

BlueLink Provider Newsletter

June 2017 | Volume 19 | Issue 3

WHAT'S HAPPENING?

- Professional Providers: CareFirst's Systems and Provider Directories Have Started Integration with CAQH ProView

HEALTH CARE POLICY

- Effective Dates and CPT® Codes for June

CLAIMS AND BILLING

- Prevent the Return of Pharmacy Claims – Use Acquisition Cost for 'A' Codes

PROVIDER REMINDERS

- Improve the Quality of Patient Care Through the Pharmacy Advisor Program
- Staggered Deployment of Clinical Auditing Tool ClaimsXten™

IN CASE YOU MISSED IT

- CareFirst's Systems and Provider Directories Have Begun Integration with CAQH ProView
-

WHAT'S HAPPENING?

Professional Providers: CareFirst's Systems and Provider Directories Have Started Integration with CAQH ProView

CareFirst's systems have started integration with [CAQH ProView](#), which means that when you update your information with CAQH, it will also be updated in CareFirst's systems and provider directories, eliminating the need to update your information in more than one location. Your information will also be updated with any other CAQH ProView participating health plans that you contract with.

If you are already registered with CAQH ProView, please continue to make regular updates any time your provider information changes (or at least once each quarter). You will be contacted by CAQH each quarter with a reminder to review, update and attest to your provider information.

If you are not yet registered with CAQH ProView, learn more and register at <http://proview.caqh.org>. For details on CAQH ProView, view their [Directory Reference Guide](#) or [Frequently Asked Questions](#).

If you have any additional questions, please contact Provider Services at 877-228-7268.

If you are an Institutional or Ancillary provider, visit www.carefirst.com/institutionalcredentialing to learn more about credentialing and keeping your provider information updated.

View this issue's [BlueLink Tip video](#) to learn more about CAQH ProView and updating your provider information.

HEALTH CARE POLICY

Effective Dates, CPT® Codes and Policy Updates for June

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
1.01.030 Dynamic Splinting Systems	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 4/17/17
1.03.001 Orthotic Devices and Orthopedic Appliances	Policy returned to active review. Updated description and policy statements. Under Policy Guidelines, added splints for extremities as covered, over-the-counter devices and appliances stocked at local pharmacies as non-covered, and updated 2017 rationale statement. Revised provider guidelines. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 4/17/17
1.03.003 Orthotic Foot Inserts	Policy returned to active review. Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 4/17/17
2.01.004 Hyperbaric Oxygen Therapy	Under Policy Guidelines, revised original rationale statement for clarity, and added updated 2017 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 4/17/17
2.01.018 Sleep Disorders	Under Policy Guidelines, 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 4/17/17

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.063 Repository Corticotropin (ACTH) Injection	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 4/17/17
7.01.062 Lung Volume Reduction Surgery for Palliation of Severe Emphysema	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 4/17/17
7.01.078 Interpositional Spacer for Osteoarthritis of the Knee Joint	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	No further review scheduled. Effective 4/17/17
7.01.079 Laryngeal Denervation and Reinnervation for Laryngeal Dystonia	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 4/17/17
7.01.080 Transpupillary Thermotherapy	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	No further review scheduled. Effective 4/17/17
7.01.097 Gastric Electrical Stimulation	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 4/17/17
7.01.112 Collagen Meniscus Implant	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 4/17/17
7.01.130 Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	New policy. Hypoglossal nerve stimulation for treatment of sleep apnea is considered experimental/investigational. Refer to policy for details. Report service using appropriate category I CPT® code, or category III CPT® code. Refer to policy for details.	New Policy. Effective 2/1/17
11.01.053	Description revised to expand biological agents. Under Policy Guidelines, added updated 2017 rationale statement. Report	Periodic review and update.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
Measurement of Antibodies to Infliximab and Adalimumab	service using appropriate category I CPT® code. Refer to policy for details.	Effective 2/1/17
11.01.061 Proteomic Testing for Targeted Therapy in Non-Small Cell Lung Cancer (Veri-Strat)	Policy statement revised to address all proteomic testing. 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 4/17/17
11.01.062 Blood Testing for Genetic Biomarkers as Screening for Colorectal Cancer	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 4/17/17
11.01.066 Whole Exome and Genome Sequencing for Cancerous and Non-cancerous Conditions	Under policy statement, added medically necessary indications for whole exome sequencing, along with criteria for coverage. 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 2/1/17

