BlueLink

Medical News & Updates

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CareFirst
Family of health care plans

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What's Happening?

BlueLink Tip — Provider Engagement Expo

The CareFirst Center for Provider Education and Training is offering two Provider Engagement Expos in October. Watch this issue's BlueLink Tip for more information.

Earn CMEs by Attending the Louis J. Kolodner Memorial Lecture

Mark your calendar for Thursday, September 20 for the Louis J. Kolodner Memorial Lecture hosted by MedChi. The free dinner event is in honor of Recovery Month and will feature Richard S. Schottenfeld, M.D.'s lecture *The Opioid Crisis: What Can Physicians Do About It.* You can earn CMEs free of charge for attending this event. More information, including how to register, can be found here.

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, 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 processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
1.01.004 Archived Blood Glucose Monitors (Glucometers)	Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 05/21/18
1.01.007 Home Apnea Monitoring for Infants	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 05/21/18
1.01.016 Coverage for Hearing Aids (Maryland Mandate)	Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Revision Effective 05/21/18
2.01.028 Neuropsychological Testing	Under Policy Guidelines, added updated 2018 rationale statement. Under Benefit Applications, added updated statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision and periodic review and update. Effective 04/01/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
2.03.014 Electric Tumor Treatment Fields	Under Benefit Applications, added updated statement. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Revision Effective 05/21/18
3.01.006 Pervasive Developmental Disorders (e.g., Autism)	Under Policy Guidelines, added updated 2018 rationale statement. Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code or category III CPT® code. Refer to policy for details.	Revision and periodic review and update. Effective 04/01/18
3.01.010 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / Neurologic Disorders	Policy placed in archived status and replaced by a new policy 3.01.013. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision Effective 04/01/18
3.01.011 Autism Spectrum Disorders (Virginia Mandate)	Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code, category III CPT® code, or HCPCS code. Refer to policy for details.	Revision Effective 04/01/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
3.01.012 Electroconvulsive Therapy	Description and Benefit Applications section updated. Report service using appropriate category I CPT® code. Refer to policy for details.	Revision and periodic review and update. Effective 04/01/18
3.01.013 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / Neurologic Disorder	New Policy. Transcranial Magnetic Stimulation is a method in which pulses of electromagnetic energy are generated by passing a current through an insulated magnetic coil used to treat depression and other psychiatric / neurologic disorders. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy Effective 04/01/18
3.01.014 Psychological Testing	New Policy. Psychological testing offers an objective approach to measuring behavior and assessing a variety of mental abilities and attributes while using standardized, scientifically validated and reliable methods; assists with diagnosis; and informs the treatment plan/approach. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy Effective 04/01/18
4.01.006 Global Maternity Care	Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 05/21/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
5.01.003 Colony Stimulating Factors (CareFirst)	Policy Name updated. Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 05/21/18
5.01.021 Human Growth Hormone (HGH) Therapy	Policy placed in archived status and replaced by a new policy 5.01.024. Report service using appropriate HCPCS code. Refer to policy for details.	Revision and periodic review and update. Effective 05/21/18
5.01.024 Human Growth Hormone Therapy	New Policy. Human Growth Hormone Therapy is used to treat disorders that result from a deficiency of the hormone or to influence the metabolic processes of those individuals afflicted with disorders that result in the breakdown and wasting of body mass (catabolism). Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 05/21/18
5.01.026 Colony Stimulating Factors (CVS)	New Policy. Colony stimulating factors (CSF) are administered to enhance recovery of white blood cell production in neutropenic patients, or to decrease the incidence and severity of infections associated with drug-induced myelosuppression. Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 05/21/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
6.01.032 Positron Emission Tomography (PET)	Under Policy Statement, added updated medically necessary criteria. 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 05/21/18
6.01.047 Coronary Computed Tomography Angiography and Selective Noninvasive Fractional Flow Reserve	New Policy. Fractional Flow Reserve (FFR) can be modeled noninvasively using images during CCTA (Coronary Computed Tomography Angiography). The process generally involves the construction of a digital model of coronary anatomy and calculates FFR across the entire vascular tree using computational fluid dynamics. Report service using appropriate category III CPT® code or HCPCS code. Refer to policy for details.	New Policy Effective 02/01/18
7.01.110 Filtration Surgeries for Open Angle Glaucoma	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 05/21/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
7.01.116 Transcatheter Pulmonary Valve Implantation	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 05/21/18
8.01.011 Habilitative Services (MD and DC Mandates)	Updated Benefit Applications statement. Under Provider Guidelines, added updated statement. Report service using appropriate category I CPT® code, category III CPT® code, or HCPCS code. Refer to policy for details.	Revision Effective 04/01/18
11.01.007 Genetic Testing for Germline Mutations of the RET Proto-Oncogene in Medullary Carcinoma of the Thyroid	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 05/21/18
11.01.034 Molecular Genetic Expression Test for Identification of Heart Transplant Rejection	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 05/21/18
1.03.002	Under Policy Guidelines, added updated 2018 rationale statement.	Periodic review and update.

