



ICD-10: Comply on the First Try

The Mandate Deadline is Less than 2 Months Away Be Sure You are Prepared

We have developed the following resources to help make the transition a bit easier for your practice.

1. [ICD-10 Authorization Request Guidelines](#)
 - **How it can help you:** Explains how we will accept authorization review requests during the transition to ICD-10.
2. [ICD-10 Claims Submission Guidelines](#)
 - **How it can help you:** Explains how a claim should be submitted and which ICD code set should be used during the transition. **Any claim that does not follow these guidelines will be rejected and will not be processed until a compliant ICD-10 claim is submitted.**
3. [Payer Assessment](#)
 - **How it can help you:** Clarifies the status of our transition to ICD-10.
4. [Frequently Asked Questions](#)
 - **How it can help you:** Offers answers to common questions regarding end-to-end testing, training, contract implications, policy changes, and other topics surrounding our transition to ICD-10.

Do you have questions?

Visit www.carefirst.com/icd10, or email us at icd-10@carefirst.com.

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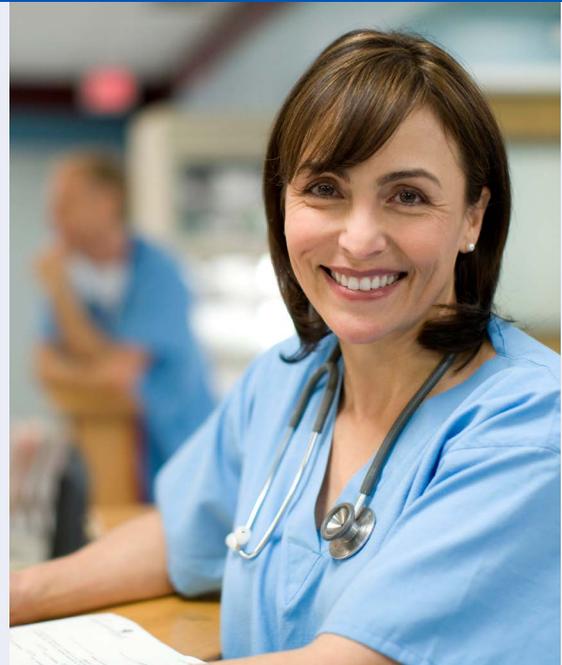
Who cares about best practices? You do.

Check out our online Quality Standards

CareFirst is committed to raising the bar for improved care and service. We have a Quality Improvement (QI) Program and council that works continuously to review clinical standards and improvement activities.

Quality standards enable you and your staff to make decisions about patient care based on the latest evidence and best practices. They cover a broad range of topics that aim to improve the quality of services provided to our Members, while also meeting the Institute of Medicine's goals of being "safe, timely, effective, efficient, equitable and patient centered".

We're up-to-date on our quality standards—make sure you are, too. Click on the links below for details on topics that can help you improve the care you provide to your patients in your practice.



GENERAL GUIDELINES AND SURVEY RESULTS		
TOPIC	WEBSITE LINK	PDF AVAILABLE
CareFirst's Quality Improvement Program Includes processes, goals and outcomes.	www.carefirst.com/qualityimprovement	
Clinical Practice Guidelines Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	www.carefirst.com/clinicalresources	
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	www.carefirst.com/clinicalresources	
Access to Appointments Includes standards for routine care appointments, urgent care appointments and after-hours care.	www.carefirst.com/clinicalresources	
Member Survey Results Includes survey to measure members' satisfaction with their experience with their practitioner offices, health care and health plan.	www.carefirst.com/bluelink > 2015	

WHAT'S HAPPENING (CONT'D)

CARE COORDINATION PROGRAMS

TOPIC	WEBSITE LINK	PDF AVAILABLE
Access to Case Management Includes instructions for making referrals; or call (888) 264-8648.	www.carefirst.com/providermanualsandguides	
Practitioner Referrals for Disease Management Includes information to use the services, how a member becomes eligible and how to opt in or opt out.	www.carefirst.com/clinicalresources	

