Cross Hospital 1500 Forest Glen Road Silver Spring, Md. 20910	Conference Room
Thursday, Oct. 22, 2009 10 a.m. to 1 p.m. <b>Basics &amp; Updates</b>	Potomac Hospital 2300 Opitz Blvd. Woodbridge, Va. 22191	Hylton Education Room



# Provider Seminars

## Practitioner and Staff Seminars and Training Sessions (continued)

**Hospital Quarterly** – designed for hospital office staff to receive updated CareFirst information.

### Hospital Seminars

Date and Time	Location	Room
Thursday, September 17, 2009 1 p.m. to 4 p.m. <b>Hospital Quarterly</b>	Shady Grove Adventist 9901 Medical Center Dr. Rockville, Md. 20850	Willow Room
Tuesday, September 29, 2009 10 a.m. to 1 p.m. <b>Hospital Quarterly</b>	CF Columbia Gateway 6731 Columbia Gateway Dr. Columbia, Md. 21046	Redwood Room

**Ancillary** – Regional Ancillary Seminars – dialysis, skilled nursing facility (SNF), durable medical equipment (DME), home infusion therapy (HIT), ambulatory surgical center (ASC), hospice, home health (HH) and substance abuse and mental health (Sub/Mtl).

### Ancillary Seminars

Date and Time	Location	Room
Tuesday, Sept. 8, 2009 11 a.m. to 1 p.m. <b>HIT</b>	CF Owings Mills 10455 Mill Run Circle Owings Mills, Md. 21117	MPR-LLO3
Wednesday, Sept. 16, 2009 11 a.m. to 1 p.m. <b>DME</b>	Holy Cross Hospital 1500 Forest Glenn Road Silver Spring, Md. 20910	Education Room 1
Wednesday, Sept. 30, 2009 11 a.m. to 1 p.m. <b>SNF</b>	Mount Vernon Hospital 2501 Parker's Lane Alexandria, Va. 22306	Conference Rooms C & D
Wednesday, Oct. 7, 2009 10 a.m. to 2 p.m. <b>Sub/Mtl</b>	CF Columbia Gateway 6731 Columbia Gateway Drive Columbia, Md. 21046	Redwood Room
Thursday, Oct. 15, 2009 11 a.m. to 1 p.m. <b>ASC</b>	Holiday Inn Exp. --Hagerstown 241 Railway Lane Hagerstown, Md. 21740	Conference Room
Tuesday, Oct. 20, 2009 10 a.m. to 2 p.m. <b>Sub/Mtl</b>	The Krystal Q. Conference 9630 Technology Drive Aston, Md. 21601	Posted in Lobby
Wednesday, Oct. 28, 2009 11 a.m. to 1 p.m. <b>Dialysis</b>	Holy Cross Hospital 1500 Forest Glen Road Silver Spring, Md. 20910	Auditorium B

# Provider Seminars

## Practitioner and Staff Seminars and Training Sessions (continued)

### Webinars

**Webinar** -- A Web-based training designed to present CareFirst and Carefirst BlueChoice policies and procedures to professional and institutional providers. These Webinars will last 30 minutes, but participants should allow for log on and instruction time. After enrolling, you will receive instructions prior to the presentation date via email. Webinars are CareFirst Quality Rewards qualified Web-based office staff training modules.

Date	Subject	Time
Sept. 2, 2009	HIT	12:30 p.m.
Sept. 2, 2009	CDH	2 p.m.
Sept. 10, 2009	BlueChoice	10 a.m.
Sept. 10, 2009	HomeHealth	12:30 p.m.
Sept. 15, 2009	Dialysis	12:30 p.m.
Sept. 15, 2009	CFD	2 p.m.
Sept. 23, 2009	MPOS	10 a.m.
Sept. 23, 2009	SNF	12:30 p.m.
Sept. 29, 2009	Hospice	12:30 p.m.
Sept. 29, 2009	Anesthesia	2 p.m.

