

BlueLink Provider Newsletter

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WHAT'S HAPPENING?

Professional Providers: Use CAQH ProView™ for Credentialing Submissions and Provider Data Updates

Using the Council for Affordable Quality Healthcare (CAQH) ProView system for credentialing, re-credentialing, updating/verifying provider data and terminating network participation eliminates the need to update your information in more than one location. Your information will also be updated in the CareFirst system, directory and with any other [CAQH ProView](#) participating health plans 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.cagh.org>. For details on CAQH ProView, view their [Directory Reference Guide](#) or [Frequently Asked Questions](#).

If you have any additional questions, please contact your [Provider Relations Representative](#).

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.

New Member Identification Prefixes Effective April 15, 2018

The Blue Cross and Blue Shield Association (BCBSA) assigns member ID prefixes for all Blue Cross and Blue Shield-branded Plans. Effective **April 15, 2018**, the BCBSA will begin assigning prefixes that contain a combination of letters and numbers. If you have any questions, contact your [Provider Relations Representative](#).

HEALTH CARE POLICY

Effective Dates, CPT® Codes and Policy Updates for April

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 with date of service (DOS) processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
2.01.021 Temporomandibular Joint (TMJ) Dysfunction	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 01/22/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
2.01.065 Ingestible pH and Pressure Capsule for Assessing Gastrointestinal Motility	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 01/22/18
2.02.012 Measurement of Exhaled Volatile Organic Compounds for Detection of Heart Transplant Rejection	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 01/22/18
5.01.016 Zoster Vaccine (Oka/Merck) (Zostavax®), (GlaxoSmithKline) Shingrix®	Policy removed from no further review status. Description, Policy and Provider Guideline section updated. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision. Effective 01/22/18
5.01.019 Archived Palivizumab (Synagis®) for Immune Prophylaxis for Pediatric Respiratory Syncytial Virus (RSV)	Policy placed in archived status and replaced by a new policy 5.01.035. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision. Effective 01/22/18
5.01.035 Palivizumab (Synagis®) for Immune Prophylaxis for Pediatric Respiratory Syncytial Virus (RSV)	New Policy. Palivizumab (Synagis®) is used as a preventative measure of pediatric RSV infections. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy Effective 01/22/18
6.01.005 Radioimmunosciinti-graphy Imaging (Monoclonal Antibody Imaging)	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 01/22/18
6.01.020 Brachytherapy for Malignant Tumor	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 01/22/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
6.01.022 Magnetic Resonance Imaging (MRI) of the Breast	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 01/22/18
6.01.026 Whole Body Computed Tomography Scan as a Screening Test	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 01/22/18
6.01.034 Magnetic Resonance Spectroscopy	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 01/22/18
6.01.041 Carotid Intima-Media Thickness Measurement to Assess Risk for Coronary Artery Disease	Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code or category III CPT® code. Refer to policy for details.	Periodic review and update. Effective 01/22/18
6.01.045 Transient Elastography Ultrasound for Assessing Liver Fibrosis	Description and Policy section updated. 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 01/22/18
7.01.017 Cosmetic and Reconstructive Surgery with Attached Companion Table	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 01/22/18
7.01.022 Oral-Facial Pathology or Trauma	Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code or HCPCS code appended with modifier 96 (habilitative services). Refer to policy for details.	Revision Effective 01/01/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
7.01.085 Ultrasound Guided Cryoablation of Benign Fibroadenomas of the Breast	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 01/22/18
7.01.115 Shoulder Resurfacing Arthroplasty	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 01/22/18
7.01.123 Gender Reassignment Services	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 01/22/18
8.01.001 Physical Therapy	Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code appended with modifier 96 (habilitative services). Refer to policy for details.	Revision Effective 01/01/18
8.01.004 Occupational Therapy	Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code appended with modifier 96 (habilitative services). Refer to policy for details.	Revision Effective 01/01/18
8.01.005 Speech Therapy	Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code appended with modifier 96 (habilitative services). Refer to policy for details.	Revision Effective 01/01/18
8.01.011A Habilitative Services (MD and DC Mandates)	Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code or category III CPT® code appended with modifier 96 (habilitative services). Refer to policy for details.	Revision Effective 01/01/18
11.01.008 Salivary Melatonin Profile	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 01/22/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
<p>11.01.062</p> <p>Blood Testing for Genetic Biomarkers as Screening for Colorectal Cancer</p>	<p>SEPT9 methylation analysis (CPT code 81327) is considered experimental / investigational. Policy Description and Policy statement updated. Under Policy Guidelines, added updated 2017b rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.</p>	<p>Revision</p> <p>Effective 01/22/18</p>
<p>11.01.068</p> <p>The 4Kscore® Test for Cancer Risk Assessment of Prostate Cancer</p>	<p>New Policy. The 4Kscore® test is a blood test that provides a personalized measure of percent risk for high-grade (Gleason ≥ 7) prostate cancer. Report service using appropriate category I CPT® code. Refer to policy for details.</p>	<p>New Policy</p> <p>Effective 10/01/17</p>
<p>2.01.018</p> <p>Sleep Disorders</p>	<p>Under Policy, added updated statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.</p>	<p>Revision</p> <p>Effective 02/20/18</p>
<p>2.01.053</p> <p>Implantable Hormone Replacement Pellets</p>	<p>Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.</p>	<p>Periodic review and update.</p> <p>Effective 02/20/18</p>
<p>5.01.015</p> <p>Naltrexone, Extended-Release Injectable Suspension and Implants</p>	<p>Description and Policy section updated for Naltrexone implants. Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.</p>	<p>Revision</p> <p>Effective 02/20/18</p>
<p>6.01.027</p> <p>Computed Tomography as a Screening Test for Lung Cancer</p>	<p>Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.</p>	<p>Periodic review and update.</p> <p>Effective 02/20/18</p>
<p>7.01.076</p> <p>Wireless Capsule Endoscopy (Enteral Camera)</p>	<p>Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.</p>	<p>Periodic review and update.</p> <p>Effective 02/20/18</p>
<p>7.01.101</p> <p>Percutaneous Intervertebral Thermal Annuloplasty Procedures for Low Back Pain</p>	<p>Under Policy Guidelines, added updated 2017 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.</p>	<p>Periodic review and update.</p> <p>Effective 02/20/18</p>