PHARMACEUTICAL MANAGEMENT

TOPIC	WEBSITE LINK	PDF AVAILABLE
Pharmaceutical Management Includes, the formulary, restrictions/preferences, guidelines/policies & procedures.	www.carefirst.com/rx	

UTILIZATION PROCEDURES

TOPIC	WEBSITE LINK	PDF AVAILABLE
Utilization Management Criteria Includes how to obtain UM criteria.	www.carefirst.com/bluelink > 2015	
Physician Reviewer Includes instructions to obtain a physician reviewer to discuss utilization management decisions.	www.carefirst.com/bluelink > 2015	
Decisions about Medical and Mental Health Includes the affirmative statement for anyone making decisions regarding utilization management.	www.carefirst.com/bluelink > 2015	

WHAT'S HAPPENING (CONT'D)

MEMBER RELATED RESOURCES		
TOPIC	WEBSITE LINK	PDF AVAILABLE
Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.	www.carefirst.com/qoc	
How to File an Appeal Includes the policies and procedures for members to request an appeal of a claim payment decision.	www.carefirst.com/appeals	
Member's Privacy Policy Includes a description of our privacy policy and how we protect your health information.	www.carefirst.com/privacy	
Member's Rights and Responsibilities Statement Outlines responsibilities to our members.	www.carefirst.com/myrights	

For a detailed description of our QI program or to speak to the Clinical Innovations/Quality Improvement team, call (410) 605-2677. To request a paper copy of any of the documents listed above, please call (800) 842-5975.

Invest a little time now,
save a little time later

Verify Your Practice Information Online with CareFirst Direct

Click each question below for
additional details.

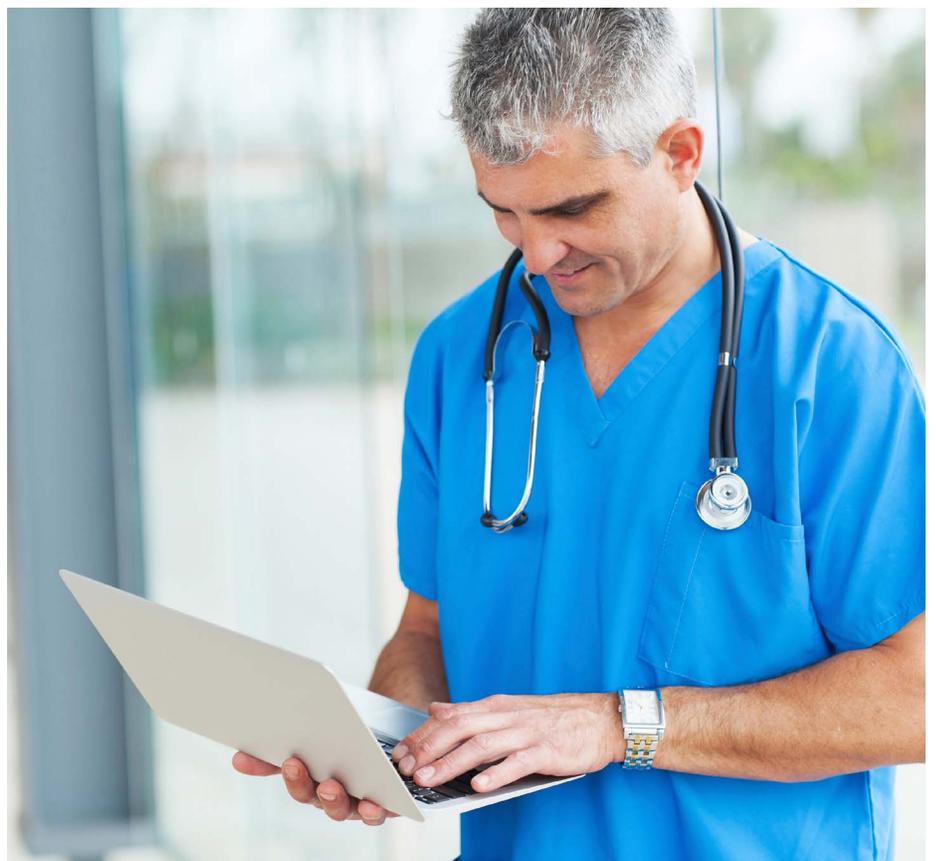
[Why should you verify?](#)

[Are you having trouble validating your
data?](#)

[Is your practice registered to utilize
CareFirst Direct?](#)

Go to www.carefirst.com/carefirstdirect
to register.

