

BlueLink

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What is an Appeal, and How to Handle It



An Appeal is a formal written request to the Plan for reconsideration of a medical or contractual adverse decision.

What is an Expedited Appeal?

An Expedited Appeal should be submitted when a delay in receiving the health service could seriously jeopardize the life or health of the member or the member's ability to function or cause the member to be a danger to self or others.

What is the timeframe for a response to an Expedited Appeal?

An Expedited Appeal may require a response from CareFirst within 24 hours.

When may I request an Expedited Appeal?

You may request an Expedited Appeal after an adverse decision for pre-authorization of a service, admission or continued length of stay

How do I submit an Appeal?

An Appeal must be submitted on the provider's letterhead and describe the reason(s) for the Appeal and the clinical justification/rationale. The Appeal must include the patient's name and identification number, claim number, admission and discharge dates or dates of service, a copy of the original claim or Explanation of Benefits (EOB)

denial information and/or denial letter, supporting clinical notes or medical records. Appeals must be submitted within 180 days from the date of the EOB. Expedited appeals may be faxed to 410-528-7053.

Who reviews them?

Appeals are reviewed by a physician not involved in the initial denial determination.

How are Appeal decisions answered?

All Appeal decisions are answered in writing. You will receive a written decision that will include the following information:

- The specific reason for the Appeal decision.
- A reference to the specific benefit provision, guideline protocol or criteria on which the decision was based.
- A statement regarding the availability of all documents, records or other information relevant to the Appeal decision, free of charge including copies of the benefit provision, guideline, protocol or other similar criterion on which the Appeal was based.
- Notification that the diagnosis code and its corresponding meaning, and the treatment code and its corresponding meaning will be provided free of charge upon request.

- Contact information regarding a State consumer assistance program.
- Information regarding the next level of Appeal, including external review, as appropriate.

The CareFirst website offers a detailed look at Appeals. Visit www.carefirst.com/inquiriesandappeals for information.

Additional information on Inquiries and Appeals is available on the CareFirst website:

- [CareFirst Medical Policy Manual](#) includes up-to-date medical policy information and guidelines

Allow 30 to 45 days for a receipt of a response to an Appeal.

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WHAT'S HAPPENING



Your Patients Need You... Stay Connected

Don't waste time scrolling through emails and searching for health care information. Stay up to date on the latest CareFirst news so that you have more time to care for your patients.

Click on "Preference Center" in an email you've received from us or visit www.carefirst.com/stayconnected to change the preferences associated with your email address.

Need to Register?

Visit www.carefirst.com/stayconnected or text* CFPROVIDER to 67463 to sign up.

**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.*

Stay Connected. . . It Matters for Your Patients.

In Case You Missed It

To help you stay connected, we've compiled the latest CareFirst provider news into one convenient place.

Click the "[In Case You Missed It](#)" icon below to access all of our provider news updates and newsletters online. Recent topics include:

- [Using the CareFirst Provider Portal](#)
- Watch this [short video](#) on how our provider emails can help you and your patients.

All of our provider news updates are also available online at www.carefirst.com/providers > [View Provider News Archives](#).

HealthyBlue 4.0

CareFirst's HealthyBlue line has been expanded to include two new products: HealthyBlue PPO and HealthyBlue HMO.

HealthyBlue PPO:

- A standard PPO that uses the Regional Participating Preferred Network. No referrals are required for this product.
- A primary care physician (PCP) must be selected if the member elects to participate in the Healthy Rewards portion of the product. Healthy Rewards is a wellness program for the member in which the member works with their PCP to meet healthy goals. Watch this [short video](#) to learn how you can help your patients earn a Healthy Reward.
- If you participate with the Regional Participating Preferred Network, you are in-network for HealthyBlue PPO.

HealthyBlue HMO:

- A standard HMO that uses the BlueChoice network. Referrals are not required if the patient has the open access feature on their card.
- A primary care physician is required for a HealthyBlue HMO member.
- If you participate in the BlueChoice network, you are in-network for HealthyBlue HMO.

View the [HealthyBlue Quick Reference Guide](#) or visit www.carefirst.com/providers/healthyblue to learn more.

HealthyBlue
Focused on you.

WHAT'S HAPPENING (CONTINUED)

Did You Hear The Latest About ICD-10?

Oct. 1, 2015 is the new compliance date for the transition to ICD-10.

The Good News?

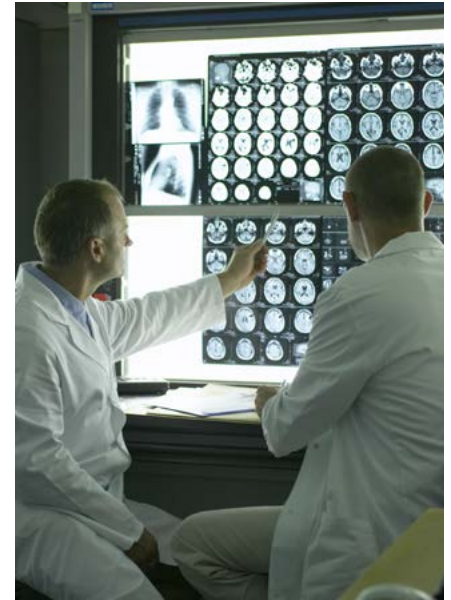
With this new deadline, all providers and insurance companies will have additional time to prepare their systems and business processes for Oct. 1, 2015.

