

# BlueLink



## *Medical News & Updates*

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For more information, visit [carefirst.com/bluelink](https://carefirst.com/bluelink)

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## What's Happening?

### CareFirst Supports Launch of National Coordination of Care Program

Effective January 1, 2020, CareFirst will be participating in a new Blue Cross Blue Shield National Coordination of Care program that supports Blue Cross and Blue Shield Medicare Advantage (BCBS MA) members, including those who live in the CareFirst service area. The program aims to increase the quality of BCBS MA members' care by enabling them to receive appropriate care, wherever they access care.

To better support these BCBS MA preferred provider organization (PPO) members who live in our service area, we will work with you to improve these members' care through:

- Providing you with additional information about open gaps in care
- Requesting medical records from you to provide a complete understanding of member health status

### What does this new program to support BCBS MA members mean to me?

This program will result in some changes that may be beneficial to you, your practice and your patients, including:

- The MA members that you see may come into your practice more frequently for care due to CareFirst's requesting care gap closures, allowing for greater continuity in care.
- CareFirst will request medical records from you for your MA PPO patients who are enrolled in a BCBS plan.
- You will receive consolidated information on gaps in care and risk adjustment gaps.
- You may receive an increase in Stars and Risk Adjustment gap closure requests from CareFirst for your patients who are MA PPO members residing in the CareFirst service area and enrolled with a BCBS Plan.

### Health Insurance Portability and Accountability Act (HIPAA) privacy

Consistent with HIPAA and any other applicable laws and regulations, CareFirst is contractually bound to preserve the confidentiality of health plan members' protected health information obtained from medical records and provider engagement on Stars and/or Risk Adjustment gaps. You will only receive requests from the CareFirst that are permissible under applicable law.

If you have any questions regarding the applicability of HIPAA or any other privacy law or regulation to this program, please contact provider services at 800-842-5975.

### How do I identify MA PPO members?



Participating MA PPO members can be identified by their mailing address in the CareFirst service area and the BCBS MA logo on their Blue Cross and/or Blue Shield ID Cards.

More information about this program will be shared soon.

### Federal Employee Program Benefit Updates for 2020

There are several changes to the Federal Employee Program (FEP) Standard, Basic and Blue Focus product options for 2020.

The following chart outlines the previous 2019 benefits and the 2020 benefit changes for the FEP Program. The changes are listed by Standard Only, Basic Only, Standard and Basic, and Blue Focus.

### Changes for Standard only

Name of Benefit	2020 Benefit	Previous Benefit
Telehealth services.	The first two telehealth visits are provided at no member cost share.	The cost share was \$10 per visit (no deductible).
Enhanced benefit for hip and knee replacement or revision surgeries, and certain spine surgeries performed outpatient at designated Blue Distinction Center for hip/knee/spine surgeries.	Copay is \$100 per day per facility with no deductible.	No enhanced outpatient Blue Distinction Center benefit.
Member cost share for traditional home hospice care for member and non-member facilities.	Copay is \$450 per episode copayment (no deductible).	No member cost share.
Continuous home hospice care received from preferred providers.	No member cost share.	Copay \$350.
Inpatient admissions to any facility overseas.	Cost share waived for all overseas services.	Members were responsible for a copay or coinsurance for these admissions.

### Changes for Basic only

Name of Benefit	2020 Benefit	Previous Benefit
Telehealth services.	The first two telehealth visits are provided at no member cost share.	\$15 cost share per visit.
Enhanced benefit for hip and knee replacement or revision surgeries, and certain spine surgeries performed outpatient at designated Blue Distinction Center for hip/knee/spine surgeries.	Copay \$25 per day per facility.	No enhanced outpatient Blue Distinction Center benefit.
Traditional home hospice care from member/non-member facilities.	Members pay for all charges.	No member cost share.

Name of Benefit	2020 Benefit	Previous Benefit
Continuous home hospice care received from preferred providers.	No member cost share.	\$150 copay and up to \$750 maximum per episode.
Reimbursement account for Medicare.	Reimbursement account for up to \$800 for Medicare Part B premiums to any member with Medicare Part A and Part B.	\$600 reimbursement.

