

# BlueLink Provider Newsletter

April 2016 | Volume 18 | Issue 2

---

## WHAT'S HAPPENING?

- Are You Up-To-Date on Best Practices and Quality Standards?

## HEALTH CARE POLICY

- Effective Dates, CPT® Codes and the Policy Updates You Need to Know About

## PROVIDER REMINDERS

- The HITECH Act, Compliance and Ethics: Be Equipped
- Billing Reminder for Ambulatory Surgery Centers (ASCs) and Durable Medical Equipment (DME) Providers
- Provider Information and Credentialing – Address Update

## IN CASE YOU MISSED IT

- Blue Rewards
  - CareFirst's Care Management Criteria Review
  - Provider Seminar on April 14<sup>th</sup>
- 

## WHAT'S HAPPENING?

### Are You Up-To-Date on Best Practices and Quality Standards?

Whether you're recommending preventive care options to your patients or managing day-to-day office operations, the clinical resources available on our provider website can be valuable, time-saving tools to help support your treatment plan for patients with chronic diseases.

CareFirst's Quality Improvement Council annually reviews the clinical resources and adopts nationally recognized guidelines and best practices to make sure when information changes, you know about it.

Click on the links below for details on topics that can help you improve the care you provide to patients in *your* practice.

## Quality Standards and Best Practices

GENERAL GUIDELINES AND SURVEY RESULTS		
TOPIC	WEBSITE LINK	PDF AVAILABLE
<b>CareFirst's Quality Improvement Program</b> Includes processes, goals and outcomes.	<a href="http://www.carefirst.com/qualityimprovement">www.carefirst.com/qualityimprovement</a>	
<b>Clinical Practice Guidelines</b> Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	<a href="http://www.carefirst.com/clinicalresources">www.carefirst.com/clinicalresources</a>	
<b>Preventive Health Guidelines</b> Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	<a href="http://www.carefirst.com/clinicalresources">www.carefirst.com/clinicalresources</a>	
<b>Access to Appointments</b> Includes standards for routine care appointments, urgent care appointments and after-hours care.	<a href="http://www.carefirst.com/clinicalresources">www.carefirst.com/clinicalresources</a>	
<b>Member Survey Results</b> Includes survey to measure members' satisfaction with their experience with their practitioner offices, health care and health plan.	<a href="http://www.carefirst.com/bluelink">www.carefirst.com/bluelink</a> > 2015	
CARE COORDINATION PROGRAMS		
TOPIC	WEBSITE LINK	PDF AVAILABLE
<b>Access to Case Management</b> Includes instructions for making referrals; or call (888) 264-8648.	<a href="http://www.carefirst.com/providermanualsandguides">www.carefirst.com/providermanualsandguides</a>	
<b>Practitioner Referrals for Disease Management</b> Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.	<a href="http://www.carefirst.com/clinicalresources">www.carefirst.com/clinicalresources</a>	
PHARMACEUTICAL MANAGEMENT		
TOPIC	WEBSITE LINK	PDF AVAILABLE
<b>Pharmaceutical Management</b> Includes the formulary, restrictions/preferences, guidelines/policies & procedures.	<a href="http://www.carefirst.com/rx">www.carefirst.com/rx</a>	

UTILIZATION PROCEDURES		
TOPIC	WEBSITE LINK	PDF AVAILABLE
<b>Utilization Management (UM) Criteria</b> Includes information on how to obtain UM criteria.	<a href="http://www.carefirst.com/bluelink">www.carefirst.com/bluelink</a> > 2015	
<b>Physician Reviewer</b> Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions.	<a href="http://www.carefirst.com/bluelink">www.carefirst.com/bluelink</a> > 2015	
<b>Decisions about Medical and Mental Health, and Pharmacy</b> Includes the affirmative statement for anyone making decisions regarding utilization management.	<a href="http://www.carefirst.com/bluelink">www.carefirst.com/bluelink</a> > 2015	
MEMBER RELATED RESOURCES		
TOPIC	WEBSITE LINK	PDF AVAILABLE
<b>Quality of Care Complaints</b> Includes the policies and procedures for complaints involving medical issues or services given by a provider in our network.	<a href="http://www.carefirst.com/qoc">www.carefirst.com/qoc</a>	
<b>How to File an Appeal</b> Includes the policies and procedures for members to request an appeal of a claim payment decision.	<a href="http://www.carefirst.com/appeals">www.carefirst.com/appeals</a>	
<b>Member's Privacy Policy</b> Includes a description of our privacy policy and how we protect our member's health information.	<a href="http://www.carefirst.com/privacy">www.carefirst.com/privacy</a>	
<b>Member's Rights and Responsibilities Statement</b> Outlines our responsibilities to our members.	<a href="http://www.carefirst.com/myrights">www.carefirst.com/myrights</a>	

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.