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
Adjustable Cranial Orthoses for Positional Plagiocephaly and for Craniosynostosis	Report service using appropriate HCPCS code. Refer to policy for details.	Effective 06/18/18
1.04.001 Prosthetics	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 06/18/18
2.01.016 Blood-Derived Growth Factors for Wound Healing	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 06/18/18
2.01.059 Quantitative Sensory Testing for Peripheral Neuropathies	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category III CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 06/18/18
2.01.066 Digital Pulse Wave Analysis Assessment of Arterial Elasticity	Under Policy Guidelines, added updated 2018 rationale statement.	Periodic review and update.

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
	Report service using appropriate category I CPT® code. Refer to policy for details.	Effective 06/18/18
2.01.068 Prosthetic Replacement of Ocular Surface Ecosystem (PROSE)	Policy Title revised. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Revision Effective 06/18/18
2.02.002 Microvolt T-Wave Alternans	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 06/18/18
2.03.003 Transcatheter Arterial Chemoembolization for Malignant Tumors of the Liver	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 06/18/18
4.01.009 Progesterone Administration for the Prevention of Preterm Labor	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 06/18/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
5.01.036 Axicabtagene Ciloleucel (YescartaTM)	New Policy. Axicabtagene Ciloleucel (Yescarta™), is a T-Cell immunotherapy that involves genetically modifying a patient's T cells for the treatment of adults with relapsed or refractory large B-cell lymphoma. Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 06/18/18
6.01.036 Magnetoencephalography and Magnetic Source Imaging	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 06/18/18
8.01.005 Speech Therapy	Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 06/18/18
11.01.067 DecisionDx-UM Assay for Stratifying Risk of Metastatic Uveal Melanoma	Policy statement updated to reflect medically necessary indications. Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate category I CPT® code.	Revision Effective 04/01/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
	Refer to policy for details.	
11.01.071 Pharmacogenomic Assay for the Management of Major Depressive Disorder (GeneSight® Psychotropic)	New Policy. The GeneSight® Psychotropic assay assists with psychotropic medication selection and management in patients with major depressive disorder. Report service using appropriate category I CPT® code. Refer to policy for details.	New Policy Effective 04/01/18

Claims and Billing

Tips for Claims Submissions

To ensure that all claims are processed correctly and efficiently, please utilize the following tips:

- When submitting claims for members, please be sure to add the member prefix. This will ensure they are delivered to the proper platform for processing. When the appropriate prefix is not received, this could cause delays in adjudication of your claim or may result in it being rejected or returned to you
- Virginia Providers: All CareFirst HMO claims should be sent to CareFirst for processing. If the group is PPO and/or BlueCard, please be sure to submit through your local plan.

  When a claim is submitted to your local plan and CareFirst, the following could occur:
  - Allowances could be different
  - Benefits could be applied differently as the provider may be non-participating with CareFirst, but participating with the local plan

- It is important to utilize the appropriate type of bill. Failure to do so could result in claims being adjusted on more than one occasion

Coming Soon — CareFirst Will Accept COB Claims Electronically

Starting this fall, you will have the ability to electronically submit Coordination of Benefits (COB) claims where another commercial carrier is the primary payer and CareFirst is secondary. Currently, only paper submissions are accepted for these types of claims. This enhancement, which will be implemented by the end of the year, will save time and allow your claims to be processed quickly and efficiently. More information, including our implementation date, will be available in the coming months under Provider News and in the upcoming issues of BlueLink. If you have questions, contact Provider Services at 877-228-7268.