.....
Access our [step-by-step instructions](#) for
updating your information online.
.....



Are you billing for Immunization Administration services?

New Clarification for Two CPT Codes

To reduce duplicate claim denials, providers are required to report the code(s) in units and not per line item. By submitting per line item, claims are unable to be adjudicated appropriately.

If you are billing for immunization administration services using codes 90460 or 90461, do not list the codes on the claim more than once. If you repeat the administration codes, they will be denied as duplicate services.

Use the following billing requirements when submitting these codes:

- **90460**—to report the first (or only) vaccine/toxoid component of each vaccine
- **90461**—to report each additional component of that particular vaccine

For an example of proper reimbursement using these codes, [click here](#).



Key Medical Policy Updates

Effective Dates, Reporting Codes and Descriptions for Updated Policies and Procedures

From Video Electroencephalographic (EEG) Monitoring to Neurostimulation for Chronic Pain, click the link below, which outlines the updated medical policies and/or procedures that have been updated since our last issue.

Read the latest [Medical Policy Update chart](#) now.

As a reminder, these medical policies are not intended to replace or substitute for the independent medical judgment of a practitioner or other health professional for the treatment of an individual. As medical technology continues to change, CareFirst reserves the right to review and update its medical policy as necessary.



The Technology Assessment Unit has Evaluated and Reviewed

See what technologies made the list

Click the [New Technology Chart](#) for the listing, description, medical necessity determination and CPT codes for new and existing technologies.

As a reminder, please continue to verify member eligibility and benefits prior to rendering services using *CareFirst on Call* ([professional](#) and [institutional](#)) or [CareFirst Direct](#).



A Review of CareFirst Formularies

CareFirst has several robust formulary drug options to help meet your patient's needs. The covered prescription drugs on these lists are reviewed and evaluated by an independent national committee made up of physicians, pharmacists and other health care professionals. This group approves the drug list to make sure those included are safe and effective.

Within the formularies, the drugs are divided by class, into tiers. These tiers drive your patients copayment. (See [CareFirst's Formulary Structure](#)) The tier structure of the formulary is released January 1st of the calendar year, and remains largely unchanged throughout the year - unless new drugs are introduced. When new drugs are introduced, the committee reviews the drug and determines its class and tier, and makes a determination to:

1. add the drug to formulary, or
2. add the drug to formulary with restrictions (prior authorization, quantity limits or step therapy), or
3. exclude the drug from the formulary

Other drugs in the class or tier may be subject to change when new drugs become available. These mid-year changes are infrequent and typically happen quarterly.

To find out what tier a drug falls into, visit www.carefirst.com/rx and use our [Drug Search](#) tool.

Drug Formulary Reminders

- For **Tier 3, non-preferred brand drugs**, there is a mandatory generic substitution
 - All Affordable Care Act (ACA) plans have mandatory generic substitution. This means, if a patient gets a prescription for a non-preferred brand drug when a generic is available, they will pay the non-preferred brand copay or coinsurance plus the difference between the generic and non-preferred brand drug cost, up to the cost of the prescription.
- If a drug requires **step therapy**, you may have to list the drugs that have been tried previously and verify the diagnosis that the medication is being prescribed for.
 - Prior Authorization forms include, where relevant, Step Therapy Provisions. Prior Authorization forms are online at www.carefirst.com/providerforms.
 - Effective 7/1/15 all Maryland providers must submit Prior Authorizations electronically.
- For **quantity limits**, continue to review the clinical guidelines based on direction from the U.S. Food and Drug Administration.
 - To justify a higher quantity for a patient, you must fill out a [Quantity Limit Form](#). These limits set the amount of drug your patient's benefit program will cover. Your Quantity Limit Form can be phoned in, faxed, or completed (and have documents submitted) online.

