BlueLink

Medical News & Updates

CareFirst
Family of health care plans

WHAT'S HAPPENING?

- CareFirst Names Brian Pieninck CEO
- Are You Up-To-Date on Best Practices and Quality Standards?
- Complex Care Coordination Referral Process

HEALTH CARE POLICY

- Effective Dates, CPT® Codes and Policy Updates for June
- New Medical Technology Updates for June

CLAIMS & BILLING

- Effective March 1: HCPCS Codes That No Longer Require Prior Authorization

PROVIDER REMINDERS

- Avoid Delays for Laboratory Claims — Use LabCorp for BlueChoice Patients
- BlueLink Tip — State of Maryland Wellness Program
- CareFirst Has Updated Our Drug Prior Authorization List

IN CASE YOU MISSED IT

- Save The Date For July 19. Register To Attend Our Upcoming Professional Provider Seminar
- CareFirst's Behavioral Health Substance Use Disorder Programs
- Hospital Transition of Care (HTCs) and the Post-Acute Placement Process

For more information, visit www.carefirst.com/bluelink

WHAT'S HAPPENING?

CareFirst Names Brian Pieninck CEO

The Board of CareFirst, Inc. and its affiliate Boards have named Brian D. Pieninck as President and Chief Executive Officer of CareFirst BlueCross BlueShield (CareFirst), effective July 1, 2018. Pieninck, who currently serves as the company's Chief Operating Officer, will succeed Chet Burrell, who will retire after more than a decade as the company's top executive on June 30.

Since April 2017, Pieninck has served as CareFirst's Chief Operating Officer, responsible for more than 4,000 employees and overseeing business functions for CareFirst's technology division and its four Strategic Business Units — Large Group/CareFirst Administrators, Small & Medium Group, Consumer Direct and Federal Employee Health Benefits Program.

"Brian is an exceptional and energetic leader who has quickly demonstrated his ability to achieve outstanding business results while remaining focused on the importance of CareFirst's not-for-profit mission and the people who work to uphold it each day," said Stephen L. Waechter, chair of the board of directors of CareFirst, Inc. "As we thank Chet Burrell for his years of outstanding service to the company, we also are confident in Brian's ability to expand on the tremendous work that has taken place under Chet's guidance."

Pieninck joined CareFirst in April 2015 as Executive Vice President of the company's Large Group Strategic Business Unit and was responsible for service, sales and claims operations for CareFirst's largest and most complex accounts. A year later, Pieninck's responsibility expanded to include leadership of CareFirst Administrators, the company's third-party administrator unit for self-insured groups.

"CareFirst is very fortunate to have a leader with Brian's capabilities. He is highly regarded by the Board and all who know him in the community. Most of all, I believe Brian is committed to carrying out CareFirst's not-for-profit mission," said current CareFirst President and CEO Chet Burrell.

As the top executive of CareFirst's Large Group Strategic Business Unit, Pieninck oversaw the largest ever year-over-year enrollment growth (12 percent) for that unit from 2017 to 2018. The company also has bolstered sales of its dental, student health and Medicare supplemental insurance plans.

"I feel honored and grateful for the opportunity to lead an organization that is such an important part of the lives of its members, the communities it serves and the dedicated employees who work for it," Pieninck said. "I am also thankful for the distinguished leadership Chet Burrell has provided CareFirst during the past decade and look forward to helping the company continue to accomplish its mission of providing affordable and accessible health care services to as many people as possible."

Prior to joining CareFirst, Pieninck was a member of Aetna Inc.'s leadership team, where he held a variety of positions of increasing responsibility during a 19-tenure, most recently as President of the Americas for Aetna International. In that role, he was responsible for the company's business interests and strategic expansion in North, Central and South America, as well as the Caribbean.

Before serving as President of Aetna International's Americas organization, Pieninck was President of Southeast National Accounts of Aetna. During his tenure, he developed and led the execution of serval initiatives resulting in significant savings for the company.

