

family of health care plans

NOVEMBER 2014 [STAY CONNECTED]



New Provider Information Validation Requirement

CareFirst has implemented a new requirement for providers to review and verify practice information twice per calendar year. Our provider manuals have been updated to reflect this new requirement.

Validation must occur once between January 1 and June 30, and once between July 1 and December 31 (but not less than three months apart).

How to Validate Your Information

To view and file the information we have on file for your practice, follow the instructions on our <u>Step-by-Step Guide</u> <u>to Verify Your Data Online</u>. When you update your information, you will be entered to win a prize.

Don't forget: Whenever your information changes, update it.

If you cannot update your information online, use either the <u>Professional</u> or <u>Institutional/Ancillary</u> Change in Provider Information Form.

Questions?

Call your Provider Relations Representative. Contact information can be found at www.carefirst.com/providerrep.

Better Data. Better Service. You're in Control.

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CPET CORNER

PHARMACY UPDATES

Update Your Practice Info to Win a Prize

Want to have lunch on us?

Of course you do. We'll provide lunch for as many as 20 people per office as part of a quarterly drawing if your office wins an Office Lunch Raffle. There will be three raffle drawings, each occurring on the fifth business day of every calendar quarter. An office cannot win the lunch raffle if an individual has won previous cash raffles and the same office cannot win more than one office lunch. Winners must have validated the information in the quarter immediately preceding the drawing. A list of winners will be included in *BlueLink* each quarter.

Bon appétit.

*The odds of winning will be determined based on the number of entries. No purchase necessary

WHAT'S HAPPENING

Stay Connected: News that Matters to You

Adjust your Email Preferences to receive news that is relevant to you and your practice.

Customize your news by:

- **Networks** CareFirst BlueChoice, Inc., PCMH and more
- Provider Type Institutional, Professional or Dental
- Provider Role Office Staff, Physician/Dentist, Nurse Practitioner and more
- Field of Practice Family Practice, Internal Medicine, Primary Care/Preventive Medicine and more

Not Registered? Not A Problem.

Visit <u>www.carefirst.com/stayconnected</u> or click on the image at right to learn how to register for CareFirst provider emails.

Stay Connected...It Matters For Your Patients.

Let's Hear from You

BlueLink has changed some during the last year or so. Actually, BlueLink's changed a lot. We've added more graphics, audio segments and new sections to make it a more enjoyable reading experience.

Surely, you've noticed our changes, haven't you? Do you like what we've done? Are the changes helpful? Want to see more changes?

Have you even noticed our changes?

We'd like to hear from you. Email your comments to newsletter.editor@carefirst.com.

In Case You Missed It:

We know you're busy. Our "In Case You Missed It" feature is here to help. Each issue, we provide helpful tips, reminders and highlights that you may have missed.

Save Time with the Provider Portal

Your CareFirst patients rely on you to help them make decisions regarding their health. By utilizing the Provider Portal, through <u>seven simple ways</u> you can save time and provide quality care to our members.

Stay in the Loop

Click the "In Case You Missed It" icon to catch up on more provider news including:

Stay Connected...It Matters for Your Patients.

All of our provider news updates are also available online at www.carefirst.com/providernews.

WHAT'S HAPPENING (CONTINUED)



CareFirst's Continuing Education Series Seminar: The Impact of Periodontal Disease on General Health

Recent studies have shown a connection between oral health and overall health, and how an improved oral health can lead to better overall health. Join us on Friday, March 6, 2015, for an informative presentation from Robert J. Genco, D.D.S., Ph.D, on the impact of periodontal disease on general health.

A Distinguished Professor of Oral Biology and Microbiology at the State University of New York at Buffalo, Dr. Genco has worked on laboratory and clinical studies for more than 30 years to help understand the causes, prevention and treatment of oral diseases and their association with systemic diseases such as heart disease, stroke and diabetes.

His presentation is important for physicians and nurses, as well as dentists and dental hygienists, and could have a significant impact on your practice and your patients' health.

