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Get Ready. Get Set. ICD-10 is Coming

As you already know, the U. S. Department of Health and Human Services (HHS) finalized the adoption of the International Classification of Disease – 10th Revision (ICD-10) code set, which will replace the current ICD-9 diagnosis and procedure codes you currently use to submit claims.

The new ICD-10 code set has several benefits, including providing significantly more information for effectively measuring health care service quality, safety and efficiency.

For your practice, this means:

- More accurate payment for new procedures
- Fewer rejected claims
- Fewer fraudulent claims
- Better understanding of new procedures
- Improved disease and care management

Preparation is Key

Don't wait to begin your preparation efforts – start testing and training now. Visit www.carefirst.com/icd10 for the latest information about the ICD-10 transition, guidelines on claim submission and FAQs.

CareFirst also has a program team preparing for the Oct. 1, 2015, mandate date. They periodically assess how network providers prepare for the transition. Please help us track provider readiness by taking this [brief online survey](#). It only takes 5 to 10 minutes.

Questions

Reach out to the ICD-10 program team at ICD-10@carefirst.com with your questions or comments about the transition.

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WHAT'S HAPPENING

In Case You Missed It:

Been Busy This Winter?
Here's Your Recap

Illnesses are most rampant during fall and winter¹ – which means that you have been busy taking care of your patients. While you've been doing what you do best, you may have missed some very important information.

Now that it is officially spring, it's time to catch up:

- [Pharmacy Updates](#)
- [Applied Behavioral Analysis \(ABA\) Authorizations](#)
- [Blue Rewards](#)
- [New Website Design](#)

Click the icon to download our most recent updates.

¹U.S. Food and Drug Administration. (2014, December 23). Get set for a healthy winter season. Retrieved from <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm092805.htm>.

Stay Connected...It Matters for Your Patients.

Not registered for provider emails? Watch this [video](#) to find out how we can help you save time.

Visit www.carefirst.com/stayconnected or text¹ "CFPROVIDER" to 67463 to sign up.

¹ Standard messaging rates apply. You will receive a registration and a confirmation text message from CareFirst. No additional text messages will be sent to your phone.



Got a Sec?

Ah, excuse me. . . You there. I see that you're reading [BlueLink](#) and I'm sure that you will undoubtedly share your new knowledge with your colleagues, right? Before you do, how about letting us know what you think about this issue? Nothing too long or wordy. Just a quick note.

Hit us up at newsletter.editor@carefirst.com and let us know.

HEALTH CARE POLICY

New Cardiac Monitor and More

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
ZIO [®] wireless cardiac monitor	Adhesive patch is wireless, may be worn up to 14 days, may be worn in the shower. Records information on heart rhythm for analysis	Considered medically necessary for selected patients CPT [®] reporting code 0295T-0298T
Afirma [™] mutational analysis of thyroid fine needle aspiration	Used to aid in diagnosis of thyroid cancer where pathology of sample is indeterminate	Considered medically necessary for indeterminate aspirations CPT [®] reporting code 81479
Transanal hemorrhoidal dearterialization	Method of hemorrhoid treatment that involves locating and ligating the artery that supplies the hemorrhoid	Considered experimental / investigational CPT [®] reporting code 0249T
Hypoglossal nerve stimulation for obstructive sleep apnea	Surgically implanted electrical stimulation unit to maintain airway patency during sleep	Considered experimental / investigational CPT [®] reporting code 64999
VeriStrat [™] proteomic testing for drug selection in non-small cell lung cancer	A marker to aid in predicting response to EGFR-TKI drugs	Considered medically necessary only for a narrowly defined subset of patients CPT [®] reporting code 84999
ColonSentry [™] screening test for colon cancer	Blood test that analyzes for expression of seven genes associated with colon cancer	Considered experimental / investigational CPT [®] reporting code 81479