Pieninck is a member of the boards of the Federal Employee Program Board of Managers, Special Olympics Maryland and the Economic Alliance of Greater Baltimore and is a member of the United Way's Tocqueville Society.

Pieninck holds a Bachelor of Science in Business Studies Business Administration from Southern New Hampshire University and is a graduate of Leadership Maryland's Class of 2016.

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 & procedures.	carefirst.com/rx	

UTILIZATION PROCEDURES

TOPIC	WEBSITE LINK	PDF AVAILABLE
Utilization Management (UM) Criteria Includes information on how to obtain UM criteria for both Medical and Behavioral Health.	carefirst.com/bluelink *> February 2018*	
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 member's 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 (800) 842-5975

Complex Care Coordination Referral Process

Complex Care Coordination is designed to identify patients who require more involved coordination of care due to a catastrophic, chronic, progressive or high risk acute illness, as early as possible. Complex Care Coordination also coordinates the use of health care benefits to create a plan of care that maximizes benefits effectively without compromising the quality of care. PCPs should refer members who would benefit from these services as soon as they are identified.

Complex Care Coordination interventions are appropriate for members:

- With catastrophic, progressive, chronic or life-threatening diseases
- Who require continuing care due to a catastrophic event or an acute exacerbation of a chronic illness
- With extended acute care hospitalizations
- With repeat hospital admissions within a limited time period

The Care Coordinator prepares and coordinates a care plan in collaboration with the member, his/her PCP, other providers and family. The Care Coordinator will ensure that the care plan is within the member's existing benefits.

If you are a PCMH provider, please contact your Local Care Coordinator or your CareFirst Regional Care Director for more information or to refer a member. If you are not a PCMH provider, please call 800-245-7013 to reach the Complex Care Coordination Referral Line.

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 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
2.01.003 Gait Analysis	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 04/16/18
2.01.058 Monitoring of Regional Cerebral Blood Flow Using Implanted Thermal Infusion Probe	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 04/16/18
2.01.063 Repository Corticotropin (ACTH) Injection	Policy placed in archived status and replaced by a new policy 2.01.077. Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 04/16/18

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	Under Policy Guidelines, added updated 2018 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update. Effective 04/16/18
2.01.077 Repository Corticotropin Injection	New Policy. Repository Corticotropin Injection is used to treat infantile spams. Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 04/16/18
2.02.006 Ambulatory Blood Pressure Monitoring	Under Policy Guidelines, revised original rationale statement for clarity, and added updated 2018 rationale statement. Report service using appropriate category I CPT® code. Refer to policy for details.	Periodic review and update. Effective 04/16/18
5.01.005 Botulinum Toxin	Policy placed in archived status and replaced by a new policy 5.01.007. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Periodic review and update. Effective 04/16/18
5.01.007 Botulinum Toxin (Botox)	New Policy. Botulinum toxins are used to treat conditions involving spasticity. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	New Policy Effective 04/16/18
5.01.013 Intravenous Immune Globulin (IVIG) Therapy	Policy placed in archived status and replaced by a new policy 5.01.025. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	Revision Effective 04/16/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
5.01.025 Intravenous Immune Globulin (IVIG) Therapy	New Policy. Intravenous immune globulin (IVIG) is used to provide passive immunization to one or more infectious diseases or to act as an immune modulator in a variety of conditions. Report service using appropriate category I CPT® code or HCPCS code. Refer to policy for details.	New Policy Effective 04/16/18
6.01.045 Transient Elastography Ultrasound for Assessing Liver Fibrosis	Report service using appropriate category I CPT® code. Refer to policy for details.	Revision Effective 04/16/18
7.01.005 Cochlear Implantation	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 04/16/18
7.01.088 Vertebral Disc Replacement / Lumbar Disk Prosthesis	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 04/16/18

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
8.01.018 Dry Needling	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 04/16/18