### Changes for Standard and Basic

Name of Benefit	2020 Benefit	Previous Benefit
Telehealth benefit for nutritional counseling.	No member cost share.	No telehealth benefit for preventive nutritional counseling.
Bone-anchored hearing aids.	Benefits for medically necessary bone-anchored hearing aids without diagnosis restrictions.	Previously restricted to certain diagnoses.
Autologous blood or bone marrow stem cell transplant benefits for scleroderma.	Transplant benefits provided without requiring a clinical trial.	Clinical trial required.
Episode of care for traditional home hospice.	Define episode of care for traditional home hospice as one home hospice treatment per calendar year.	No definition/description for an episode of care.
Traditional home hospice program.	Members do not need to be enrolled in traditional home hospice program for the first continuous home hospice care. Members must be enrolled in a home hospice program to receive benefits for subsequent continuous home hospice.	Members must be enrolled in a traditional home hospice care program.
Continuous home hospice care.	Members may receive continuous home hospice care without 21 days of traditional home hospice care between each episode of care.	Continuous home hospice care had to be separated by at least 21 days of traditional home hospice care.
Inpatient hospice care.	Members may receive inpatient hospice care without 21 days of traditional home hospice care between each episode.	Each episode of inpatient hospice care had to be separated by at least 21 days of traditional home hospice care.

Name of Benefit	2020 Benefit	Previous Benefit
Cost share for preferred diabetic medications, test strips and supplies.	Includes syringes, pens and pen needles.	Syringes, pens and pen needles were not included in the reduced cost share benefit.
Pharmacy benefits.	Prescription Vitamin D.	Vitamin D supplements were available under the preventive care adult benefits with no member cost share.
Incentive programs.	Members no longer must complete the Blue Health Assessment Questionnaire (BHA) to be eligible to participate in incentive programs. All covered members are eligible for the incentive programs for which they may qualify.	Members must complete the BHA to be eligible for the incentive programs, which were limited to the member and spouse.
Diabetes management program.	Offered at no cost to the member.	There was no diabetes management program.
Hypertension management.	Online Health Coach module is now available. Members must complete the BHA to be eligible.	There was no Online Health Coach module.
Overseas pharmacy claims.	Limit the timely filing for overseas pharmacy claims to one year from the prescription fill date.	Submit overseas pharmacy claims by December 31 of the year after the year the member received the service.
Preventive care adult definition.	Screening for intimate partner violence for women of reproductive age is covered.	Screening not included in definition.

### Changes for Blue Focus

Name of Benefit	2020 Benefit	Previous Benefit
Laboratory tests.	<p>No member cost share for the first 10 laboratory tests performed in each of the following laboratory test categories:</p> <ul style="list-style-type: none"> <li>• Basic metabolic panels</li> <li>• Cholesterol screenings</li> <li>• Complete blood counts</li> <li>• Fasting lipoprotein profiles</li> </ul>	After meeting the calendar deductible, members were responsible for 30% of the plan allowance for these laboratory tests.

Name of Benefit	2020 Benefit	Previous Benefit
	<ul style="list-style-type: none"> <li>General health panels</li> <li>Urinalysis</li> <li>10 venipunctures</li> </ul> <p>This benefit is applicable to laboratory services not associated with preventive, maternity or accidental injury care.</p>	
Telehealth benefit for nutritional counseling.	Provide telehealth benefit for nutritional counseling with no member cost share.	No telehealth benefit for nutritional counseling.
Depression associated with pregnancy.	Cover up to four visits per year to treat depression during pregnancy (i.e., depression during pregnancy, postpartum depression or both) when members use a preferred provider.	Screening for perinatal depression was covered under the mental health benefit with a member cost share.
Autologous blood or bone marrow stem cell transplant benefits for scleroderma.	Transplant benefits provided without requiring a clinical trial.	Clinical trial required.
Screening pregnant members for syphilis.	Preventive care benefits with no member cost share.	Screening was included in the \$1,500 copayment per pregnancy.
Reducing alcohol abuse for pregnant members when billed by an outpatient facility.	Preventive care benefits with no member cost share.	Services were applied to the \$1,500 copayment per pregnancy.
Episode of care for traditional home hospice.	Define episode of care for traditional home hospice as one home hospice treatment per calendar year.	No definition/description for an episode of care.
Traditional home hospice care.	Members pay all charges for care received from a non-preferred provider (member/non-member facility).	No member cost share.
Continuous home hospice care.	Members may receive continuous home hospice care without 21 days of traditional home hospice care between each episode of care.	Continuous home hospice care had to be separated by at least 21 days of traditional home hospice care.
Home hospice program.	Members do not need to be	Members had to be enrolled in a