HEALTH CARE POLICY

Effective Dates for 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
2.01.007 Phototherapy	Under Policy Guidelines, added 2014 rationale statement. Report service with HCPCS code E0202.	Periodic review and update. Effective date: 1/20/15
2.01.011 Electrocorticography	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 95829.	Periodic review and update. Effective date: 1/20/15
2.01.049 Xenon Chloride Excimer Laser Therapy for Treatment of Psoriasis and Vitiligo	Under Policy Guidelines, added 2014 rationale statement. Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® codes 96920, 96921, 96922, or 96999. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
2.01.067 Pulsed Radiofrequency Therapy for Chronic Pain	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 64999. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
2.02.011 Wearable External Cardioverter-Defibrillator	Updated Policy Statement: Procedure is considered medically necessary for specific criteria. Report service with Category I CPT® codes 93292 and 93745. Refer to Policy for details.	Policy revision. Effective date: 12/29/2014
5.01.003 Colony Stimulating Factors	Under Description, added Granix® or tbo-filgrastim [generic]. Under Policy Guidelines, added 2014 rationale statement. Report service with HCPCS codes J1442, J1446, J2505, or J2820. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
6.01.003 Electron Beam Computed Tomography to Detect Coronary Artery Calcification	Policy statement updated to state the use of electron beam CT is considered medically necessary. Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 75571. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15

HEALTH CARE POLICY

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
7.01.032 Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® codes 22510 – 22515. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
7.01.084 Spinal Manipulation Under Anesthesia	Under Policy Guidelines, added updated 2014 rationale statement. Report service with Category I CPT® codes 00640 and 22505.	Periodic review and update. Effective date: 1/20/15
7.01.102 Bronchial Thermoplasty for Control of Asthma	Periodic review and update. Policy changed from experimental / investigational to medically necessary for specific criteria. Report service with Category I CPT® codes 31660 or 31661. Refer to Policy for details.	Periodic review and update. Effective date: 11/1/14
7.01.124 Minimally Invasive Sacroiliac Joint Fusion	Procedure is considered experimental/investigational. Report service with Category III CPT® code 0334T. Refer to Policy for details.	Policy revision. Effective date: 11/1/14
8.01.009 Recreational Activity as Physical Therapy	Policy Guidelines added 2014 rationale statement. Report service with Category I CPT® codes 97039, 97139 or 97799. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
8.01.015 Monochromatic Infrared (MIRE) Therapy	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® code 97139. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
11.01.046 Genetic Testing for Predicting Progression of Adolescent Idiopathic Scoliosis	Under Policy Guidelines, added 2014 rationale statement. Report service with MAAA CPT® code 0004M. Refer to Policy for details.	Periodic review and update. Effective date: 1/20/15
1.01.005 H-Wave Electrical Stimulation Devices for Home Use	Under Policy Guidelines, added 2015 rationale statement. Report service with HCPCS code E0745.	Periodic review and update. Effective date: 2/23/15
2.01.035 Biofeedback	Under Policy added medically necessary indications of tension headache, as part of an overall treatment plan for urinary or fecal incontinence and overall treatment plan for constipation due to dyssynergia. Under Policy Guidelines added statement “biofeedback training exceeding eight sessions is subject to medical review to establish necessity for continued training sessions.” Report service with Category I CPT® codes 90875, 90876, 90901, 90911 and HCPCS code E0746. Refer to policy for details.	Periodic review and update. Effective date: 1/1/15