New Medical Technology Updates for June

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 BlueChoice Determination
Oncotype DX® Genomic Prostate Score (GPS)	The GPS assay assists newly diagnosed men with early-stage prostate cancer make treatment decisions, including active surveillance.	Medically Necessary for patients meeting criteria. CPT® reporting code(s) 81479 Effective: 4/1/18
GeneSight® Psychotropic	A pharmacogenomic assay that assists with psychotropic medication selection and management for patients with major depressive disorder.	Medically Necessary for patients meeting criteria. CPT® reporting code(s) 81479 Effective: 4/1/18
DecisionDx-UM	A gene expression profile test designed for managing patients with localized uveal melanoma (UM).	Medically Necessary for patients with localized uveal melanoma. CPT® reporting code(s) 81599 Effective: 4/1/18

CLAIMS AND BILLING

Effective March 1: HCPCS Codes That No Longer Prior Authorization

Periodically, CareFirst reviews its prior authorization process to evaluate the benefit of authorizing certain services. Effective March 1, 2018 the following Healthcare Common Procedure Coding System (HCPCS) codes that no longer require prior authorization for all lines of business:

Code	Description
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
E0745	Neuromuscular stimulator, electronic shock unit
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2363	Power wheelchair accessory, 24NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2366	Power wheelchair accessary, battery charger, dual mode, for use with only one battery, sealed or nonsealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2402	Negative pressure wound therapy, stationary or portable

As always, please remember to verify benefits via CareFirst Direct for co-payments and deductibles.

PROVIDER REMINDERS

Avoid Delays for Laboratory Claims — Use LabCorp for BlueChoice Patients

Please do not refer BlueChoice members to other laboratories. BlueChoice members **must** be referred to LabCorp. If BlueChoice members are referred to other laboratories, it will be considered out-of-network which will result in denied claims and higher out-of-pocket expenses.

For more information, contact LabCorp at 888-522-2677, or read more in the [Professional](#) or [Institutional](#) provider manuals. For member eligibility or claim status information, login to CareFirst Direct at [carefirst.com/providerlogin](#) or call Provider Services at 800-842-5975.

BlueLink Tip — State of Maryland Wellness Program

The State of Maryland implemented a wellness program for participating accounts beginning January 1, 2015. [Watch](#) this issue's BlueLink Tip for details.

CareFirst Has Updated Our Drug Prior Authorization List

As you know, certain [medications](#) administered in outpatient hospital and home or office settings require prior authorization. In [May](#), CareFirst added [46 drugs](#) covered under the medical benefit to our [prior authorization list](#).

How to Request Prior Authorization

CareFirst requires prescribers to submit drug prior authorization requests electronically through the [CareFirst Provider Portal](#). To submit a prior authorization, log in to the Provider Portal at [www.carefirst.com/providerlogin](#) and navigate to the Prior-Auth/Notifications tab to begin your request.

Our electronic prior authorization system is efficient, providing faster results and reduced administrative errors leading to overall patient satisfaction. Prior authorizations that are not instantly approved are quickly reviewed. Turnaround time is 24 hours for urgent cases and 48 hours for non-urgent cases if all clinical information is submitted correctly.

Prior authorization approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

Questions?

If you are experiencing technical difficulties with the [Provider Portal](#), please contact the CareFirst Help Desk at 877-526-8390. For all other questions regarding the submission of your request, please contact CVS Caremark:

- For [specialty drugs](#) call 888-877-0518
- For non-specialty drugs call 855-582-2038

- For FEP dugs requiring online prior authorization call 800-469-7556

To learn more about submitting prior authorization electronically, view our [training video](#) or download the [user guide](#).

IN CASE YOU MISSED IT

June 21, 2018 — [Save The Date For July 19. Register To Attend Our Upcoming Professional Provider Seminar](#)

May 10, 2018 — [CareFirst's Behavioral Health and Substance Use Disorder Programs](#)

May 1, 2018 — [Hospital Transition of Care (HTCs) and The Post-Acute Placement Process](#)