Date	Subject	Time
Oct. 6, 2009	CDH	10 a.m.
Oct. 8, 2009	ASC	12:30 p.m.
Oct. 8, 2009	PT/OT/ST/Chiro	2 p.m.
Oct. 13, 2009	DME	12:30 p.m.
Oct. 13, 2009	OB/GYN	2 p.m.
Oct. 21, 2009	BlueChoice	10 a.m.
Oct. 21, 2009	HIT	12:30 p.m.
Oct. 27, 2009	CFD	10 a.m.
Oct. 27, 2009	Sub/Mtl Facility	12:30 p.m.

To register for any of these seminars, Webinars or training sessions, visit the Providers & Physicians section of [www.carefirst.com](http://www.carefirst.com) for a full list of 2009's most recently updated seminars, Webinars and training sessions and select Register for a Seminar in the Solution Center. If you do not have Internet access, call the Provider Seminar Registration Line at 877-269-2219. Please note: Sign in for seminars 15 minutes prior to the scheduled start time.

## Pharmacy Updates

### Prior Authorizations/Quantity Limits

The following prescription drugs require prior authorization for new prescriptions covered under the CareFirst and CareFirst BlueChoice prescription drug plan:

- Cimzia® - requires prior use of both Enbrel and Humira
- Simponi™ - requires prior use of both Enbrel® and Humira®
- Nuvigil™ - requires prior authorization

### New Generics

The following drugs now have generic equivalents. The generics are available as a tier 1 and the brand-name drugs remains on tier 3 or non-preferred.

Brand name	Generic
Risperdal® M Tab	Risperidone

For the most current preferred drug list, prior authorization forms and pharmaceutical management procedures, visit [www.carefirst.com](http://www.carefirst.com) and click on Providers & Physicians then Prescription Drugs. For a paper copy of the formulary and pharmaceutical management procedures, call 877-800-3086.



# Pharmacy Updates

## State of Maryland Coverage for Zostavax<sup>®</sup> Vaccine

CareFirst State of Maryland members are covered for the Zostavax<sup>®</sup> (shingles) vaccine. As with other physician administered injectable medication and vaccines, coverage for these services is not provided through the pharmacy benefit. They are considered medical services and must be obtained and administered by the member's physician. Pharmacy benefits are only intended to cover oral medications and self-injectables.

When seeing a State of Maryland member who needs the Zostavax<sup>®</sup> vaccine, do not write a prescription and direct the member to a pharmacy to obtain the vaccine. Instead, arrange to obtain the vaccine from your supplier and submit a claim to CareFirst for the vaccine and administration. If your practice prefers, see the "Physician Administered Injectable Medications and Vaccines" article below to learn how to obtain physician administered injectable medications and vaccines by utilizing ICORE or Medmark (formerly McKesson).

## Physician Administered Injectable Medications and Vaccines\*

Since coverage for physician administered injectable medications and vaccines, such as Zostavax<sup>®</sup> vaccine, is not provided through the member's pharmacy benefit (if applicable), CareFirst and CareFirst BlueChoice have contracted with ICORE HealthCare (ICORE) and Medmark (formerly McKesson) to order single doses of injectable medications and vaccines on a individual patient basis.

This option includes administration supplies with every order at no additional charge, elimination of upfront cost of stocking expensive specialty injectables and coordination of the patient's coverage with direct billing to CareFirst or CareFirst BlueChoice.

Your practice should continue to bill CareFirst and CareFirst BlueChoice for the administration by following CPT guidelines and using the appropriate CPT code. Orders for non-refrigerated, refrigerated and frozen medications and vaccines are shipped directly to your office typically within 48 hours. Priority overnight delivery is also available.

If you have additional questions regarding the option to obtain your injectable medications and vaccines from either ICORE or Medmark, please contact your Professional Provider Relations representative, or call ICORE at 866-522-2470 or Medmark at 888-347-3416.

