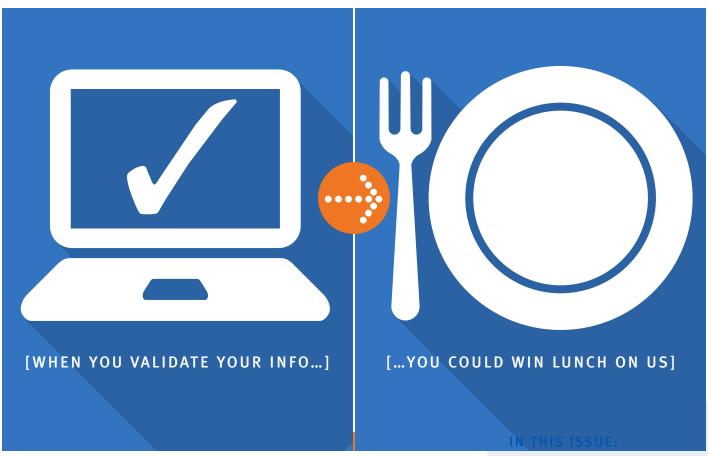
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BlueLink

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WWW.CAREFIRST.COM/BLUELINK



You Verify Your Info, We'll Buy You Lunch Provider Self-Services Lunch Winners Announced

Last year, we asked you to keep your practice information updated. As a "Thank You" to those who logged on and verified their information in the 4th quarter of 2014, we randomly selected three practices to win lunch for up to 20 people at their office.

Congratulations to our winners for the 4th quarter:

- Mary Ellen Padusi, O.D.
- Maryland Aesthetic & Reconstructive ASC
- Center for Advanced Orthopaedics

Interested in enjoying lunch on us? Review and verify your practice information this quarter at www.carefirst.com/providerlogin and you could be one of next quarter's winners. Remember, June 30th is the deadline to verify your practice information for the first time in 2015. More details are available at www.carefirst.com/updateproviderinfo.

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WHAT'S HAPPENING

What's Your Inbox Situation?

We want to know how you feel about our emails. The first five people who send their answer to newsletter.editor@carefirst.com will receive a free gift.

- A Love our emails? That's great. Spread the love to your colleagues. Send them a link to our video to encourage them to register.
- B Getting too many? If you're not receiving news that is relevant to your practice, your patients may be impacted. Click the "Preference Center" link in an email you've received from us and update your email selections.
- Want to unsubscribe? Tell us what we can do to change your mind. We need to stay connected with you, too. Send your feedback to newsletter.editor@carefirst.com.
- What emails? Not registered? You're missing out. Visit www.carefirst.com/stayconnected or text* "CFPROVIDER" to 67463 to sign up today.

Stay Connected...It Matters for Your Patients.

*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.



In Case You Missed It:

Your Patient's Costs May be Waived

If you're not registered for CareFirst Direct, you could be billing your patients for services where costs may be waived.

Read more about how you can avoid billing errors with CareFirst Direct.

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

CLAIMS AND BILLING

Understanding Your Role When YOU Are a Member and a Provider

As a condition of your CareFirst member contract, you cannot bill CareFirst for services that you provide to yourself and members of your immediate family (spouse, mother, father, sister, brother, daughter or son) whether they are on your member contract or have their own individual member contract.

Billing for services that you provide to your family violates your member contract with CareFirst, regardless if you are in or out of the CareFirst provider network.

CLAIMS AND BILLING (CONT'D)



You Need These 3 Things on FEP Drug Claims

To determine if an unclassified drug billed with code J3490 requires medical review, and to ensure that appropriate benefits are applied, the CareFirst Federal Employee Program (FEP) requires 1) the drug's National Drug Code (NDC) number, 2) drug name and 3) drug dosage be submitted on the claim.

The NDC number, drug name and dosage can be indicated in the remarks code field of the claim form. This policy applies to FEP claims in the CareFirst service area.

HEALTH CARE POLICY

CareFirst Determination on 5 Medical Technologies

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
Digital breast tomosynthesis	3-D mammography that increases sensitivity	Considered medically necessary CPT® reporting codes 77061-77063
Next generation sequencing test for cancer	Genetic panel being used to assist in treatment decisions	Considered experimental / investigational CPT [®] reporting code 81479
Gene expression assays for managing prostate cancer, e.g. OncotypeDX Prostate® and Prolaris®	Genetic test panels for assessing risk level of prostate cancer	Considered experimental / investigational
Genetic tests for risk of macular degeneration (Macula Risk PGx [®] , RetnaGene™)	Genetic test panels with algorithms that give information on a patient's risk for macular degeneration	Considered experimental / investigational
Cryoablation of stage I non-small cell lung cancer	A percutaneous method of tumor destruction in non-operable patients	Considered experimental / investigational CPT® reporting code 0340T

Category III CPT® codes effective 7/1/15:

0392T	Experimental / Investigational
0393T	Experimental / Investigational

HEALTH CARE POLICY (CONT'D)