## HEALTH CARE POLICY

### Effective Dates, CPT Codes and the Policy Updates You Need to Know About

Sleep Studies, Speech Therapy, Radiation Therapy and more — all within this issue's medical policy updates.

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.

Refer to the latest Medical Policy Update chart below:

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
2.01.018 Sleep Disorders	Under Policy Guidelines <i>deleted</i> "Unattended Home Sleep Studies which do not meet Level II or Level III AASM clinical standards are considered experimental / investigational (CPT® 95801). Refer to Policy for details.	Revision.  Effective date: 2/22/16
2.01.025 Erectile Dysfunction	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate Category I CPT® code or HCPCS code. Refer to Policy for details.	Periodic review and update.  Effective 2/22/16
2.01.074  Urine Drug Testing in Pain Management and Substance Abuse Treatment	Claims for urine drug testing in pain management and substance abuse treatment may be subject to review for frequency and clinical appropriateness according to evidenced-based guidelines.	New Policy.  Effective: 6/20/16
2.03.005  Adoptive Immunotherapy	Under Policy Guidelines added 2016 rationale statement. Report service with Category I CPT® code 36511 or HCPCS code S2107.	Periodic review and update.  Effective 2/22/16
2.03.006 Isolated Limb Perfusion	Under Policy Guidelines added 2016 rationale statement. Report service with Category I CPT® code 36823.	Periodic review and update.  Effective 2/22/16

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
3.01.012A Electroconvulsive Therapy	<p>Electroconvulsive therapy services require Medical Necessity review by Magellan Healthcare, Inc. Report service with Category I CPT® 00104 and 90870.</p> <p>Check the member's contract for benefits.</p>	<p>New Operating Procedure.</p> <p>Effective 1/19/16</p>
4.01.009 Progesterone Administration for the Prevention of Preterm Labor	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate HCPCS code. Refer to Policy for details.	<p>Periodic review and update.</p> <p>Effective 2/22/16</p>
4.02.007 Preimplantation Genetic Testing	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate category I CPT® code. Refer to Policy for details.	<p>Periodic review and update.</p> <p>Effective 2/22/16</p>
6.01.024 Ultrasound (Echography) of the Spinal Canal and Contents	Under Policy added skin tags and skin discolorations to additional midline back abnormalities. Under Policy Guidelines added 2016 rationale statement. Report service with category I CPT® code 76800.	<p>Periodic review and update.</p> <p>Effective 2/22/16</p>
7.01.121 Transanal Hemorrhoidal Dearterialization	Under Policy Guidelines added 2016 rationale statement. Report service with Category III CPT® code 0249T.	<p>Periodic review and update.</p> <p>Effective 2/22/16</p>
7.01.122 Percutaneous Left Ventricular Assist Device (pLVAD)	Under Policy Guidelines added 2016 rationale statement. Report service with Category I CPT® code 33990, 33991, 33992, 33993.	<p>Periodic review and update.</p> <p>Effective 2/22/16</p>
8.01.005 Speech Therapy	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate category I CPT® code. Refer to Policy for details.	<p>Periodic review and update.</p> <p>Effective 2/22/16</p>

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.007 Home Apnea Monitoring for Infants	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate category I CPT® code and HCPCS code. Refer to Policy for details.	Periodic review and update. Effective 3/21/16
1.03.002 Adjustable Cranial Orthoses for Positional Plagiocephaly and for Craniosynostosis	Under Policy Guidelines added 2016 rationale statement. Report service with HCPCS code S1040.	Periodic review and update. Effective 3/21/16
2.01.003 Gait Analysis	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate category I CPT® code. Refer to Policy for details.	Periodic review and update. Effective 3/21/16
2.01.018 Sleep Disorders	Under Policy Guidelines for attended sleep study, periodic limb movement disorder added as medically necessary indication.	Revision. Effective 3/21/16
2.01.028 Neuropsychological Testing	Under Policy section, epilepsy surgery (presurgical treatment planning and post-operative evaluation) added as a medically necessary indication, under Policy Guidelines added 2016 rationale statement. Report service with appropriate category I CPT® code.	Periodic review and update. Effective 3/21/16
2.01.058 Monitoring of Regional Cerebral Blood Flow Using Implanted Thermal Infusion Probe	Under Policy Guidelines added 2016 rationale statement. Report service with category I CPT® code 61107 or 61210.	Periodic review and update. Effective 3/21/16
5.01.015 Naltrexone, Extended-Release Injectable Suspension	Under Policy Guidelines added 2016 rationale statement. Report service with HCPCS code J2315.	No further review scheduled. Effective 3/21/16