HEALTH CARE POLICY

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
2.01.045 Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Under Policy added medically necessary criteria for type II diabetic patients. Report service with Category I CPT® codes 95250, 95251 and HCPCS codes. A9276, A9277 and A9278. Refer to policy for details.	Policy revision. Effective date: 1/1/15
2.01.068 Prosthetic Replacement of Ocular Surface Ecosystem (PROSE)	Under Policy Guidelines added 2015 rationale statement. Report service with Category I CPT® codes 92071, 92072, 92313, 92317, 92325 and HCPCS codes S0515, V2531. Refer to policy for details.	Periodic review and update. Effective date: 2/23/15
2.01.069 Non-Contact Low-Energy Ultrasound Wound Care Therapy	Under Policy Guidelines added 2015 rationale statement. Report service with Category I CPT® code 97610.	Periodic review and update. Effective date: 2/23/15
7.01.010 Fetal Mesencephalic Transplantation for the Treatment of Parkinson's Disease	Under Policy Guidelines added 2015 rationale statement. Report service with Category I CPT® unlisted code 64999.	Periodic review and update. Effective date: 2/23/15
7.01.082 Surgical Treatment of Varicosities	Under Policy Guidelines added 2015 rationale statement. Report service with appropriate Category I CPT® code. Refer to policy for details.	Periodic review and update. Effective date: 2/23/15
7.01.125 Radiofrequency Ablation of Uterine Fibroid Tumors (Leiomyomata)	Under Policy added experimental / investigational statement for radiofrequency ablation in the treatment of uterine fibroid tumors. Report service with Category III CPT® 0336T. Refer to policy for details.	New policy. Effective date: 1/1/15
11.01.040 Topographic Genotyping, Quantitative Mutational Analysis	Title of Policy changed (removed PathFinderTG®). Under Policy Guidelines added 2015 rationale statement. Report service with Category I CPT® unlisted code 84999. Refer to policy for details.	Periodic review and update. Effective date: 2/23/15
11.01.051 HIV Tropism Assay	Under Policy Guidelines added 2015 rationale statement. Report service with Category I CPT® unlisted code 87999.	Periodic review and update. Effective date: 2/23/15
11.01.052 Circulating Tumor Cell Detection in Management of Cancer Patients	Under Policy Guidelines added 2015 rationale statement. Report service with Category I CPT® codes 86152, 86153.	Periodic review and update. Effective date: 2/23/15
6.01.010 Stereotactic Radiosurgery and Stereotactic Body Radiotherapy with 3-D Conformal Radiation Therapy	Policy statement, Policy Guidelines and Provider Guidelines revised. Refer to policy for details.	Policy revision. Effective date: 2/1/15

HEALTH CARE POLICY

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
6.01.019 Charged-Particle (Proton or Helium Ion) Radiation Therapy	Policy statement, Policy Guidelines and Provider Guidelines revised. Refer to policy for details.	Policy revision. Effective date: 2/1/15
6.01.038 Intensity Modulated Radiation Therapy	Policy statement, Policy Guidelines and Provider Guidelines revised. Refer to policy for details.	Policy revision. Effective date: 2/1/15
6.01.043 Stereotactic Radiosurgery Using Gamma Rays	Policy statement, Policy Guidelines and Provider Guidelines revised. Refer to policy for details.	Policy revision. Effective date: 2/1/15
07.01.086 Carotid Artery Angioplasty and Stenting	Under Policy Guidelines, added 2014 rationale statement. Report service with Category III CPT® code 0075T, 0076T or Category I CPT® code 37215, 37216, or 37217. Refer to policy for details.	Periodic review and update. Effective date: 5/20/2015

CPET CORNER

Check Out Our Cost Share Waiver Webinar

[The Center for Provider Education and Training](#) (CPET) offers convenient, accessible, and resourceful webinars and seminars for you and your staff.

NEW Cost Share Waiver webinar – CareFirst has collaborated with several vendors to offer additional care coordination programs and [specialized care services](#) to support primary care providers and specialists. CareFirst recently announced that costs may be waived for professional services for certain members who are in an active care plan.

Visit www.carefirst.com/cpet to sign up today or call (877) 296-2219 for more information.

The screenshot shows the CareFirst CPET website interface. At the top, there is a navigation bar with links for Home, Join Our Networks, Programs/Services, and Resources, along with a Login button. The main heading is "The Center for Provider Education & Training (CPET)". On the left, a "News/Training" sidebar lists: "The Center for Provider Education & Training", "Solutions", "Events & Seminars For Providers", "For Office Staff", "Newsletters", and "News Archives". The main content area features two columns: "Providers" and "Office Staff". The "Providers" section includes a photo of a male doctor and text stating: "CareFirst recognizes that continuing medical education (CME) is an essential element contributing to the practice of quality medicine. As part of our dedication to our members' wellness, we are proud to offer direct links to online CME programs." Below this text are buttons for "CME Courses" and "CME FAQs". The "Office Staff" section includes a photo of a female office worker and text stating: "The Learning Library is a collection of e-learning modules about various topics of interest to CareFirst providers and their office staff. Each module provides up-to-date information that will make working with CareFirst easier for you." Below this text are buttons for "Learning Library" and "Library FAQs".

Visit www.carefirst.com/cpet to sign up today or call (877) 296-2219 for more information.