*\*This information applies to commercial members only.*



# Provider Representatives

## Find Your Institutional Provider Representatives

Not sure who your Institutional provider representative is or what number to call to reach him or her? See the chart below to find out. This information, as well as professional provider information, can be found in the *Providers & Physicians* section of [www.carefirst.com](http://www.carefirst.com) by clicking on *Professional* or *Institutional* under *Find My Provider Representative*.

### Ancillary Provider Assignments

Representative Name	Telephone	Service Area
<b>Joanna Clark</b>	410-872-3572	Anne Arundel, Baltimore and Harford counties and Baltimore City
<b>Carol Kreigh</b>	410-763-6353	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester counties
<b>Mike Rutkowski</b>	410-872-3539	Calvert, Charles, Montgomery, Prince George's and St. Mary's counties and Washington, D.C. and Virginia
<b>Dena Whitener</b>	410-872-3816	Allegany, Carroll, Frederick, Garrett, Howard and Washington counties and Pennsylvania and West Virginia
<b>Dottie Humes</b>	410-872-3575	Maryland, Washington, D.C. and Virginia

### Hospital Assignments

Representative Name	Telephone	Hospital Name
<b>Donna Brohawn</b>	410-872-3571	<ul style="list-style-type: none"> <li>* AA Medical Center</li> <li>* Frederick Memorial</li> <li>* Harford Memorial Hospital</li> <li>* Johns Hopkins</li> <li>* Kennedy Krieger</li> <li>* Mercy Medical Center</li> <li>* Mem Hosp, Cumberland</li> <li>* Garrett County Memorial</li> <li>* Howard County General</li> <li>* Hopkins Bayview Medical Center</li> <li>* St. Agnes Hospital</li> <li>* Upper Chesapeake Medical</li> <li>* Washington County Hospital</li> <li>* WMHS Braddock Hospital</li> <li>* Veteran's Affairs Med. Center</li> </ul>
<b>Amy Meister</b>	410-872-3573	<ul style="list-style-type: none"> <li>* Bon Secours Hospital</li> <li>* Civista Medical Center</li> <li>* Calvert Memorial Hospital</li> <li>* Carroll Hospital Center</li> <li>* Franklin Square Hospital</li> <li>* Good Samaritan Hospital</li> <li>* Greater Baltimore Medical</li> <li>* Harbor Hospital Center</li> <li>* Kernan Hospital</li> <li>* Maryland General Hospital</li> <li>* Mt. Washington Pediatric</li> <li>* North Arundel Hospital</li> <li>* Northwest Hospital</li> <li>* Sheppard Pratt</li> <li>* Sinai Hospital</li> <li>* St. Joseph Medical Center</li> <li>* Union Memorial</li> <li>* U of MD Medical Center</li> </ul>
<b>Carol Kreigh</b>	410-763-6353	<ul style="list-style-type: none"> <li>* Dorchester General Hospital</li> <li>* Chesapeake Rehab</li> <li>* Union Hosp. of Cecil Cty</li> <li>* Atlantic General</li> <li>* Memorial Hospital at Easton</li> <li>* McCready Memorial</li> <li>* Peninsula Regional Medical Center</li> <li>* Chester River Hospital</li> </ul>
<b>Chris Hudnall</b>	410-872-3536	<ul style="list-style-type: none"> <li>* Inova Alexandria Hospital</li> <li>* Loudoun Hospital Center</li> <li>* Virginia Hospital Center</li> <li>* Mary Washington</li> <li>* Children's Hospital</li> <li>* Inova Mt. Vernon</li> <li>* Dominion Hospital</li> <li>* Potomac Hospital</li> <li>* Inova Fairfax Hospital</li> <li>* Prince William Hospital</li> <li>* Fair Oaks Hospital</li> <li>* Providence Hospital</li> <li>* Faquier Hospital</li> <li>* Psychiatric Institute of Washington</li> <li>* Ft. Washington Medical Center</li> <li>* Reston Hospital Center</li> <li>* George Washington Hospital</li> <li>* Northern Virginia Community</li> <li>* Greater Southeast Community Hospital</li> <li>* Veteran's Affairs</li> </ul>
<b>Shawnette Dickens</b>	410-872-3537	<ul style="list-style-type: none"> <li>* Doctor's Community Hospital</li> <li>* Sibley Memorial Hospital</li> <li>* Georgetown Hospital</li> <li>* Southern Maryland Hospital Center</li> <li>* Holy Cross Hospital</li> <li>* Suburban Hospital</li> <li>* Hospital for Sick Children</li> <li>* Washington Adventist</li> <li>* Howard University Hospital</li> <li>* Washington Hospital Center</li> <li>* Laurel Regional Hospital</li> <li>* Walter Reed Hospital</li> <li>* Montgomery General Hospital</li> <li>* National Naval Medical</li> <li>* National Rehabilitation Center</li> <li>* Malcolm Grow Medical</li> <li>* Potomac Ridge</li> <li>* DeWitt Army Hospital</li> <li>* Prince George's Hospital Center</li> <li>* St. Elizabeth Hospital</li> <li>* Shady Grove Adventist Hospital</li> </ul>