Seminar attendees will learn more about:

- Current Understanding of Etiopathogenesis of Periodontal Disease
- Risk Factors for Periodontal Disease and Their Modification
- Periodontal Disease and Its Effects on Systemic Conditions:
 - Diabetes
 - Atherosclerotic Disease
 - Respiratory Disease
 - Adverse Pregnancy Outcomes
 - Cancer
- Inter-professional Management of Patients with Periodontal Disease and Associated Systemic Diseases:
 - Role of the Medical Team
 - Role of the Dental Team
- Implications for Health Insurance Companies
- Implications for Dental and Medical Practices

Date: Friday, March 6, 2015

Time: 8:30 a.m. to 4 p.m.

Location: CareFirst Conference Center, Canton Crossing, 1501 S. Clinton St., 17th Floor, Baltimore, Md. 21224

Fee: No charge to CareFirst network dentists and physicians; \$295 for out-of-network providers. Cost includes breakfast, lunch, parking and Continuing Education certificate.

CE Credits: 6 CEU (AGD PACE)

Parking: Parking is available in the lot opposite the building. Please bring the issued parking ticket with you to the seminar and validation will be provided.

Registration begins **Nov. 3, 2014.** Please complete and return the **registration form**.

PHARMACY UPDATES

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

TECHNOLOGY	DESCRIPTION	CAREFIRST AND CAREFIRST BLUE CHOICE DETERMINATION
Stereotactic body radiation therapy for cancer of the prostate	Precision computer controlled application of photon radiation therapy	Considered medically necessary for selected patients. CPT® reporting code 77435
OncotypeDX [®] colon (Genomic Health, Inc.)	Gene expression assay for recurrence risk assessment post resection of colon cancer	Considered experimental / investigational. CPT® reporting code 84999
Anser IFX™ and Anser ADA™ (Prometheus Laboratories, Inc.)	Proprietary laboratory assays that yield information on serum levels and antibodies to infliximab and adalimumab, respectively	Considered experimental / investigational. CPT® reporting code 86849

New Category III CPT[®] codes effective 1/1/15:

NEW CODE	CAREFIRST DETERMINATION	NEW CODE	CAREFIRST DETERMINATION
0357T	Covered in accordance with medical policy	0383T	Considered experimental / investigational
0375T	Considered experimental / investigational	0384T	Considered experimental / investigational
+0376T	Covered in addition to primary code	0385T	Considered experimental / investigational
0377T	Considered experimental / investigational	0386T	Considered experimental / investigational
0378T	Considered experimental / investigational	0387T	Considered experimental / investigational
0379T	Considered experimental / investigational	0388T	Considered experimental / investigational
0380T	Considered experimental / investigational	0389T	Considered experimental / investigational
0381T	Considered experimental / investigational	0390T	Considered experimental / investigational
0382T	Considered experimental / investigational	0391T	Considered experimental / investigational

HEALTH CARE POLICY (CONTINUED)

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.