CLAIMS AND BILLING

Prevent the Return of Pharmacy Claims – Use Acquisition Cost For ‘A’ Codes

When submitting drug procedure codes beginning with ‘A’ (listed below), you must provide the acquisition cost on the electronic claim transaction or provide a copy of the purchase invoice. If this information is not received with the claim, it will be returned to you. To expedite processing of these claims, please ensure the required information is included with each submission.

Procedure Codes Requiring Acquisition Cost or Purchase Invoice*:

A9500	A9501
A9504	A9512
A9516	A9526
A9527	A9528
A9529	A9530
A9531	A9532
A9536	A9544
A9545	A9546
A9550	A9552
A9555	A9559
A9566	A9567
A9568	A9580
A9584	A9598

*This list is subject to change as new codes are implemented or as existing codes expire.

PROVIDER REMINDERS

Improve the Quality of Patient Care Through the Pharmacy Advisor® Program

CareFirst, in collaboration with our pharmacy benefit manager CVS Caremark, works to deliver programs to our members that work toward improving the quality of care while reducing the rising cost of care.

The Pharmacy Advisor program assists targeted patients with chronic conditions – including diabetes, cardiovascular disease, respiratory disease, osteoporosis, breast cancer or behavioral health conditions – to improve medication adherence and close gaps in care. One-on-one pharmacist counseling is available through face-to-face consultations at a CVS Pharmacy or by phone.

When a patient is targeted by CareFirst and CVS as potentially benefitting from counseling via this free program, a registered pharmacist will:

- Listen to your patient's specific needs and provide confidential advice
- Answer questions about medications and how they work in your patient's body
- Ensure that your patients are taking their medications as prescribed by you

Coordinated communications are also delivered via fax or phone to close gaps in care and notify you of potential medication nonadherence.

Staggered Deployment of Clinical Auditing Tool ClaimsXten™

Beginning this fall, CareFirst will move from our current clinical auditing tool, ClaimCheck™, to an enhanced tool, ClaimsXten. ClaimsXten is a comprehensive auditing tool that will allow us to manage the unique requirements of our claims processing platforms. Deployment will be staggered across multiple claims processing platforms over the next year.

What will change?

With these deployments, CareFirst's claim adjudication will be updated. This update may affect the outcome of some clinical edits, including the four outlined below.

- **Add On Without Base Code:** Audits claim lines containing the add on codes when the base code cannot be found for the same member for the same date of service.
- **Diagnosis Age Validation:** Identifies claim lines containing diagnosis codes that are inconsistent with the patient's age.
- **Durable Medical Equipment (DME) Own Rule:** Audits claim lines containing a DME item submitted as new or new when rented or used, when the same DME item is member owned.

- **Lifetime Event:** Audits claim lines that contains a procedure code that has been submitted more than once or twice across dates of service because it has been identified as a procedure that can only be performed once or twice in a lifetime, reported for the same member.

What does this mean to you?

There will be no change to your process for submitting claims to CareFirst. There will also not be any changes to [CareFirst Medical Policy](#) due to this implementation.

Since this change will be deployed across multiple CareFirst platforms at different times, beginning in fall 2017 and continuing through 2018, you may notice different outcomes for similar claims during this time, depending on which claims platform the patient's policy operates on.

What's next?

We will continue to keep you updated as this tool is deployed on our platforms. There is no further action needed on your part. If you have any questions, please contact Provider Service at 877-228-7268.

IN CASE YOU MISSED IT

- **May 23, 2017** – [CareFirst's Systems and Provider Directories Have Begun Integration with CAQH ProView](#)