# Important Phone Numbers and Addresses

**July 1, 2009:** Here is a list of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service areas that handle Maryland and National Capital Area provider inquiries. Please copy or detach for future reference. Information that has been added or changed since this page last appeared (May/June 2009) is printed in blue font.

## PROVIDER SERVICES

### MD INDEMNITY – XW PREFIX AND BLUECARD® CLAIMS

410-581-3581 / 800-437-2332

Claims (including oral surgery): Mail Administrator,  
P.O. Box 14115, Lexington, Ky. 40512-4115

Correspondence: Mail Administrator, P.O. Box 14114,  
Lexington, Ky. 40512-4114

### Mental Health for Level III and Key Groups only

410-581-3581 / 800-437-2332

Claims: Mail Administrator, P.O. Box 14117, Lexington,  
Ky. 40512-4117

### NCA INDEMNITY – XIA PREFIX AND BLUECARD® CLAIMS

### CAREFIRST BLUECHOICE – XIC PREFIX

### BLUEPREFERRED – XIP PREFIX

### BLUECHOICE ADVANTAGE – XIH PREFIX

### BLUE PRECISION – BLUE PRECISION LOGO ON ID CARD

### MHIP - MHIP LOGO ON ID CARD

202-479-6560 / 800-842-5975

Claims: Mail Administrator, P.O. Box 14116,  
Lexington, Ky. 40512-4116

Correspondence: Mail Administrator, P.O. Box 14114,  
Lexington, Ky. 40512-4114

## STATE OF MARYLAND – ALL PRODUCTS

Provider Services  
1-877-228-7268

Claims Submission  
Mail Administrator P.O. Box 14115, Lexington, Ky., 40512-4115

Correspondence  
Mail Administrator P.O. Box 14114, Lexington, Ky., 40512-4114

## NASCO PROVIDER SERVICES

### NASCO – NATIONAL ACCOUNTS SERVICE AND CLAIMS OPERATIONS

#### Northrop Grumman - NRG Prefix

877-228-7268 for claims information

800-972-8088 for benefit information

Northrop Grumman - ESS or NGC Prefix

800-516-1269

#### All Other NASCO Accounts, including Consumer Directed Health (CDH) Plans and BlueChoice (excluding XIC prefix) 877-228-7268

Claims: Mail Administrator, P.O. Box 14115,  
Lexington, Ky. 40512-4115

Correspondence: Mail Administrator, P.O. Box 14114,  
Lexington, Ky. 40512-4114

## FEP PROVIDER SERVICES

### FEP – FEDERAL EMPLOYEE PROGRAM – R PREFIX

Professional and Institutional providers in Montgomery  
& Prince George's counties, Washington, DC and Northern  
Virginia (east of Rt. 123\*)

202-488-4900

Claims: Mail Administrator, P.O. Box 14113, Lexington,  
Ky. 40512-4113

Correspondence: Mail Administrator, P.O. Box 14112,  
Lexington, Ky. 40512-4112

\*For providers west of Rt. 123, send all claims and correspondence  
to local plan.