Provider Reminders

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 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.

HHS-RADV Medical Record Outreach – What This Means for You

As part of our annual participation efforts, CareFirst has begun the medical record outreach process for The Centers for Medicare and Medicaid Services (CMS), on behalf of the Department of Health and Human Services (HHS), Risk Adjustment Data Validation (HHS-RADV) programs. Our participation requires us to report certain information about the health status of specific patients.

What Does This Mean for You?

CareFirst or our contracted vendor, Health Data Vision, Inc. (HDVI), may contact you to request a copy of a patient's medical record for the entire 2017 year. Additionally, you might on occasion receive a request from other Blues Plans to support their members receiving care out of area.

Program	Timeline	Vendor	Action Needed
HHS-RADV RADV is a requirement of CMS to validate Risk Adjustment data and verifies that the diagnosis codes submitted for payment are supported by medical record documentation. The purpose is to ensure risk adjusted payment integrity and accuracy.	July through October 2018	HDVI	Complete 2017 medical record documentation is required for selected patients

What Are We Doing to Assist Your Practice?

CareFirst is reaching out to practices that we anticipate will receive large volumes of requests to identify the best approach for you to provide the necessary information with minimal disruption to your practice. To reduce the burden on your staff for record retrieval, there are multiple means for you to supply the requested data, including electronic medical record access. Our vendor will review the records to make sure they meet the necessary requirements. If the information provided is incomplete, additional documentation may be requested.

What You Need to Know About Your Provider Contract?

Failure to comply with our requests for member medical records is a contract violation. It is your obligation to provide medical records or obtain the records from your vendor and submit the requested medical records with no charge to CareFirst or its vendors.

What You Need to Know About HIPAA/Privacy?

All our vendors are contractually bound to preserve the confidentiality of health plan patients' protected health information obtained from medical records, in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Please note that patient-authorized information releases are not required for you to comply with this request for medical records.

We appreciate your cooperation and assistance in this effort and thank you for partnering with us to improve the health of individuals, families and communities.

Are You Up to Date on Best Practices and Quality Standards?

From recommending preventive care options to your patients or managing day-to-day office operations, the clinical resources 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 you are informed when information changes.

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**
CareFirst's Quality Improvement Program Includes processes, goals and outcomes.	carefirst.com/qualityimprovement	
Clinical Practice Guidelines Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	carefirst.com/clinicalresources	

Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	carefirst.staywellsolutionsonline.com/HealthyLiving/ServicesGuidelines/	
Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care.	carefirst.com/clinicalresources	
Care Coordination Programs		
Topic	**Website Link**	**PDF Available**
Access to Complex Care Coordination Includes instructions for making referrals for both medical and behavioral health; or call (800) 245-7013.	carefirst.com/providermanualsandguides	
Practitioner Referrals for Disease Management Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.	carefirst.com/clinicalresources	
Pharmaceutical Management		
Topic	**Website Link**	**PDF Available**
Pharmaceutical Management Includes the formulary, restrictions/ preferences, guidelines/policies and procedures.	carefirst.com/rx	
Utilization Procedures		
Topic	**Website Link**	**PDF Available**
Utilization Management Criteria Includes information on how to obtain Utilization Management	carefirst.com/bluelink > *February 2018*	

criteria for both Medical and Behavioral Health.		
Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.	carefirst.com/bluelink > *February 2018*	
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.	carefirst.com/bluelink > *February 2018*	
Member Related Resources		
Topic	**Website Link**	**PDF Available**
Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.	carefirst.com/qoc	
How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision.	carefirst.com/appeals	
Member's Privacy Policy Includes a description of our privacy policy and how we protect our members health information.	carefirst.com/privacy	
Member's Rights and Responsibilities Statement Outlines responsibilities to our members.	carefirst.com/myrights	

To request a paper copy of any documents listed above, please call (800) 842-5975

In Case You Missed It

- **August 21, 2018 —** Join us on Sept. 19 for our next Provider Seminar in Hagerstown, Md.