1.03.001 Orthotic Devices and Orthopedic AppliancesUnder Provider Guideline section updated with reporting guidelines. Report orthotic devices and orthopedic appliances L2999, L3031 - L3214, L3224 - L3669, L3650 - L3999, L4000 - L4398, and L4631. Added HCPCS codes K0901 and K0902 effective 10/1/2014. Refer to Policy Gridetalis.Review and update. Effective date 9/22/20142.01.001 Idiopathic Environmental IntolerancesUnder Policy Guidelines, added 2014 rationale statement. Policy statement nevised to state quantitative Electroencephalogram / Topographic Brain Mapping is considered medically necessary in the evaluation of or members with symptoms of cerebrovascular disease whose environinging and routine EEG studies are inconclusive, and for the evaluation of dementia and encephalopathy when the discinsis is unresolved after clinical evaluation. Report service with HCPCS code 53900.Periodic review and update. Effective date 9/22/20142.01.031 Surface ElectromyographiUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with HCPCS code 53900.Periodic review and update. Effective date 9/22/20140.2.01.045 Continuous or Intermittent Montroing of Glucose in Interstitial FluidUnder Policy Guidelines, added 2014 rationale statement. Policy revision. Statement is unchanged. Report service with Category i Effective date 9/22/2014Periodic review and update. Effective date 9/22/20143.0.1.010 Transcranial Magnetic Stimulation for Treatment oppersoin and Other Psychiatric / Neurologic DisordersPolicy revised. Type of service changed from Medical to Mental of Service with Category I CPT® codes 90867, 9868, or 99869. Refer to Policy for details.Policy revision. <b< th=""><th>MEDICAL POLICY AND/OR PROCEDURE</th><th>ACTIONS, COMMENTS AND REPORTING GUIDELINES</th><th>POLICY STATUS AND EFFECTIVE DATE</th></b<>	MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
2.01.001 Idiopathic Environmental IntolerancesUnder Policy Guidelines, added 2014 rationale statement. Policy statement unchanged. Report service with Category I CPT® code 95199.Periodic review and update. Effective 9/22/20142.01.010 Quantitative 	Orthotic Devices and	guidelines. Report orthotic devices and orthopedic appliances with HCPCS codes L0112 – L0999, L1000 – L1499, L1600 – L2999, L3031 – L3214, L3224 – L3649, L3650 – L3999, L4000 – L4398, and L4631. Added HCPCS codes K0901 and K0902	
Idiopathic Environmental IntolerancesPolicy statement unchanged. Report service with Category I CPT® code 95199.Effective 9/22/20142.01.010 Quantitative Electroencephalogram / Topographic Brain Mapping Sconsidered medically necessary in the evaluation of members with symptoms of cerebrovascular disease whose neuroimaging and routine EEG studies are inconclusive, and for the evaluation of dementia and encephalopathy when the 			
IntolerancesCPTer Code 95199.Effective 9/22/20142.01.010 Quantitative Electroencephalogram / Topographic Brain Mapping is considered medically necessary in the evaluation of members with symptoms of cerebrovascular disease whose neuroimaging and routine EEG studies are inconclusive, and diagnosis is unresolved after clinical evaluation. Report service with Category I CPT® code 95957. Refer to Policy for details.Policy revision.2.01.031 Surface ElectromyographyUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with HCPCS code 53900.Periodic review and update. Effective date 9/22/201402.01.045 Continuous or Intermittent Monitoring of Glucose in Interstitial FluidUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® code 95250 or 95251.Periodic review and update. Effective date 9/22/20143.01.010 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / NeurologicPolicy revised. Type of service changed from Medical to Mental Health. Report service with Category I CPT® codes 90867, 90868, or 90869. Refer to Policy for details.Policy revision.		Policy statement unchanged. Report service with Category I	Periodic review and update.
Quantitative Electroencephalogram / Topographic Brain Mapping is considered medically necessary in the evaluation of members with symptoms of cerebrovascular disease whose neuroimaging and routine EEG studies are inconclusive, and for the evaluation of dementia and encephalopathy when the diagnosis is unresolved after clinical evaluation. Report service with Category I CPT® code 95957. Refer to Policy for details.Effective date 9/22/20142.01.031 Surface ElectromyographyUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with HCPCS code 53900.Periodic review and update. Effective date 9/22/201402.01.045 Continuous or Intermittent Monitoring of Glucose in Interstitial FluidUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® code 95250 or 95251.Periodic review and update. Effective date 9/22/20143.01.010 Transcranial Magnetic Stimulation for Treatment Poperssion and Other Psychiatric / NeurologicPolicy revised. Type of service changed from Medical to Mental 90868, or 90869. Refer to Policy for details.Policy revision.		CPT [®] code 95199.	Effective 9/22/2014
Surface ElectromyographyPolicy statement is unchanged. Report service with HCPCS code S3900.Effective date 9/22/201402.01.045 Continuous or Intermittent Monitoring of Glucose in Interstitial FluidUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® code 95250 or 95251.Periodic review and update.3.01.010 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / NeurologicPolicy revised. Type of service changed from Medical to Mental Health. Report service with Category I CPT® codes 90867, 90869. Refer to Policy for details.Policy revision.	Quantitative Electroencephalogram /	electroencephalography / topographic brain mapping is considered medically necessary in the evaluation of members with symptoms of cerebrovascular disease whose neuroimaging and routine EEG studies are inconclusive, and for the evaluation of dementia and encephalopathy when the diagnosis is unresolved after clinical evaluation. Report service	
Surrace Electromyographycode S3900.Effective date 9/22/201402.01.045 Continuous or Intermittent Monitoring of Glucose in Interstitial FluidUnder Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® code 95250 or 95251.Periodic review and update.3.01.010 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / NeurologicPolicy revised. Type of service changed from Medical to Mental Health. Report service with Category I CPT® codes 90867, 90868, or 90869. Refer to Policy for details.Policy revision.	2.01.031		Periodic review and update.
Continuous or Intermittent Monitoring of Glucose in Interstitial FluidPolicy statement is unchanged. Report service with Category I CPT® code 95250 or 95251.Effective date 9/22/20143.01.010 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / NeurologicPolicy revised. Type of service changed from Medical to Mental Health. Report service with Category I CPT® codes 90867, 90868, or 90869. Refer to Policy for details.Policy revision.	Surface Electromyography		Effective date 9/22/2014
Interstitial FluidEffective date 9/22/20143.01.010Policy revised. Type of service changed from Medical to Mental Health. Report service with Category I CPT® codes 90867, 90868, or 90869. Refer to Policy for details.Policy revision.f Depression and Other Psychiatric / Neurologic90868, or 90869. Refer to Policy for details.Policy revision.	Continuous or Intermittent	Policy statement is unchanged. Report service with Category I	Periodic review and update.
Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / NeurologicHealth. Report service with Category I CPT® codes 90867, 90868, or 90869. Refer to Policy for details.			Effective date 9/22/2014
	Transcranial Magnetic Stimulation for Treatment of Depression and Other	Health. Report service with Category I CPT [®] codes 90867,	Policy revision.
			Effective date 9/22/2014