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
2.01.004 Hyperbaric Oxygen Therapy	Under Policy Guidelines, added 2015 rationale statement. Report service with Category I CPT® code 99183. Refer to Policy for details.	Periodic review and update. Effective date: 3/23/15
2.01.063 Repository Corticotropin (ACTH) Injection	Under Policy Guidelines, added updated 2015 rationale statement. Report service with HCPCS code J0800.	Periodic review and update. Effective date: 3/23/15
7.01.062 Lung Volume Reduction Surgery For Palliation of Severe Emphysema	Under Policy Guidelines added updated 2015 rationale statement. Policy statements are unchanged. Report service with Category I CPT® codes 32491 or 32672. Refer to Policy for details.	Periodic review and update. Effective date: 3/23/15
7.01.078 Interpositional Spacer for Osteoarthritis of the Knee Joint	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® codes 29999 or 27599. Refer to Policy for details.	Periodic review and update. Effective date: 3/23/15
7.01.079 Laryngeal Denervation and Reinnervation for Laryngeal Dystonia	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® codes 31590 or 31595. Refer to Policy for details.	Periodic review and update. Effective date: 3/23/15
7.01.080 Transpupillary Thermotherapy	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® code 67299.	Periodic review and update. Effective date: 3/23/15
7.01.097 Gastric Electrical Stimulation	Under Policy Guidelines added updated 2015 rationale statement. Refer to Policy for details and for appropriate Category I CPT® codes.	Periodic review and update. Effective date: 3/23/15
7.01.112 Collagen Meniscus Implant	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® code 29999.	Periodic review and update. Effective date: 3/23/15

HEALTH CARE POLICY (CONT'D)

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.030 Dynamic Splinting Systems	Under Policy Guidelines added updated 2015 rationale statement. Report service with appropriate HCPCS code. See policy for details.	Periodic review and update. Effective date: 4/20/15
2.01.29 Carbogen Therapy for Idiopathic Sudden Hearing Loss	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® code 92700.	Periodic review and update. Effective date: 4/20/15
8.01.001 Physical Therapy	Under Policy Guidelines added updated 2015 rationale statement. Report service with appropriate Category I CPT® code. See policy for details.	Periodic review and update. Effective date: 4/20/15
8.01.004 Occupational Therapy	Under Policy Guidelines added updated 2015 rationale statement. Report service with appropriate Category I CPT® code. See policy for details.	Periodic review and update. Effective date: 4/20/15
11.01.005 Cathepsin-D	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® 82387.	Periodic review and update. Effective date: 4/20/15
11.01.033 Cytochrome P450 Genotyping	Under Policy Guidelines added updated 2015 rationale statement. Report service with Category I CPT® codes 81225, 81226, 81227, 81404. See policy for details.	Periodic review and update. Effective date: 4/20/15

QUALITY IMPROVEMENT



2015 Medical Criteria - Now Approved

CareFirst's Medical Directors and a panel of regional practitioners met on Nov. 6, 2014, for the Annual Criteria Review. The panel, which included primary care physicians and multiple specialists, reviewed and approved the Modified Appropriateness Evaluation Protocol Criteria, 2011 Apollo Managed Care Physical Therapy, Occupational Therapy, and Rehabilitation Criteria, and CareFirst Medical Policy Reference Manual. The Magellan Behavioral Health 2015 Medical Necessity Criteria were also reviewed and approved. The criteria took effect Jan. 1, 2015.

A copy of any of the above mentioned criteria can be obtained or reviewed by calling (410) 528-7041.

CareFirst makes available physician reviewers to discuss utilization management decisions. Physicians may call (410) 528-7041 or (800) 367-3387 ex. 7041 to speak with a physician reviewer. All cases are reviewed on an individual basis.

Note: CareFirst affirms that all Utilization Management (UM) decision-making is based only on appropriateness of care and service. We do not reward practitioners or other individuals conducting utilization review for denials of coverage or service. In addition, financial incentives for UM decision-makers do not encourage denials of coverage or service.

CPET CORNER

Confused about CareFirst Administrators? Learn More

The Center for Provider Education and Training (CPET) offers an array of convenient, accessible and resourceful webinars and seminars for you and your staff. If you are a Professional, Institutional or Ancillary provider, the webinar below might be what you're looking for:

CareFirst Network Lease/TPA and CareFirst Administrators (CFA) – This webinar will provide you with an understanding of CareFirst Network

understanding of CareFirst Network Lease/TPA and CFA. It includes details on the processes, products, claims submission procedures and service, along with information on their differences.

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



PHARMACY UPDATES

New Brand Name & Generic Drugs – Make the Best Choice for Your Patients

Below are new drugs that are now available.

BRAND NAME	GENERIC NAME	INDICATION
Ibrance [®]	Palbociclib	Indicated in combination with letrozole for the treatment of postmenopausal women with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer as initial endocrine-based therapy for their metastatic disease.
Dutrebis™	Lamivudine; raltegravir potassium	Treatment of HIV-1 Infection.
Lenvima™	Lenvatinib mesylate	Indicated for the treatment of patients with locally recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer.
Farydak [®]	Panobinostat	Approved in combination for Multiple Myeloma patients who received at least two prior regimens including bortezomib and ImiD.
Avycaz™	Avibactam sodium; ceftazidime	In combination with a cephalosporin and beta-lactamase inhibitor for the treatment of patients 18 years or older with complicated intra-abdominal infections or complicated urinary tract infections.
Toujeu Solostar®	Insulin glargine recombinant	Long acting human insulin analog indicated to improve glycemic control in adults with diabetes mellitus.

PHARMACY UPDATES (CONT'D)

New Generics

The following drugs are now available or will become 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 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.



What Did You Learn in this Issue? Let Us Know.

You've come to the end of the May issue of *BlueLink* and you surely want to give a little feedback to us folks at CareFirst to let us know what you thought of the issue, right? Of course; it's only natural.

So, here's the deal. See the link below? Click it, then jot down your thoughts. Did you like the issue? Did it have articles that will help you work better with CareFirst? Should others in your office read it? None of the above?

It will only take a minute and we sincerely appreciate your comments. Email us at newsletter.editor@carefirst.com.

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

EDITOR Robert Hilson



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