## ALL OTHER MD FEP PROVIDERS

### Professional

410-581-3568 / 800-854-5256

### Institutional

410-581-3567 / 800-321-2580

Claims: Mail Administrator, P.O. Box 14113, Lexington,  
Ky. 40512-4113

Correspondence: Mail Administrator, P.O. Box 14111,  
Lexington, Ky. 40512-4111

**PROVIDER CONTACTS****BLUECARD®**

800-676-BLUE (2583) for eligibility

**PROVIDER INFORMATION AND CREDENTIALING**

410-872-3500 / 877-269-9593

Fax: 410-872-4107 / 866-452-2304

Correspondence: CareFirst BlueCross BlueShield,  
10455 Mill Run Circle, P.O. Box 825, Mailstop CG-41,  
Owings Mills, Md. 21117-0825**PROVIDER RELATIONS & PROFESSIONAL CONTRACTING**

410-872-3500 / 877-269-9593

Fax: 410-505-6900 / 866-452-2306

Correspondence: CareFirst BlueCross BlueShield,  
10455 Mill Run Circle, P.O. Box 825,  
Mailstop CG-52, Owings Mills, Md. 21117-0825**INSTITUTIONAL AND VENDOR CONTRACTING**

410-872-3500 / 877-269-9593

Fax: 410-872-4106 / 866-452-2305

Correspondence: CareFirst BlueCross BlueShield,  
10455 Mill Run Circle, P.O. Box 825,  
Mailstop CG-51, Owings Mills, Md. 21117-0825**PROVIDER SEMINAR REGISTRATION**Professional, hospital and ancillary seminar registration  
877-269-2219**CARE MANAGEMENT****Authorizations**

866-PRE-AUTH (773-2884)

Fax for authorization: 410-528-7027

**Case Management**

410-605-2413 / 888-264-8648

Correspondence: CareFirst BlueCross BlueShield, Care  
Management, 1501 S. Clinton St., Mailstop CT-0816,  
Baltimore, Md. 21224**AUTOMATED VOICE RESPONSE UNITS****BLUELINE****MD Region** – Authorizations, eligibility and claim and  
benefit inquiry for PPO, MPOS, PPN and MD Indemnity  
410-581-3535 / 800-248-8410**FIRSTLINE****NCA Region** – Eligibility, claim and benefit inquiry for  
CareFirst BlueChoice, BluePreferred and NCA Indemnity  
202-479-6560 / 800-842-5975**FEP** – Eligibility, claim and benefit inquiry  
202-488-4900**MARYLAND POINT OF SERVICE (MPOS)  
REFERRAL FAX LINE****MPOS Referrals**

Fax for referrals: 410-998-5741

**VENDOR CONTACTS****ARGUS**

Pharmacy benefits manager

800-314-2872 for prior authorization requests

Fax: 800-315-4025

**ICORE HEALTHCARE**

Supplier of injectable drugs

866-522-2470

**LABORATORY CORPORATION OF AMERICA (LABCORP)**

Contracted vendor for CareFirst BlueChoice members

800-322-3629

**MAGELLAN HEALTH SERVICES**Inpatient & outpatient mental health and substance abuse  
services

800-245-7013

**MEDMARK, INC.**

Supplier of injectable drugs

888-347-3416

**ELECTRONIC CLAIMS**

Emdeon	800-845-6592
GatewayEdi	804-323-0275
MedAvant (formerly ProxyMed)	800-792-5256, ext. 813
MTrans (Misys)	800-347-3473, ext. 2188
Payerpath	877-623-5706, ext. 2
RelayHealth	
Institutional	800-693-6890
Professional	847-608-7000
ProtoMed	800-648-4836
RealMed	877-927-8000

**DISEASE MANAGEMENT**

To refer patients to a program call:

Asthma/COPD	800-323-4472
Diabetes and Heart Disease	800-783-4582
Oncology	888-264-8648



# Quality Improvement

## Availability of Members' Rights and Responsibilities Statement

CareFirst and CareFirst BlueChoice are committed to providing quality, cost effective health care while maintaining a mutually respectful relationship with our members. The Members' Rights and Responsibilities statement acknowledges our responsibilities to provide services and information to members, and outlines expectations regarding members' responsibilities.