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

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CPET CORNER PHARMACY UPDATES

HEALTH CARE POLICY (CONTINUED)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
4.02.008 Recurrent Pregnancy Loss (Recurrent Spontaneous	Under Policy Guidelines, added 2014 rationale statement. Policy statement is unchanged. Under Policy, deleted Category III CPT [®] code 0030T. Refer to Policy for details.	Periodic review and update.
Abortion)		Effective date 9/22/2014
5.01.005 Botulinum Toxin	Under Policy, revised the medically necessary indications for botulinum toxin A. Added additional indication of excessive salivation secondary to advanced Parkinson's disease (sialorrhea). Report service with Category I CPT [®] code 64611.	Policy revision.
	Refer to Policy for details.	Effective date 9/22/2014
5.01.013 Intravenous Immune Globulin (IVIG) Therapy	Under Policy, revised the medically necessary indications for IVIG. Autoimmune Mucocutaneous Blistering Disease in patients with severe, progressive disease despite treatment with conventional agents; Hematologic conditions of warm antibody autoimmune hemolytic anemia refractory to corticosteroids and immunosuppressive agents, anti-phospholipid syndrome, and post transfusion purpura; and Infectious Disease conditions of toxic shock syndrome and patients with primary defective antibody synthesis are now considered experimental/ investigational indications. Added additional medically necessary indication PVB19 (Parvovirus B19) induced pure red cell dysplasia. Refer to Policy for details.	Policy revision. Effective date 12/15/2014
6.01.027	Under Provider Guideline and coding sections added HCPCS	Policy revision.
Computed Tomography as a Screening Test for Lung Cancer	code S8032 and deleted S8092 effective 10/1/14. Report service using HCPCS code S8032. Refer to Policy for details.	Effective date 9/22/2014
7.03.001	Periodic review and update. Under Policy Guidelines added	Periodic review and update.
Human Organ Transplants	updated rationale statement for 2014. Policy statement is unchanged. Refer to Policy for details.	Effective date 9/22/2014
7.03.002 High-Dose Chemotherapy / Radiation Therapy with Autologous Stem Cell Support	Under Policy, revised the medically necessary indications for high-dose chemotherapy with or without total body irradiation with autologous stem cell support to include initial treatment of high-risk neuroblastoma and recurrent or refractory neuroblastoma, initial treatment of high-risk Ewing sarcoma, salvage therapy of chemosensitive Waldenstrom macroglobulinemia, and disseminated POEMS syndrome. Under Policy Guidelines added 2014 rationale statement. Refer to Policy for details.	Policy revision. Effective date 9/22/2014
7.03.003	Under Policy, revised the medically necessary indications	Policy revision.
High-Dose Chemotherapy / Radiation therapy with Allogeneic Stem Cell Support	for allogeneic bone marrow transplantation and high dose chemotherapy with or without total body irradiation for malignant conditions to include chronic lymphocytic leukemia and small lymphocytic lymphoma. Revised experimental / investigational indications to include germ cell tumors. Under Policy Guidelines added 2014 rationale statement. Under code section added Category I CPT [®] codes 38220 and 38221. Refer to Policy for details.	Effective date 9/22/2014