PHARMACY UPDATES (CONT'D)

- For maintenance medications, you may find the most recent and up to date Maintenance Drug listing by visiting www.carefirst.com/rx. The list is located there with the fax allowing you to request a maintenance exception for a medication not on the maintenance list. All approved exceptions are good for 5 years from date of approval.

Where can you go for more formulary details?

- Visit www.carefirst.com/rx for:
 - Drug coverage details and the CareFirst Drug Formulary Chart
 - The CareFirst Preferred Drug List
 - Pharmacy forms (can also be found at www.carefirst.com/providerforms)
- Visit www.carefirst.com/providers > *Programs/Services* > *Pharmacy*, for:
 - Additional preferred drug lists
 - Pharmacy forms (can also be found at www.carefirst.com/providerforms)
 - Pharmacy news

- Call Provider Service at (888) 877-9518
 - Representatives can assist with questions and send paper copies of the most recent formularies or forms

How do you know when the formulary changes?

CareFirst is committed to keeping providers and patients in the loop regarding formulary changes. The website is updated monthly to reflect these changes, including any new prior authorization, step therapy, or quantity limit with new drugs. If appropriate, changes may sometimes result in a mailing to both the provider and patient to notify them of the change.

New Drug and Generic Approvals

- Click the [New Drug Approval](#) chart for a listing of drugs that were recently approved.
- Click the [New Generic Approval](#) chart for a short list of generic releases that will be available soon.

Hey Providers—Check Out These Reminders



Medications Added to Prior Authorization List—Effective July 27, 2015

A new prior authorization requirement is now in place for certain medications administered in outpatient hospital and home or office settings.

Visit www.carefirst.com/preauth for the most current list of all medications that require prior authorization.

[Here's How to Request Prior Authorization](#)

Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

As a reminder, Maryland providers must submit requests for prior authorization online (Maryland Code, Health General 19-108.2). We highly encourage all network providers in our other jurisdictions (Washington, D.C. and Northern Virginia) to submit requests online as well for faster approval.

Learn More

Have questions? Check out our [Frequently Asked Questions \(FAQs\)](#), view the [user guide](#) for detailed instructions or

watch the training video available at www.carefirst.com/learninglibrary > *Pharmacy*.

You can also register for an upcoming *Medication Management Prior Authorization Requirements* webinar at www.carefirst.com/cpet.



Prescribing Durable Medical Equipment (DME) to Patients?

Please make sure that you—the referring provider—fill out and sign the [DME Authorization Form](#) and The Certificate of Medical Necessity. The supplier of the equipment should neither fill out the form or certificate on your behalf, nor supply them to you. To print a copy of the DME authorization form, visit www.carefirst.com/providerforms.



Handwritten Medical Records and Legibility

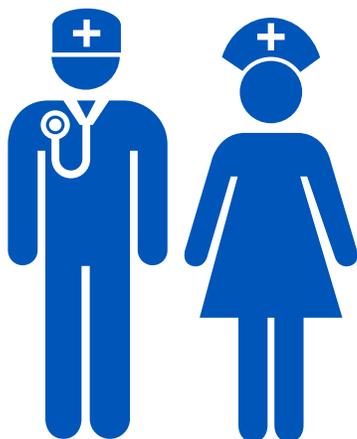
If you're submitting handwritten medical record(s), please make sure that your notes are **legible** and the history/examination **components are detailed**. This will help reduce problems associated with claim processing.

YOU matter...

And you should receive the news that matters most to your patients.

Visit www.carefirst.com/stayconnected.

Already receive our emails? You're awesome.



Why not share the care and refer a friend? Email newsletter.editor@carefirst.com with the name and email address of one of your colleagues. Once they're registered to receive our email updates, both you and your friend will be entered to win a free gift.

Stay Connected...It Matters for Your Patients.

In Case You Missed It:

2 Important Summer Deadlines

Missed an update while on vacation? Like a good sunscreen—we've got you covered.

Take a look back at some important dates from earlier this summer:

[7/1/15 – Md. Providers: Online Prior Authorization Requirement – Now In Effect](#)

[8/1/15 – Avoid Returned Paper Claims – Use the CMS-1500 form \(v. 02/12\)](#)

Click the icon to catch up on other provider news you may have missed

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