The ICD-10 Transition Has Been Delayed

On April 1, 2014, the Protecting Access to Medicare Act of 2014 was signed into law. With this legislation, the transition to using ICD-10 code sets for diagnosis and inpatient procedure coding was delayed until Oct. 1, 2015.

CareFirst will comply with federal guidance and not accept ICD-10 claims until the new compliance deadline. We have adjusted our ICD-10 preparation activities to match this new timeline.

While the ICD-10 transition has been delayed before, the previous extensions led to a decrease in ICD-10 readiness during the additional time. Rather than lose the significant progress that the industry has made since then, we encourage you to take advantage of the additional time granted by this delay to continue preparing for the ICD-10 transition.

To support your preparations, we have updated the ICD-10 section of the provider website available at www.carefirst.com/icd10. Have a specific question that isn’t covered through our website resources? Email our project team at ICD-10@carefirst.com.

Dr. Winn Says…

In this recurring feature, Dr. Daniel Winn, an internist and CareFirst Vice President and Senior Medical director, offers tips of importance to you and your staff.

Listen as Dr. Winn discusses early elective delivery.

Reminder: Studies have determined that elective deliveries before a full 39 weeks of gestation put the baby at greater risk of health ailments – including breathing and feeding complications, hearing and vision problems, and learning and behavior difficulties.
In Case You Missed It

Click the “In Case You Missed It” icon to catch up on headlines, tips and reminders that you may have missed.

Here’s a Recent Reminder: Cost-Effective Lab Services for Your Patients

You play a key role in providing clinically appropriate care while minimizing your patients’ costs – and overall costs to the health care system – by referring patients to CareFirst participating national laboratories.

How much can you save your patients by referring them to participating national laboratories?

<table>
<thead>
<tr>
<th>DIAGNOSTIC TEST</th>
<th>OUTPATIENT HOSPITAL</th>
<th>NATIONAL (FREESTANDING) LABORATORY</th>
<th>POTENTIAL SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assay Thyroid Stimulating Hormone</td>
<td>$45</td>
<td>$16</td>
<td>65%</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel</td>
<td>$38</td>
<td>$10</td>
<td>74%</td>
</tr>
<tr>
<td>Glycosylated Hemoglobin Test</td>
<td>$41</td>
<td>$9</td>
<td>78%</td>
</tr>
<tr>
<td>Urine Culture/Colony Count</td>
<td>$37</td>
<td>$8</td>
<td>78%</td>
</tr>
</tbody>
</table>

This information does not take into account the severity of patients’ illnesses. Costs are based on average CareFirst members’ costs in 2012 and may not represent your patients’ actual cost of care for the same services.

Remember to refer your CareFirst patients (and their specimens) to the following national laboratories in the CareFirst service area:

- **LabCorp (Available for HMO and PPO members)**
  BlueChoice (HMO) members and their specimens must be referred to Laboratory Corporation of America (LabCorp) for lab services to be covered.

- **Quest Diagnostics (Available for PPO members only)**
  Do not refer HMO members to Quest Diagnostics.

Guidelines for outsourcing lab specimens for CareFirst members are located in the provider manuals at [www.carefirst.com/providermanualsandguides](http://www.carefirst.com/providermanualsandguides).

How do you determine if a member is enrolled in an HMO or PPO plan? Use our new Member ID Card Quick Reference Guide.

Want more ways to help lower the cost of care for your patients? Visit [www.carefirst.com/qualityandaffordability](http://www.carefirst.com/qualityandaffordability).

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Announcing CareFirst on Call

CareFirst on Call is the new provider interactive voice response (IVR) system used to verify member eligibility, benefits and claims status information. Replacing the FirstLine and BlueLine voice response systems, CareFirst on Call provides you with reliable information and functionality along with the following added features:

- Speech recognition
- Easier navigation
- The ability to listen to additional detail on each claim as desired
- Separate options for eligibility, benefits, deductibles and maximums
- Options to manually select the network level for specific information
- A fax back option
- Frequently requested information

The best part? CareFirst on Call uses the same telephone numbers and provider and member identifiers as the previous systems.

Visit [www.carefirst.com/providermanualsandguides > Reference Guides](http://www.carefirst.com/providermanualsandguides > Reference Guides) to print out our CareFirst on Call reference cards to use in your office. Or, click one of the links below:

- **CareFirst on Call Professional Reference Card**
- **CareFirst on Call Institutional Reference Card**
- **CareFirst on Call Dental Reference Card**

Questions? Contact your Provider Representative.
Stay Connected…
It Matters For Your Patients.