Name of Benefit	2020 Benefit	Previous Benefit
	enrolled in a home hospice program to be eligible for the first continuous home hospice care. Members must be enrolled in a home hospice program to receive benefits for subsequent continuous home hospice care.	home hospice program to be eligible for continuous home hospice care.
Inpatient hospice care.	Members may receive inpatient hospice care without 21 days of traditional home hospice care between each episode.	Each episode of inpatient hospice stays had to be separated by at least 21 days of traditional home hospice care.
Pharmacy benefits.	Prescription Vitamin D.	Vitamin D supplements were available under the preventive care adult benefits with no member cost share.
Overseas pharmacy claims.	Limit the timely filing for overseas pharmacy claims to one year from the prescription fill date.	Submit overseas pharmacy claims by December 31 of the year after the year you received the service.
Preventive Care Adult Definition.	Screening for intimate partner violence for women of reproductive age is covered.	Screening not included in definition.

## CareFirst to Implement Provider Profile Score

Beginning in January 2020, CareFirst will begin calculating a profile score for eligible practices. CareFirst will offer a [webinar](#) about the profile score on January 15. If your practice has received a notification letter, please consider attending the webinar to learn more.

## Healthcare Policy

### Effective Dates, Current Procedural Terminology (CPT®) Codes and Policy Updates for December

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 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 processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.010 Transcutaneous Electrical Nerve Stimulators	Updated Description statement. Under Policy Guidelines, added experimental/investigational criteria and an updated 2019 rationale statement. Report service using appropriate category I CPT code or Healthcare Common Procedure Coding System (HCPCS) code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 09/16/19
1.01.061 Transcutaneous Electroneural Stimulation for Relief of Nausea and Vomiting	Under Description, added no further review statement. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update No further review scheduled Effective 09/16/19
1.01.076 Home Monitoring of Visual Field Assessment with Real Time Data Analysis	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Periodic review and update Effective 09/16/19
3.01.014 Psychological Testing	Revised Benefit Applications statement. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 08/01/19
3.01.018 Treatment of Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorders associated with Streptococcal infections (PANDAS)	PANS and its subgroup PANDAS are a clinically heterogeneous group of disorders characterized by abrupt onset of obsessive-compulsive symptoms and/or restricted eating behaviors with at least two comorbid symptoms, including anxiety, emotional lability and/or depression, irritability/oppositionality/aggression, behavior regression, deterioration in school performance, sensory or motor abnormalities, and somatic symptoms. Treatments of PANS and PANDAS are medically necessary in moderate-to-severe and extreme/life-threatening cases that may include	New Policy Effective 09/16/19



Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	immunomodulators (i.e. corticosteroids, intravenous immunoglobulin). Report service using appropriate category I CPT code. Refer to policy for details.	
5.01.033 Nusinersen (Spinraza®)	Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/16/19
6.01.002 Bone Mineral Density (BMD) Studies	BMD studies are intended to provide a comprehensive overview of an individual's bone health (i.e. detect fragility fractures (i.e. osteoporosis), identify fracture risk, and monitor response to osteoporosis treatment). BMD measurement using dual energy X-ray absorptiometry may be considered medically necessary for specific indications. Report service using appropriate category I CPT code. Refer to policy for details.	New Policy Effective 09/16/19
6.01.025 Scintimammography	Updated Policy statement. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/16/19
6.01.049A Breast Cancer Screening and Notification Amendment Act of 2018 (D.C. Mandate)	The Breast Cancer Screening and Notification Amendment Act of 2018 amends the District of Columbia Cancer Prevention Act of 1990 to require coverage of certain preventative breast cancer screening procedures; and to amend the Women's Health and Cancer Rights Federal Law Conformity Act of 2000 to require insurers to provide coverage for certain health-care services without imposing any cost-sharing requirements. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	New Policy Effective 07/01/19
7.01.013 Keratoprosthesis	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/16/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.030 Therapeutic Apheresis	Updated Policy statement. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 09/16/19
7.01.033 Total Hip Resurfacing	Updated Policy statement to reflect not medically necessary for any indication outside of the medically necessary criteria. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate HCPCS code.	Periodic review and update Effective 09/16/19
7.01.071 Prophylactic Mastectomy	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 09/16/19
7.01.098 Cryosurgical Ablation of Renal Cell Carcinoma	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 09/16/19
7.01.099 Cryotherapy Dilation for Peripheral Arterial Disease	Under Description, added no further review statement. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update No further review scheduled Effective 09/16/19
7.01.120 Peripheral Field Neurostimulation for Chronic Pain	Under Description, added no further review statement. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update No further review scheduled Effective 09/16/19
7.01.129 Peroral Endoscopic Esophageal Achalasia	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 09/16/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
10.01.011A Emergency Services: Auto Codes	Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 09/16/19
1.01.011 Continuous Passive Motion (CPM) Device	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 10/14/19
1.01.070A Breast Pumps and Related Supplies	Updated Cross References to Related Policies and Procedures section. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 10/14/19
2.01.062 Bioimpedance for Assessment of Lymphedema	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 10/14/19
2.01.072A Telemedicine (Unified Communications)	Revised Policy and Benefit Applications statements. Report service using appropriate category I CPT code, category III CPT code, or HCPCS code. Refer to policy for details.	Periodic review and update and Revision Effective 10/14/19
2.01.074 Urine Drug Testing in Pain Management and Substance Use Disorder Treatment	Revised Policy, Policy Guidelines and Provider Guidelines. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Revision Effective 10/14/19
2.02.007 Mobile Outpatient Cardiovascular Telemetry	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 10/14/19
3.01.011A Autism Spectrum Disorders (Virginia Mandate)	Revised Description and Benefit Applications. Report service using appropriate category I CPT code, category III CPT code, or HCPCS code. Refer to policy for details.	Revision Effective 10/14/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
5.01.017 Human Papillomavirus (HPV) Recombinant Vaccines	Updated Policy statements to reflect medically necessary indications for Gardasil® 9 (Nonavalent HPV Recombinant Vaccine) for ages 9 through 45 years. Under Policy Guidelines, revised the 2009 rationale statement and added an updated 2019 rationale statement. Revised Provider Guidelines statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 08/16/19
5.01.034 Hematopoietic Growth Factors	Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 10/14/19
7.01.104 Percutaneous Ablation of Malignant Tumors of the Lung	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 10/14/19
7.01.126 Power Morcellation for Hysterectomy and Myomectomy	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 10/14/19
7.01.130 Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	Under Policy, added medically necessary indications for Food and Drug Administration approved Hypoglossal Nerve Stimulation (e. g. Inspire Upper Airway Stimulation) in individuals with obstructive sleep apnea when the listed criteria are met. Updated Policy Guidelines statements added an experimental/investigational criterion and an updated 2019 rationale statement. Report service using appropriate category I CPT code, category III CPT code, or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 08/28/19
11.01.037 Serum Biomarker Panels for Assessment of Hepatic Fibrosis	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 10/14/19

## New Medical Technology Updates for December

Our technology assessment unit evaluates new and existing technologies to apply to our local indemnity and managed care benefits. 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 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 service through CareFirst on Call ([Professional](#) and [Institutional](#)) or [CareFirst Direct](#).

The technology assessment unit recently made the following determinations:

Technology	Description	CareFirst and CareFirst BlueChoice Determination
Radiofrequency ablation (i.e. Acessa™) for the treatment of uterine fibroids (Leiomyomata)	A minimally invasive alternative procedure (radiofrequency, volumetric, thermal ablation), (RFVTA) to hysterectomy, or myomectomy for the treatment of symptomatic uterine fibroids. The procedure is performed laparoscopically under general anesthesia and ultrasound guidance to treat multiple fibroids.	Considered medically necessary when criteria are met  CPT reporting code 58674
Cranial electric stimulation (CES, e.g. Fisher Wallace Stimulator, Alpha-Stim®)	CES, also referred to as cranial electrotherapy stimulation or transcranial electrotherapy, is a form of brain stimulation that uses low levels of alternating current to elicit changes in brain function. CES is currently marketed as an effective treatment for psychiatric ailments ranging from depression to insomnia to Attention Deficit Hyperactivity Disorder.	Considered experimental / investigational  HCPCS reporting code E1399