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
6.01.017 Intraoperative Radiation Therapy	Policy statement revised to state that intraoperative radiation therapy is considered medically necessary for small, node-negative breast cancers treated by surgical lumpectomy. Intraoperative radiation therapy for other conditions is considered experimental / investigational. Report service with category I CPT® code 77424, 77425, 77469. Refer to Policy for details.	Revision.  Effective 1/1/16
6.01.045 Transient Elastography Ultrasound for Assessing Liver Fibrosis	Transient elastography ultrasound is considered medically necessary to assess liver fibrosis in patients with chronic hepatitis as an alternative to surgical biopsy. Transient elastography ultrasound is considered experimental / investigational for all other conditions. Report service with category I CPT® code 91200.	New Policy.  Effective 1/1/16
7.01.110 Filtration Surgeries for Open Angle Glaucoma	Under Policy Section added CPT® code 66999 for reporting transcliliary fistulization, under Policy Guidelines added 2016 rationale statement. Report service with category I CPT® code 66174, 66175.	Periodic review and update.  Effective 3/21/16
7.01.116 Transcatheter Pulmonary Valve Implantation	Under Policy Guidelines added 2016 rationale statement. Report service with category I CPT® code 33477.	Periodic review and update.  Effective 3/21/16
11.01.007 Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid	Under Policy Guidelines added 2016 rationale statement. Report service with appropriate category I CPT® code; HCPCS code S3840.	Periodic review and update.  Effective 3/21/16
11.01.034 Molecular Genetic Expression Test for Identification of Heart Transplant Rejection	Under Policy Guidelines added 2016 rationale statement. Report service with category I CPT® code 81595.	Periodic review and update.  Effective 3/21/16

## PROVIDER REMINDERS

### **The HITECH Act, Compliance and Ethics: Be Equipped**

As part of our Multi-State Plan Program contract with the Office of Personnel Management, CareFirst would like to encourage contracted providers to comply with applicable interoperability standards and to demonstrate meaningful use of health information technology in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Contracted providers should have a business ethics awareness and compliance program and an internal control system in place for reporting known ethics violations.

For more information on the [interoperability standards](#), visit [www.healthit.gov](http://www.healthit.gov).

### **Billing Reminder for Ambulatory Surgery Centers and Durable Medical Equipment Providers**

CareFirst is being billed directly by surgical supply and Durable Medical Equipment companies who provide items used in surgical procedures (e.g., screws, plates, anchors, tissue) or for Deep Vein Thrombosis prevention during surgical procedures (e.g., pneumatic compression sleeves).

CareFirst considers the member's benefit for such supplies and equipment to be incidental to the procedure and included in the global payment to the Ambulatory Surgery Center (ASC) or to the member if the ASC is out of network). There is no additional benefit available for the companies billing for these items.

CareFirst's participating providers should be aware of this situation and refrain from facilitating this billing practice. It can result in patient vulnerability to balance-billing by the supply and equipment providers and it is a violation of the Participation Agreement.

### **Provider Information and Credentialing - Address Update**

As we continuously work to improve the efficiency of our process to maintain accurate provider data, effective April 18, 2016, communication to the Provider Information and Credentialing Department must be sent to the address below to avoid delays in processing:

**Mail Administrator  
P.O. Box 14763  
Lexington, KY 40512**

This change affects only communications that previously would have been sent to:

Provider Information and Credentialing, Mailstop CG-41  
10455 Mill Run Circle  
P.O. Box 825  
Ownings Mills, MD 21117

Please contact Provider Information and Credentialing at (410) 872-3500 or (877) 269-9593 with any questions. Mail sent to any other CareFirst address is not affected by this change.



## IN CASE YOU MISSED IT

- **Feb. 12, 2016** -- [Blue Rewards: What You Need to Know](#)
- **Feb. 23, 2016** -- [CareFirst's Annual Care Management Criteria Review is Complete](#)
- **Mar. 29, 2016** -- [Register today to join us for a provider seminar on April 14th](#)