Stay Connected...It Matters For Your Patients

Your patients rely on you for their health care needs. You rely on us for information to help you efficiently care for our members.

More Time to Care

We know you're busy. That's why we're focused on providing you the information you need to help you save time on administrative tasks, so you'll have more time to provide quality, cost-effective care to our members.

What's the best way to save time? Registering for CareFirst news by email.

Registering is Easy

Visit [www.carefirst.com/stayconnected](http://www.carefirst.com/stayconnected) or text “CFPROVIDER” to 67463.*

What You’ll Get

- Updates on reimbursement, policies, procedures and claims submission processes
- Health Care Reform news and how it may impact you
- Information on new online self-service tools to help you save even more time
- Reminders when new issues of BlueLink are available

Be Specific

Want emails tailored to your practice? Visit [www.carefirst.com/stayconnected](http://www.carefirst.com/stayconnected) to select your specialties.

*Standard messaging rates apply. You will receive only a registration and a confirmation text message from CareFirst. No additional text messages will be sent to your phone.
Your Colleagues Have Sent Us Feedback. *Have You?*

Whether positive, negative or indifferent, the feedback you send helps us develop our communications so they can be effective and useful to you when providing care to your patients, our members.

Below are some recent comments from your colleagues. Join them – let us know what you think.

**What Your Colleagues Said**

“The [6 Easy Tools] video was very instructive and made me aware of things I can be doing to work more efficiently.”
– Anonymous

“I like the BlueLink emails, but I actually obtain most of my information from navigating through the website.”
– D. Lewis

“The [Provider Link List] is very informative and directs you to the place you want to be.”
– Anonymous

“Calling to have authorization upgraded to an approved status really does not work for me, being on hold for a very long time due to increase call volume. But if I had to grade this system it would be on the higher level of the scale 8 or 9. It is really a nice change. I like it.”
– Anonymous

**Now, We’re Asking You**

Have you learned about our self-service channels that can help save you time?

Watch the video: www.carefirst.com/6easytools

Have you and those in your practice signed up to receive provider emails?

Register today: www.carefirst.com/stayconnected

Have you printed the Provider Link List to use when navigating the provider website?

Print it now: www.carefirst.com/providermanualsandguides

Have you tried the enhanced pre-authorization process through the Provider Portal?

Check it out: www.carefirst.com/preauth

**What do YOU say?**

If you have something to say about the communications and/or materials we develop, email newsletter.editor@carefirst.com and be entered to win a free gift.

Congrats to Vicky L. for being the first feedback winner in 2014.
Attention Office Managers Who Use CareFirst Direct

Office managers should frequently review the list of CareFirst Direct users under the tax ID. Be sure to disable the user accounts of staff members who have left your employment or have new job functions that do not require access to the system.

To change the status of a user who should no longer have access:

1. Sign in to CareFirst Direct
2. Click on User Management
3. Search for the appropriate user
4. Click on the User ID
5. Click the ‘Modify User’ button
6. Edit the user end date to today’s date
7. Click on ‘Submit’
8. Log out of CareFirst Direct

Answers to Health Care Reform

Questions about the Affordable Care Act or its Grace Period? If so, we’re here to help. This issue focuses on answers to your frequently asked questions regarding the ACA.

Q: How will providers know when a CareFirst member’s claims are being pended due to the ACA Grace Period requirements?
A: If a CareFirst member is receiving an APTC and is in the second or third month of the ACA Grace Period, CareFirst will provide the following notice on the Notice of Payment (NOP) or 835 in response to eligible provider claim submissions:
“Please be advised that premium has not been received for this premium subsidy eligible member, and that the member is and at the time that your care was provided, was in the second or third month of the Exchange individual grace period. The above-referenced claim was pended due to non-payment of premium, and will be denied if the premium is not paid by the end of the grace period. Please do not resubmit this claim. Upon receipt of the member’s premium, the Plan will automatically adjust a clean claim submitted in accordance with the member’s contract in effect at the time of service rendered.”

Check back in future issues of BlueLink for more information or visit these websites:

- Are You Ready for Health Care Reform?
- Health Care Reform Update: PPACA and Mobile App for Members
- Health Care Reform Update: Women’s Preventive Services
3 Reasons to Register for the Provider Portal

1. **Verify and update your practice information in a few clicks** – Accurate provider information is essential for doing business with CareFirst – it helps us deliver important contract information to the right place, avoid errors in claims and speed up your reimbursement. Keeping your information current is easier than ever. Log in to view and update the information we have on file for your practice. Click the “Verify Provider Information” button if the information displayed is correct, or use the “Update” links to change your information.