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
11.01.052 Circulating Tumor Cell Detection in Management of Cancer Patients (liquid biopsy)	Policy placed in archived status and replaced by a new policy 11.01.069. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision. Effective 02/20/18
11.01.069 Circulating Tumor DNA and Circulating Tumor Cell Detection in Management of Cancer Patients (liquid biopsy)	New Policy. Guardant360®, a plasma-based comprehensive somatic genomic profiling test (CGP) as an alternate to tissue testing, in patients with Stage IIIB/IV non-small cell lung cancer is considered medically necessary. Detection and quantification of circulating tumor DNA and circulating tumor cell detection in the management of cancer is experimental / investigational for all other indications. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy Effective 01/01/18
11.01.070 Urine Exosome Assay to Predict High-grade Prostate Cancer at Initial Biopsy, ExoDx® Prostate (IntelliScore)	New Policy. The ExoDx® Prostate (IntelliScore), is a urine exosome assay that predicts the presence of high-grade (Gleason score ≥ 7) prostate cancer if a biopsy is performed. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy. Effective 01/01/18
2.01.025 Erectile Dysfunction	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
2.02.009 Electrocardiographic Body Surface Mapping	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
2.03.005 Adoptive Immunotherapy	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
2.03.006 Isolated Limb Perfusion	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® cod. Refer to policy for details.	No further review scheduled. Effective 03/19/2018

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
2.03.014 Electric Tumor Treatment Fields	Under Policy statement, added medically necessary indications. Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
4.02.007 Preimplantation Genetic Testing	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
4.02.009 Assisted Reproductive Technology (ART): Artificial Insemination (AI) / Intrauterine Insemination (IUI)	Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
6.01.024 Ultrasound (Echography) of the Spinal Canal and Contents	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	No further review scheduled. Effective 03/19/18
7.01.121 Transanal Hemorrhoidal Dearterialization	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 03/19/18
7.01.122 Percutaneous Left Ventricular Assist Device (pLVAD)	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 03/19/18
11.01.053 Measurement of Antibodies to biological agents such as Infliximab and Adalimumab	Description and Policy statement revised. Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision Effective 03/19/18

New Medical Technology Updates for April

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
HeartFlow FFR _{CT} analysis software	HeartFlow FFR _{CT} analysis software provides clinical quantitative and qualitative analysis of previously acquired Computed Tomography (CT) DICOM data for clinically stable symptomatic patients with coronary artery disease.	Medically Necessary for patients meeting criteria. CPT® reporting code(s) 0501T, 0502T, 0503T, 0504T, 75574 Effective: 2/1/18

CLAIMS & BILLING

HCPS Coding Update

You can now submit Healthcare Common Procedure Coding System (HCPCS) codes G0438 and G0439 when CareFirst is the primary insurer and Medicare is secondary. This change went into effect in January and pertains to service dates on or after January 1, 2018.

When you submit claims using these codes, CareFirst adjudicates the services and generates a voucher that you can then submit to Medicare for payment. In instances where Medicare is the primary insurer, the G0438 and G0439 codes are accepted when claims cross over to CareFirst.

FEP Policy for Travel Vaccines

Did you know that the Federal Employee Program (FEP) member benefits cover vaccinations required for international travel? In situations where a member may have been exposed to a disease or may be traveling to an area where he or she is at a higher risk for contracting the disease, FEP will review the service under the patient's medical benefits.

