BlueLink Provider Newsletter

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WHAT'S HAPPENING?

Magellan Health Services Offers Medication-Assisted Therapy (MAT) to Help Your Patients

CareFirst collaborates with Magellan Health Services (Magellan) to offer mental health services to your patients and to support your behavioral health treatment recommendations. Magellan provides a variety of programs that are designed to give patients the resources and assistance to help them successfully follow your plan of care.

Magellan's program offerings include Medication-Assisted Therapy (MAT), which helps patients to manage their addiction recovery through medication treatment. MAT provides a controlled level of medication to assist with recovery by relieving withdrawal symptoms and prevent relapse of an abused opioid or alcohol.

In collaboration with counseling, MAT treatment has been shown to*:

- Reduce relapse rate post treatment
- Improve patient survival
- Decrease illicit opiate use and other criminal activity
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

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Learn more about MAT in this report from Magellan.

**CareFirst PCMH Program Description and Guidelines*

HEALTH CARE POLICY

Effective Dates, CPT® Codes and Policy Updates for August

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 Federal Employee Program (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
2.01.029 Carbogen Therapy for Idiopathic Sudden Hearing Loss	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
2.02.014 Long-term Wireless Ambulatory Cardiac Rhythm Monitoring	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category III CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
7.01.048 Autologous Chondrocyte Implantation	Description revised to include update on MACI®. Under Policy, added MACI® experimental / investigation indications. Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Policy review Effective 5/22/17
8.01.001 Physical Therapy	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
8.01.004 Occupational Therapy	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
8.01.014 Lymphedema Therapy (Complex Decongestive Therapy)	Provider Guidelines statement updated. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Revision Effective 5/22/17
11.01.005 Cathepsin-D	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
11.01.033 Cytochrome P450 Genotyping	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
11.01.052 Circulating Tumor Cell Detection in Management of Cancer Patients	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Policy review Effective 5/22/17
11.01.056 Next Generation Sequencing Panels for Cancer Risk Prediction	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
11.01.058 Epigenetic Assay for Detection and/or Management of Prostate Cancer (ConFirmMDX®)	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Policy review Effective 5/22/17
11.01.063 Molecular Genetic Panel Testing for Guiding Cancer Therapies	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17
11.01.065 Genetic Testing for Age-Related Macular Degeneration	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 5/22/17

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.044 Video Electroencephalographic (EEG) Monitoring	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 6/19/17
2.03.007 Photodynamic Therapy	Under Policy Guidelines, updated policy statement and added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 6/19/17
2.03.011A Screening for Colorectal Cancer	Report service using appropriate category I CPT® code. Refer to policy for details.	Revision Effective 6/19/17
5.01.005 Botulinum Toxin	Under Policy Guidelines, updated policy statement and added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 6/19/17
5.01.023A Drugs and Pharmaceuticals, Wastage and/or Discarded Amounts	New Medical Policy Operating Procedure. Refer to Medical Policy Operating Procedure for details.	New Policy Effective 6/19/17
5.01.033 Nusinersen (Spinraza®)	New Policy. Spinraza® (nusinersen) is considered medically necessary for the treatment of spinal muscular atrophy in pediatric and adult patients. All other indications are considered experimental/investigational. Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 6/19/17
6.01.039 Magnetic Resonance Neurography	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 6/19/17
7.01.044 Sinus Antrostomy Using Dilation Balloon	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 6/19/17
7.01.093 Total Ankle Arthroplasty / Replacement	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 6/19/17

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
11.01.019 In Vitro Chemotherapeutic Drug Assays	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 6/19/17
11.01.067 DecisionDx-UM Assay for Stratifying Risk of Metastatic Uveal Melanoma	New Policy. DecisionDx-UM test is a gene expression profile designed for managing patients with uveal melanoma (um). DecisionDx-UM gene expression profile is considered experimental / investigational. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy Effective 6/19/17

PROVIDER REMINDERS

BlueLink Tip – CareFirst Direct Redesign

In this issue's BlueLink Tip learn more about the new and improved functionality within CareFirst Direct.

Institutional/Ancillary Providers: Use CareFirst Direct to Verify Your Practice Information

Institutional/Ancillary Providers are required to verify their provider information anytime it changes or at least once each year. To ensure CareFirst has your correct service address, login at and click on the *CareFirst Direct Inquiries* tab. Instructions for updating your information are available at www.carefirst.com/providerguides → Miscellaneous → Step-by-Step Guide to Verify Your Data Online.

- If your address is correct, please click the "verify" button, and you're finished.
- If your address is incorrect, please notify CareFirst in writing, on your company letterhead of the correct service address. Please include your tax identification number, NPI number and CareFirst provider number and fax it to Institutional Contracting at 410-872-4106.

If you have any questions, or you are experiencing difficulty verifying information online via CareFirst Direct, please contact your Provider Relations Representative, available online at www.carefirst.com/providerrep.

Professional providers: learn more about how to keep your practice information updated.

Improve the Quality of Patient Care Through the Safety and Monitoring Program

CareFirst, in collaboration with our pharmacy benefit manager CVS Caremark, works to deliver programs to our members that improve the quality of care while reducing the rising cost of care. The Safety and Monitoring Program, through a claims review, identifies patients with unusual medication utilization patterns of controlled substances which place them at risk for adverse events. The program aims to inform prescribers about their patient's narcotic prescriptions so they can identify those who receive opioids and other controlled substances from multiple prescribers and/or pharmacies.

The Safety and Monitoring Program identifies possible abuse or misuse of drugs in targeted drug classes, including narcotic/narcotic combinations, anti-anxiety and sedative/hypnotic agents, non-benzodiazepine sedatives/hypnotics, muscle relaxants and central nervous system stimulants.

Pharmacists analyze claims data to identify patients that may require attention based on:

- Total number of controlled substance claims
- Total number of controlled substance prescribers
- Whether prescriptions are filled at multiple pharmacies
- Excessive utilization
- Geographic distribution of prescribers and pharmacies

If one of your patients is identified as having unusual medication utilization patterns with one or more of the drugs that you have prescribed, you will be contacted by CVS Caremark via fax and/or phone.

IN CASE YOU MISSED IT

- **Aug 8, 2017 –** Improve Your Practice's Efficiency with CareFirst Direct
- **Aug 2, 2017** – Learn How To Properly Submit A Corrected Claim