2. **Confirm member eligibility and benefits without reaching for the phone** – Don’t waste time waiting on the phone for simple eligibility questions – the information you need is at your fingertips. By using this online tool, you can save time and confirm that your patients are covered prior to rendering service.

3. **Check claim status in a flash** – Track your claim status and payment data to help you stay organized and efficient. Stay on top of your claims to avoid errors in reimbursement. All of your claims information, all in one place.

Try it out for yourself. Visit [www.carefirst.com/providers](http://www.carefirst.com/providers) and click Register Now to sign up.


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**Use Correct Source of Admission Code on UB-04 Claim Forms**

**Helpful Hint for Member Transfers**

When a member is transferred from one medical facility to another, Source of Admission Code 1 (physician referral) is often incorrectly used in field 15 of the UB-04 claim form, as opposed to Source of Admission Code 4 (transfer from a hospital or different facility).

To eliminate the underpayment of claims, please use the following guidelines:

**Source of Admission Code 4: Transfer from a Hospital or different Facility**

- **Inpatient:** The patient was admitted to this facility as a transfer from a different acute care facility where he or she was an inpatient.
- **Outpatient:** The patient was referred to this facility for outpatient or referenced diagnostic services by a physician of a different acute care facility.

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**Earn substantial rewards**

Don’t miss out on an increased fee schedule and an opportunity to earn additional rewards.

**Join PCMH.**
## 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 CareFirst on Call (professional and institutional) or CareFirst Direct. The Technology Assessment Unit recently made the following determinations:

<table>
<thead>
<tr>
<th>TECHNOLOGY</th>
<th>DESCRIPTION</th>
<th>CAREFIRST AND CAREFIRST BLUE CHOICE DETERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xofigo® radium-223 injection</td>
<td>Intravenous brachytherapy for advanced prostate cancer with metastasis to bone</td>
<td>Considered medically necessary HCPCS reporting code A9699</td>
</tr>
<tr>
<td>Cryoablation of benign fibroadenoma of the breast</td>
<td>Use of minimally invasive cold therapy probe to destroy benign small lesions of the breast</td>
<td>Considered experimental / investigational CPT® reporting code 19105</td>
</tr>
<tr>
<td>Next generation sequencing panels for cancer risk prediction (CancerNext™, BreastNext™, ProstateNext™, etc.)</td>
<td>Uses advanced genetic sequencing technique to identify genetic traits that could possibly predict cancer</td>
<td>Considered experimental / investigational CPT® reporting code 81479</td>
</tr>
<tr>
<td>KRAS mutational analysis for non-small cell lung cancer</td>
<td>KRAS mutation analysis is undertaken prior to chemotherapy with EGFR-TKI agents in advanced NSCLC</td>
<td>Considered experimental / investigational CPT® reporting code 81275</td>
</tr>
<tr>
<td>Provent® sleep apnea therapy</td>
<td>Intranasal devices increase expiratory resistance during sleep</td>
<td>Considered experimental / investigational HCPCS reporting code E1399</td>
</tr>
</tbody>
</table>

**Reminder:** CareFirst has followed the Current Procedural Terminology (CPT)® for the administration of the pediatric vaccines (through age 18) since Jan. 1, 2011.

**CPT® Codes**
- 90460 – Immunization through 18 years of age for the first vaccine/toxoid component. Use code 90460 to report the first (or only) vaccine/toxoid component of each vaccine.
- 90461 – Immunization through 18 years of age for each additional vaccine/toxoid component. Use code 90461 to report each additional vaccine/toxoid component of each vaccine.

**Billing Requirements**
Codes 90460 and 90461 should not be listed on a claim form more than once. You must adjust the units/frequency to show more than one component per CPT® code.
HEALTH CARE POLICY

Medical Policy Updates

Our Health Care Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services. The table below is designed to provide updates on 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 from non-local accounts, such as NASCO and FEP, may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through CareFirst on Call (professional and institutional) or CareFirst Direct.

Note: The effective dates for the policies listed below represent claims processed on and after that date.