If a member is traveling to an area known to be prevalent for a specific disease, and it is reasonable to assume that without the vaccine, the member would be at high risk to contract the disease, regular medical benefits may be provided for the vaccine. This means that the patient may be responsible for deductible, coinsurance and/or a copayment. Further, these services should be treated as any other covered service. FEP patients should never be charged in full upfront for travel vaccines and as a provider in the network, you must file a claim to CareFirst on behalf of the patient. Refusal to take this action on the patient's behalf is a direct violation of the provider network contract. Keep in mind, this benefit is not specifically stated in the FEP Service Benefit Brochure as the brochure is a summary or overview of benefits provided. Medical benefits encompass a wide variety of services and due to the size of the brochure, it is not possible to capture every item.

Information regarding the vaccinations required for certain areas of travel have been provided by the CDC and is available for viewing at <http://wwwnc.cdc.gov/travel>. You may also contact FEP Provider Service line for more information on travel vaccines for FEP patients. Please note that risks for diseases in certain countries change from time to time, so it is a good idea to review the list periodically for any updates.

ClaimsXten™ Implementation Update

We continue the transition from our current clinical auditing tool, ClaimCheck™, to an enhanced tool, ClaimsXten across all of our claims processing platforms. ClaimsXten is a comprehensive auditing tool that allows us to manage the unique requirements of our claims processing platforms.

What's Changing?

With each of the recent deployments, CareFirst's claim adjudication is being updated. In addition to the [four clinical edits](#) announced in 2017, and [six clinical edits](#) that are being implemented this Spring, we will be implementing one additional clinical edit this summer.

Clinical Edit	Description
Pay Percent – Therapy Professional	Recommends an adjustment in the pay percent when multiple therapy procedures are submitted on the same date on certain therapy procedures.

There will be no change to the process for submitting claims to CareFirst regarding these clinical edits. Please note that you may see different outcomes for similar claims dependent upon the aligned platform.

What's Next?

We will continue to keep you updated as the ClaimsXten solution is deployed on our platforms. If you have any questions, please contact Provider Service at 877-228-7268.

PROVIDER REMINDERS

Did You Know — Duplicate Services and Multiple Reviews are no Longer Eligible for Reimbursement

CareFirst recently updated our Professional Provider Manual and as part of [the update](#), we have changed our policy for duplicate services and multiple reviews.

Paying more than one provider for the same procedure or service represents duplicate procedure reimbursement. This includes, but is not limited to, multiple interpretations or reviews of diagnostic tests such as laboratory, radiology, and electrocardiographic tests reported with CPT® Modifier-26 (professional component), 59 (distinct procedural service), 76 (repeat procedure or service by same physician or other qualified health care professional), 91 (repeat clinical diagnostic laboratory test), or CPT® 76140 (consultations on x-ray exams performed at other sites.)

CareFirst reimburses only once for a service or procedure. Duplicate procedures, services and reviews, whether reported on the same or different claims, are not eligible for reimbursement.

Please note: claim adjudication and associated reimbursement policies are applicable to local CareFirst BlueCross BlueShield lines of business. Adjudication edits/ policies may differ for claims processed on the national processing system (i.e., NASCO) depending on the account's "home" plan.

This information can be found in the Policies and Procedures section of the Professional Provider manual found at www.carefirst.com/professionalmanual.

Claims Submission Reminder

When submitting claims to CareFirst, always add the prefix to the member ID. This will help expedite the processing/payment of their claims.

Modifier 59 should be added to claims on the first submission if the claim is billing a distinct procedure service on procedures performed two or more times on the same day. This will prevent the need for an adjustment and/or a corrected bill with notes due to CareFirst rejecting them as a duplicate without the modifier.

Medical Record Outreach for HEDIS® and Risk Adjustment Programs

CareFirst Is Not Responsible for Associated Costs Related to Medical Record Retrieval

As you already know, CareFirst is required to participate in several programs to report certain information about the health status of identified members. For 2018, we have contracted with one vendor, Change Healthcare, to help coordinate the medical record outreach process for the Healthcare Effectiveness Data and Information Set (HEDIS®) and Risk-Adjustment (RA) Programs for the 2017 Benefit Year.

Although you do not need dedicated office staff to support this effort, some of your staff may be required to retrieve the records for the purposes of this review. There will be no specific cost to you for this process; however, the retrieval process may require time from some of your office staff and you will be responsible for any associated costs that accompany the copying and/or mailing of medical records.

CareFirst provider contracts allow access to these records for this purpose at no cost to CareFirst. Therefore, CareFirst will not pay for copies of medical records or postage. We thank you in advance for your help with these outreach efforts.

IN CASE YOU MISSED IT

- **April 20, 2018** – [Colleague: Soliris Added to Site of Care Management](#)
- **April 19, 2018** – [CareFirst is Updating its Prior Authorization List to Include 46 New Drugs](#)
- **April 3, 2018** – [Submitting Authorizations for Behavioral Health Services? Read This Before You Do](#)
- **March 8, 2018** – [Multi-factor Authentication and The Provider Portal. What It Is. Why It's Important. What You Need to Do the Next Time You Login](#)