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PHARMACY UPDATES

HEALTH CARE POLICY (CONTINUED)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
7.03.006 Nonmyeloablative Allogeneic Hemopoietic Stem Cell Transplantation for Hematologic Malignancies	Under Policy Guidelines added 2014 rationale statement. Policy statement is unchanged. Report service using Category I CPT® codes 38240 and 38242. Refer to Policy for details.	Periodic review and update. Effective date 9/22/2014
11.01.059 General Approach to Genetic Testing	New Policy. Procedure is considered medically necessary for specific criteria. Report service with Category I CPT [®] codes 81161 – 81355, 81400 – 81408, or 81479. Refer to Policy. for details.	New policy. Effective date 9/22/2014
11.01.060 General Approach to Evaluating the Utility of Genetic Panels	New Policy. Procedure is considered medically necessary for specific criteria. Report service with Category I CPT [®] codes 81161 – 81355, 81400 – 81408, or 81479. Refer to Policy for details.	New policy. Effective date 9/22/2014

CPET CORNER

Your Interactive Training Center

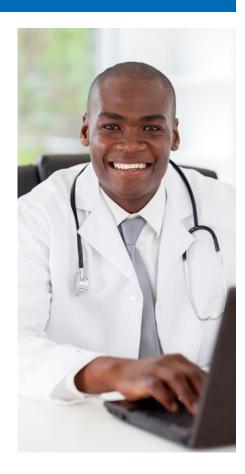
The Center for Provider Education and Training offers Professional, Hospital and Ancillary seminars, as well as a variety of webinars to attend without leaving your desk. If you are an Institutional or Ancillary Provider, the seminars featured below are designed specifically for you.

New Seminar Announced – Sign Up Today

Our <u>Dialysis</u> seminar will provide information specific to Dialysis Facilities. After completing this training, you will:

- Have a working knowledge of the Dialysis Facility contracts
- Develop the ability to accurately submit claims
- Understand the referral and authorization procedures

Visit <u>www.carefirst.com/cpet</u> to sign up today or call (877) 269-2219, for more information.



PHARMACY UPDATES

PHARMACY UPDATES

More Pharmacies Now In-Network

For the Administration of Flu, Shingles and Pneumonia Vaccines

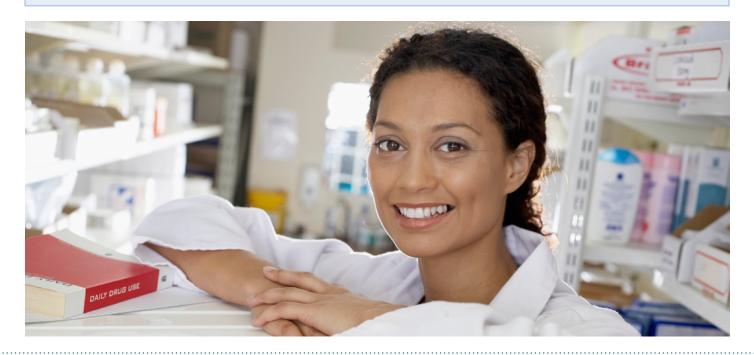
Last year, we announced four pharmacies that could administer flu, shingles and pneumonia vaccinations to CareFirst members as an in-network medical benefit.

This year, we've added to our list.

Help your patients minimize some of the out-of-pocket costs that can be associated with the vaccines mentioned above. Encourage them to take advantage of vaccination services available at the following pharmacies:

EFFECTIVE DATE	PHARMACY	LOCATION
7/15/2013	RITE AID	CareFirst service area, including contiguous counties
9/15/2013	CVS	CareFirst service area, including contiguous counties
9/15/2013	TARGET	CareFirst service area, including contiguous counties
9/15/2013	WALGREENS	CareFirst service area, including contiguous counties
6/9/2014	HALETHORPE PHARMACY	Baltimore, MD
6/9/2014	INDEPENDENT DRUG	Baltimore, MD
7/1/2014	KMART	CareFirst service area, including contiguous counties
8/1/2014	SHOP RITE	CareFirst service area, including contiguous counties
8/1/2014	GIANT OF MARYLAND	CareFirst service area, including contiguous counties
8/1/2014	GIANT FOOD STORES	Pennsylvania contiguous counties

For more pharmacy information, visit www.carefirst.com/rx.



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



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