<table>
<thead>
<tr>
<th>MEDICAL POLICY AND/OR PROCEDURE</th>
<th>ACTIONS, COMMENTS AND REPORTING GUIDELINES</th>
<th>POLICY STATUS AND EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01.071 Outpatient Limb Compression for Post-Discharge Prophylaxis of Venous Thromboembolism</td>
<td>Policy includes medically necessary and experimental/investigational indications. Refer to policy for details. Report service with HCPCS code E0676.</td>
<td>New Policy Effective 4/21/14</td>
</tr>
<tr>
<td>7.01.110 Filtration Surgeries for Open Angle Glaucoma</td>
<td>Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 66174 or 66175.</td>
<td>Periodic review and update Effective 4/21/14</td>
</tr>
<tr>
<td>7.01.116 Transcatheter Pulmonary Valve Implantation</td>
<td>Under Policy Guidelines, added 2014 rationale statement. Report service with Category III CPT® code 0262T.</td>
<td>Periodic review and update Effective 4/21/14</td>
</tr>
<tr>
<td>7.01.118 Minimally Invasive Interventions for Fecal Incontinence</td>
<td>Policy statement revised to include HCPCS code L8605 as experimental / investigational.</td>
<td>Policy revision Effective 8/18/14</td>
</tr>
<tr>
<td>11.01.049 Noninvasive Prenatal Testing for Fetal Aneuploidy</td>
<td>Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 81507 or unlisted code 81599. Refer to policy for details.</td>
<td>Periodic review and update Effective 4/21/14</td>
</tr>
<tr>
<td>11.01.055 Gene Expression Classifier Testing of Thyroid Biopsy to Determine Risk for Cancer (Example: Afirma®)</td>
<td>Gene expression classifier testing of thyroid biopsy to determine risk of cancer (example: Afirma®) is considered experimental / investigational. Report service with Category I CPT® unlisted code 84999. Refer to policy for details.</td>
<td>New Policy Effective 4/21/14</td>
</tr>
</tbody>
</table>
Availability of Members’ Rights and Responsibilities Statement

CareFirst is committed to providing quality, cost-effective health care while maintaining a mutually respectful relationship with our members. The Members’ Rights and Responsibility statement acknowledges our responsibilities to provide services and information to members, and outlines expectations regarding members’ responsibilities. The Members’ Rights and Responsibility statement is provided to members in the Member handbooks, published annually in Vitality, the member newsletter and is available on the CareFirst website. To request a copy of the Members Rights and Responsibility statement, please call 800-842-5975.

View the Eligible Individuals’ Rights Statement Wellness and Health Promotion Services.

CPET CORNER

Need help choosing a webinar or seminar?

CPET has you covered

The Center for Provider Education and Training (CPET) is your go to resource for CareFirst training without the inconvenience of leaving your office.

This month, CPET spotlights two new webinars:

- **Out-of-Area Authorizations** (Institutional) – An overview of what facilities need to know about the Blue Cross Blue Shield mandate that requires facilities to obtain pre-authorizations for inpatient stays for out-of-area members effective July 1, 2014.
  - **Why Enroll?** If pre-authorizations are needed, this webinar will educate facilities how to submit pre-authorizations online.

- **Update Provider Data Online** (Institutional and Professional) – Learn how easy it is to review and update your practice information online.
  - **Why Enroll?** Keep the information CareFirst has on file for your practice valid.

Visit [www.carefirst.com/cpet](http://www.carefirst.com/cpet) to register.
PHARMACY UPDATES

New Generics

The following drugs will be covered on the generic tier and the brand-name drugs will be on the non-preferred brand tier.

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aciphex</td>
<td>Rabeprazole</td>
</tr>
<tr>
<td>Coumadin</td>
<td>Warfarin</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>Duloxetine</td>
</tr>
<tr>
<td>Niaspan</td>
<td>Niacin</td>
</tr>
</tbody>
</table>

For the most current preferred drug list, prior authorization forms and pharmaceutical management procedures, visit www.carefirst.com/rx. For a paper copy of the formulary and pharmaceutical management procedures, call (877) 800-3086.

Don’t forget to submit your pre-authorizations online. Visit www.carefirst.com/preauth for a list of services requiring pre-authorization.

How Are We Doing?

It’s your turn to sound off. That’s right, we want to hear from you.

Over the past year we’ve made lots of changes and enhancements to BlueLink – such as improved graphics, charts and audio segments – to serve you better and improve the way we work together.

Some of our changes were bold and daring, while others were small and hardly noticeable. But all were made while delivering timely information to help you take care of your patients, our members.

Now, we want to know what you think of our efforts. You did notice, didn’t you?

Email your comments to newsletter.editor@carefirst.com and let us know.