

BlueLink Provider Newsletter

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WHAT'S HAPPENING?

Helping Your Patients Save: After-Hours Care

Help your patients manage their healthcare costs (copays, coinsurance and deductibles) by understanding where to go for appropriate and cost-effective care when they cannot make it to your office.

Our provider network includes coverage for a tiered structure of backup support you can recommend to your patients. Learn more online at www.carefirst.com/qualityandaffordability.



FirstHelp, our free 24-hour nurse advice line is available to your patients anytime by calling 800-535-9700.



Convenience Care Centers like CVS Minute Clinic and Walgreens Healthcare Clinic can treat simple conditions such as colds or pink eye.



Urgent Care Centers such as Patient First and Righttime provide care for injuries or illnesses that require immediate care, but are not serious enough to require an Emergency Room visit.



Emergency Rooms treat serious, life-threatening conditions.

HEALTH CARE POLICY

Effective Dates, CPT® Codes and July’s Policy Updates – Don’t Miss It

Human growth hormone therapy, hearing devices 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
2.01.071 Outpatient Limb Compression for Post-Discharge Prophylaxis of Venous Thromboembolism	Policy statement updated to expand medically necessary indications. Report service with HCPCS code E0676. Refer to policy for details.	Periodic review and update Effective 6/20/16
5.01.020 Xofigo (radium-223 dichloride) Injection for Treatment of Prostate Cancer	Under Policy Guidelines added 2016 rationale statement. Report service with CPT® category I code 79101 or HCPCS code A9606.	Periodic review and update Effective 6/20/16
5.01.021 Human Growth Hormone (HGH) Therapy	New policy replaces 5.01.009 Human Growth Hormone (HGH) Therapy for Children and Adults. Report service with HCPCS code J2941. Refer to new policy for details.	New Policy Effective 6/20/16

MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
6.01.012 Thermography and Temperature Gradient Studies	Under Policy Guidelines added 2016 rationale statement. Report service with CPT® category I code 93740.	Periodic review and update Effective 6/20/16
7.01.040 Cavernous Nerve Stimulation Device	Under Policy Guidelines added 2016 rationale statement. Report service with CPT® category I code 95999.	Periodic review and update Effective 6/20/16
7.01.092 Interspinous Vertebral Decompression Implantation for Spinal Stenosis	Under Policy Guidelines added 2016 rationale statement. Report service with CPT® category III codes 0171T 0172T.	Periodic review and update Effective 6/20/16
11.01.032 Assays of Genetic Expression in Tumor Tissue to Determine Prognosis in Breast Cancer Patients	Provider Guidelines revised. Effective 7/1/16 report Mammaprint® using HCPCS code S3854.	Revision Effective 6/20/16
2.02.013 Transcatheter Closure of the Left Atrial Appendage	Procedure is considered medically necessary for specific indications. Report procedure with CPT® Category III code 0281T. Refer to policy for details.	Periodic review and update Effective 4/1/16
7.01.082 Surgical Treatment of Varicosities	Policy statement revised. Mechanochemical ablation is considered experimental/investigational. Report service with CPT® Category I unlisted code 37799. Refer to policy for details.	Revision Effective 4/1/16
7.01.127 Prostatic Urethral Lift for Benign Prostatic Hypertrophy	Prostatic urethral lift (Urolift®) is considered medically necessary where surgical intervention is indicated for specific indications. Report service with CPT® Category I unlisted code 55899. Refer to policy for details.	New Policy Effective 4/1/16
7.01.128 Implanted and Semi-implanted Hearing Assist Devices	Fully implanted and semi-implanted hearing assist devices are considered experimental/investigational. Report service with CPT® Category I unlisted code 69799 and HCPCS code S2230. Refer to policy for details.	New Policy Effective 4/1/16

Four New Medical Technology Updates

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 Blue Cross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (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](#) or [Institutional](#)) or [CareFirst Direct](#).

The Technology Assessment Unit recently made the following determinations:

Technology	Description	CareFirst and CareFirst Blue Choice Determination
Propel™ steroid eluting sinus implant	Mometasone-eluting implant device to apply locally-acting steroid for prevention of adhesions and polyp formation	Considered medically necessary HCPCS reporting code S1090
Peroral endoscopic myotomy (POEM) for esophageal achalasia	Endoscopic technique for altering the muscular structure of the lower esophagus	Considered experimental / investigational CPT reporting code 43499
MarginProbe® handheld radiofrequency spectroscopy for intraoperative assessment of tumor margins	Used during lumpectomy surgery, MarginProbe is intended to assist the surgeon in making judgments as to whether the surgical margins are clear.	Considered experimental / investigational CPT reporting code 19499
PancraGEN (formerly PathfinderTG) assessment of aspirate from pancreatic cyst	Attempts to identify genetic markers in pancreatic cyst fluid which would indicate the presence of cancer	Considered experimental / investigational CPT reporting code 84999

CLAIMS AND BILLING

Updated Chiropractic and Orthopedic CPT Codes for the BlueChoice Exception Listing

Check out the latest updates to the [BlueChoice Exception Listing](#) online.

BlueChoice Orthopedic Exception List

CPT Code	Effective as of 1/1/16	Terminated as of 12/31/15
72010		✓
72069		✓
72081	✓	
72082	✓	
72083	✓	
72084	✓	
72090		✓
73500		✓
73501	✓	
73502	✓	
73503	✓	
73510		✓
73520		✓
73521	✓	
73522	✓	
73523	✓	
73530		✓
73540		✓
73550		✓
73551	✓	
73552	✓	

BlueChoice Chiropractic Exception List

CPT Code	Effective as of 1/1/16	Terminated as of 12/31/15
72010		✓
72069		✓
72090		✓
72081	✓	
72082	✓	
72083	✓	
72084	✓	

A complete list of codes is located in the Procedure Code Exception Chart section of the Professional Provider Manual found at www.carefirst.com/providermanualsandguides.

PROVIDER REMINDERS

Medical Records and the Commercial Risk Adjustment Process *

Similar to efforts completed in 2014 and 2015, CareFirst will be completing a data reconciliation project to identify patients with potential medical conditions who may not have been evaluated and/or treated in the current year. Part of this project includes medical record retrieval.

In the coming months, some practices will be notified if their patients are impacted, and providers may be asked to provide medical records for certain members. The goal of this outreach is to minimize the disruption caused by medical record retrieval.

As a reminder, CareFirst requests that the practices perform outreach to their patients to further encourage the scheduling of visits. Please continue to visit www.carefirst.com/providers as more information and background will be shared in the coming months.

* CareFirst completes its commercial Risk Adjustment process in order to meet the Centers for Medicare & Medicaid Services (CMS) requirements as part of the Affordable Care Act (ACA).

IN CASE YOU MISSED IT

- **June 23, 2016** – [MD House Bill Expands In Vitro Fertilization Benefits for Opposite Sex Married Couples - Effective July 1](#)
- **July 13, 2016** – [Take a Look at Our Updated Clinical Resources](#)
- **August 1, 2016** – [Provider Manual Updates – Available Now](#)
- **August 1, 2016** – [MedPlus Plan Indicated with new Logo](#)