The Members' Rights and Responsibilities statements is provided to members in the member handbooks, published at least annually in Vitality, the member newsletter, and is available on the CareFirst Web site. You can find the Members' Rights and Responsibilities statement by entering the Members & Visitors section of [www.carefirst.com](http://www.carefirst.com) and choosing Rights and Responsibilities from the Solution Center. To request a paper copy, please call 800-842-5975.

### CareFirst BlueCross BlueShield / CareFirst BlueChoice Members' Rights and Responsibilities Statement

- Members have a right to be treated with respect and recognition of their dignity and right to privacy.
- Members have a right to receive information about the health Plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Members have a right to participate with practitioners in decision making regarding their health care.
- Members have a right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Members have a right to make recommendations regarding the organization's members' rights and responsibilities policies.
- Members have a right to voice complaints or appeals about the health Plan or the care provided.
- Members have a responsibility to provide, to the extent possible, information that the health Plan and its practitioners and providers need in order to care for them.
- Members have a responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Members have a responsibility to follow the plans and instructions for care that they have agreed on with their practitioners.
- Members have a responsibility to pay member co-payments or co-insurance at the time of service.
- Members have a responsibility to be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

### Eligible Individuals' Rights Statement Wellness and Health Promotion Services

1. Eligible individuals have a right to receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
2. Eligible individuals have a right to decline participation or disenroll from wellness and health promotion services offered by the organization.
3. Eligible individuals have a right to be treated courteously and respectfully by the organization's staff.
4. Eligible individuals have a right to communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues. To request a paper copy of the Members' Rights and Responsibilities, call the Member Services phone number on your ID card.

CHIEF MEDICAL OFFICER AND SR. VICE PRESIDENT OF MEDICAL AFFAIRS  
Jon P. Shematek M.D.

EDITOR  
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MANCHESTER, MD  
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10455 Mill Run Circle  
Mailstop OM1-800  
Owings Mills, Maryland 21117

## Quality Improvement

# Practitioner's Role in Resolving Member Complaints

The CareFirst and CareFirst BlueChoice Quality of Care (QOC) Department investigates complaints related to the quality of care and service provided by practitioners and providers in the CareFirst and CareFirst BlueChoice networks and takes action, when appropriate. We evaluate complaints annually to identify and address opportunities for improvement across the network.

What happens when we receive a complaint from a member involving a practitioner or provider? The QOC Department has only the member's perspective of the complaint and will contact you for additional information and your perception. At the conclusion of our investigation, we will advise you and the member of the findings and resolution. We are committed to resolving member complaints within 60 days, and your timely response helps us meet that goal.

A practitioner may register a complaint on behalf of a member regarding the quality of care or service provided to the member by another practitioner or provider. You may submit the complaint in one of three ways:

- Send an e-mail to [quality.care.complaints@carefirst.com](mailto:quality.care.complaints@carefirst.com)
- Fax a written complaint to 301-470-5866

- Mail a written complaint to:  
CareFirst BlueCross BlueShield/CareFirst BlueChoice  
Quality of Care Department, Central Appeals Unit  
PO Box 17636.  
Baltimore, Md. 21297

Please include the following information when submitting a complaint:

- Your telephone number
- Your provider number
- Member's name
- Member's ID number
- Date(s) of service
- As much detail as possible about the event

You play an important role in resolving member complaints and helping improve member satisfaction.

### Correction

*The article titled "Certain Medical Supplies Can Be Provided in a Physician's Office" that appeared in the May/June 2009 issue of BlueLink was published mistakenly. The article contained several invalid HCPCS codes and in some instances did not reflect our current Medical Policies. The policy is currently being reviewed and updated, and will be included in a future issue of BlueLink.*

*BlueLink regrets the error.*