PHARMACY UPDATES

5 New Drugs, 5 New Generic

New Drugs

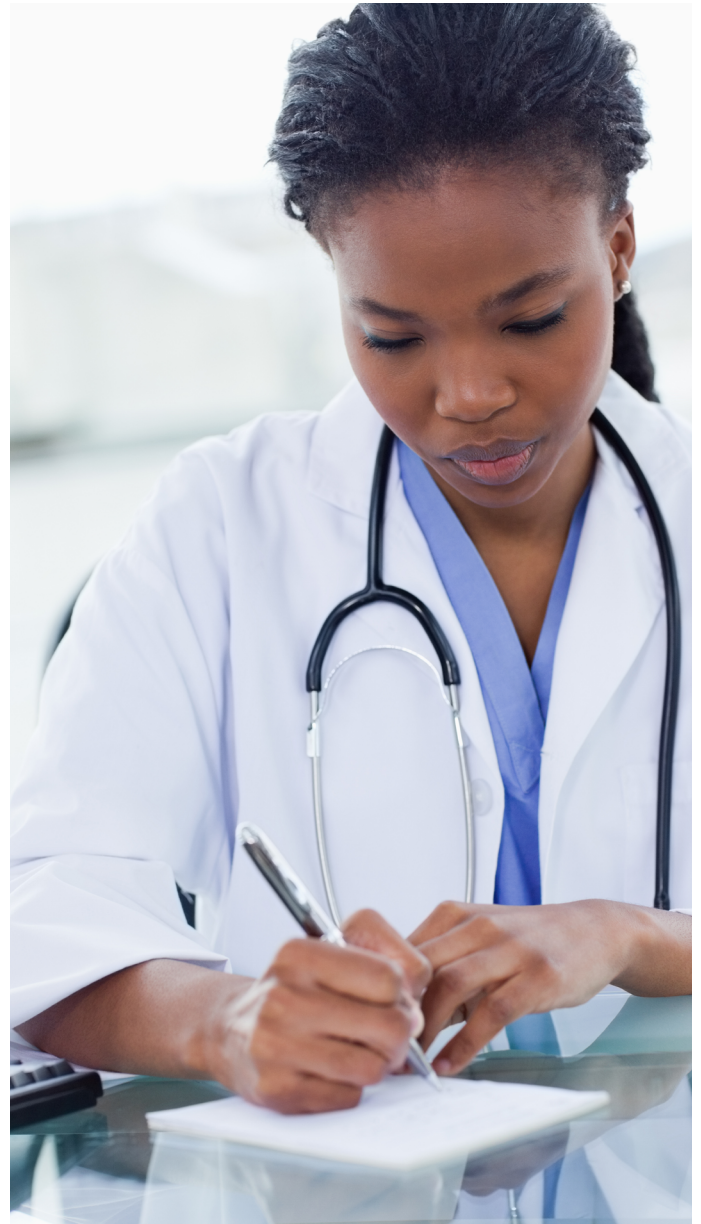
Below are new drugs that are now available or will become available soon.

BRAND NAME	GENERIC NAME	INDICATION
Lemtrada™	alemtuzumab	Relapsing multiple sclerosis
Auryxia™	ferric citrate	Control of serum phosphorous levels in chronic kidney disease
Blinicyto™	blinatumomab	Philadelphia-negative relapsed/refractory B-cell acute lymphoblastic leukemia
Rapivab®	peramivir	Acute uncomplicated influenza in patients 18 years and older who have been symptomatic for no more than 2 days
Opdivo®	nivolumab	Unresectable metastatic melanoma after Yervoy or BRAF inhibitor (if BRAF V600 positive)

New Generics

The following drugs will be available as generic. The generics will be covered on tier 1 and the Brand Name drugs will be covered on tier 3 or non-preferred.

BRAND NAME
Exforge HCT®
Vivelle-Dot®
Abilify Tabs®/ODT®
Relenza®
Zyvox®



For the most current preferred drug list, visit www.carefirst.com/preferreddrugs. For more information about medications that require prior authorizations, visit www.carefirst.com/preauth. For a copy of the formulary and pharmaceutical management procedures, call (877) 800-3086.

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