Are You Ready For ICD-10?

- Track the ICD-10 readiness of your practice with Trading Partners, clearinghouses, etc.

- Train your medical coders on ICD-10. Additional [resources](#) are available to provide support for a smooth transition.
- Document additional information that medical coders need to make an accurate code selection.

Additional information can be found at www.carefirst.com/icd10. If you have any questions, email our project team at ICD-10@carefirst.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 *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
LINX magnetic esophageal banding	A ring of magnetic beads is placed around the lower esophagus to reduce reflux of gastric juices	Considered experimental / investigational. CPT® reporting code 43289
Stretta procedure for gastroesophageal reflux disease	Radiofrequency energy is applied to the lower esophageal junction to stiffen the mucosa and reduce reflux	Considered medically necessary for certain carefully selected patients. CPT® reporting code 43257
IFuse® minimally invasive sacroiliac fusion	Percutaneous placement of fusion links to stabilize the sacroiliac joint	Considered experimental / investigational. CPT® reporting code 22899
ZIO Patch cardiomonitor	Wireless compact cardiac rhythm monitor that can be worn for up to 14 days	Considered experimental / investigational. CPT® reporting codes 0295T-0298T

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](#).

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

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.012 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders	Policy revised to include plastic bronchitis as a medically necessary condition. Refer to Policy for details.	Policy revision. Effective 8/18/14
1.01.071 Automated Oscillometer Blood Pressure Monitors for Home Use	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Policy statement remains unchanged. Report service with HCPCS code A4670.	Periodic review and update. Effective 8/18/14
2.01.027 Chelation Therapy	Periodic review and update. Under Policy Guidelines, added updated 2014 rationale statement. Report service with Category I CPT® codes 96365 – 96368 or HCPCS codes J0470, J0600, J0895, or J3520. Refer to Policy for details.	Periodic review and update. Effective 8/18/14
2.02.010 Ultrafiltration for Fluid Overload in Decompensated Heart Failure	Periodic review and update. Under Policy Guidelines added updated 2014 rationale statement. Policy statements are unchanged. Report service using Category I CPT® unlisted code 93799.	Periodic review and update. Effective 8/18/14
5.01.018 Tesamorelin (Egrifta™) Injection for Lipodystrophy	Policy revised to remove experimental/ investigational indication for those with history of type I or insulin dependent type II diabetes. Report service using HCPCS code J3490. Refer to Policy for details.	Policy revision. Effective 8/18/14
5.01.019 Palivizumab (Synagis®) for Immune Prophylaxis for Respiratory Syncytial Virus (RSV)	Policy revised. Policy Guidelines reflect updated guidance for Palivizumab/Synagis® prophylaxis from the Committee on Infectious Diseases of the American Academy of Pediatrics published July 28, 2014. Report service with Category I CPT® code 90378. Refer to Policy for preauthorization requirements and details.	Policy revision. Effective 11/10/14

HEALTH CARE POLICY (CONTINUED)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
7.01.025 Spinal Cord and Deep Brain Stimulation	Periodic review and update. Policy Guidelines updated to state unilateral or bilateral deep brain stimulation for the treatment of patients aged older than 7 years with chronic, intractable primary dystonia is considered medically necessary. Refer to Policy for details.	Periodic review and update. Effective 8/18/14
7.01.117 Minimally Invasive Lumbar Decompression	Periodic review and update. Under Policy Guidelines added updated 2014 rationale statement. Policy statement is unchanged. Report service using Category III CPT® code 0275T.	Periodic review and update. Effective 8/18/14
11.01.043 Systems Pathology for Prediction of Recurrence of Prostate Cancer	Periodic review and update. Under Policy Guidelines added updated 2014 rationale statement. Policy statement is unchanged. Report service with Category I CPT® unlisted code 88399.	Periodic review and update. Effective 8/18/14
11.01.058 Epigenetic Assay for Detection and/or Management of Prostate Cancer (ConFirmMDX®)	New Policy. Epigenetic assay for detection and/or management of prostate cancer is experimental/investigational. Report service with Category I CPT® unlisted code 81479. Refer to Policy for details.	New policy. Effective 8/18/14



CPET CORNER



We Have a New Webinar Opportunity for You

This month, the Center for Provider Education and Training (CPET) is pleased to highlight our newest webinar opportunity: [CareFirst Network Lease/TPA and CFA](#)

This 30-minute webinar is designed to provide Professional and Institutional providers with a complete overview of processes, products, procedures and services that make up the CareFirst Network Lease/Third Party Administrator (TPA) and CareFirst Administrator (CFA).

How to Register

- Visit www.carefirst.com/cpet, choose your provider type, view the course descriptions and click on a session date to sign up.

Want More?

- We are constantly adding new webinars and seminars to our training portfolio. Check www.carefirst.com/cpet to view the complete list of training opportunities today.

Can We Talk?

Actually, I want you to do the talking. Let me know what you think of *BlueLink*. Do you like it? Is it helpful? Is it so-so? *Do you care?*

We've made a lot of changes to *BlueLink* over the past year or so, all designed to make it easier for you to work with us, therefore making it easier for you to provide the best care possible for your patients, our members.

So, let's hear it. Email your comments to newsletter.editor@carefirst.com.

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