## Category III CPT Codes Effective January 1, 2020

Code	Decision
0563T	Experimental/Investigational
0564T	Experimental/Investigational
0565T	Experimental/Investigational
0566T	Experimental/Investigational
0567T	Experimental/Investigational
0568T	Experimental/Investigational
0569T	Experimental/Investigational
0570T	Experimental/Investigational

0571T	Experimental/Investigational
0572T	Experimental/Investigational
0573T	Experimental/Investigational
0574T	Experimental/Investigational
0575T	Experimental/Investigational
0576T	Experimental/Investigational
0577T	Experimental/Investigational
0578T	Experimental/Investigational
0579T	Experimental/Investigational
0580T	Experimental/Investigational
0581T	Experimental/Investigational
0582T	Experimental/Investigational
0583T	Experimental/Investigational
0584T	Experimental/Investigational
0585T	Experimental/Investigational
0586T	Experimental/Investigational
0587T	Experimental/Investigational
0588T	Experimental/Investigational
0589T	Experimental/Investigational
0590T	Experimental/Investigational
0591T	Experimental/Investigational
0592T	Experimental/Investigational
0593T	Experimental/Investigational

## Claims and Billing

### CareFirst's Standard Approved Ambulatory Surgery Center Codes List Now on Provider Website

To help ensure you have the most up-to-date list of Standard Approved Ambulatory Surgery Center (ASC) Codes for the services you perform in a free-standing ASC, we have added the [Standard Approved ASC Code list](#) to our website and removed the list of CPT and/or HCPCS code(s) exempt from multiple procedure reduction. You can now find this list on the provider website by using the following steps:

1. Go to [carefirst.com/provider](https://carefirst.com/provider).

2. Click on Manuals & Guides under the Resources tab.
3. Click on Quick Reference Guides.
4. Under the medical section, click on See More.
5. Click on Standard Approved Ambulatory Surgery Center (ASC) Codes.

Now that this information is on our website, we will no longer be publishing the codes in the Institutional Provider Manual. The manual has been updated to remove these codes. This enables us to update the list for you more quickly.

Remember to regularly check our website to see if we have updated the list by looking for the effective date on the list of codes form.

## Provider Reminders

### All Health Plans to use American Society of Addiction Medicine Guidelines

As part of the 2019 Maryland legislative session, Governor Hogan signed [House Bill 599/SB 631](#) into law on April 30 requiring that, effective January 1, 2020, all health plans must use the most recent edition of the American Society of Addiction Medicine (ASAM) guidelines for all substance use disorder cases. This [law](#) will be applied across all of CareFirst's service area.

As part of this mandate, CareFirst has updated policy 2.01.074 Urine Drug Testing in Pain Management Substance Abuse Treatment on the provider website. To see this update along with all of our medical policies, visit [carefirst.com/medicalpolicy](https://carefirst.com/medicalpolicy). For questions about this update, please contact Dr. Robert Ciaverelli, CareFirst's behavioral health medical director, at [Robert.Ciaverelli@carefirst.com](mailto:Robert.Ciaverelli@carefirst.com) or 443-738-3208.

### Avoid Delays for Laboratory Claims – Use LabCorp for BlueChoice Patients

We know how important it is to make proper care decisions and recommendations for your patients, our members. It is our goal to provide you with information and resources to help supplement your clinical decision-making and achieve the goals of improving quality and reducing costs of healthcare.

When referring your patients for lab work, please remember that 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, log in to CareFirst Direct at [carefirst.com/providerlogin](https://carefirst.com/providerlogin) or call Provider Services at 800-842-5975.







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

From recommending preventive care options for your patients to 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 and for those who need preventive services.










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.

General Guidelines and Survey Results		
Topic	Website Link	PDF Available
<b>CareFirst's Quality Improvement Program</b> Includes processes, goals and outcomes.	<a href="http://carefirst.com/qualityimprovement">carefirst.com/qualityimprovement</a>	
<b>Clinical Practice Guidelines</b> Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	<a href="http://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a>	
<b>Preventive Health Guidelines</b> Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	<a href="http://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a>	
<b>Accessibility and Availability of Appointments</b> Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care.	<a href="http://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a>	
Care Coordination Programs		
Topic	Website Link	PDF Available
<b>Access to Care Management</b> Includes instructions for making referrals for both medical and behavioral health; or call 800-245-7013.	<a href="http://carefirst.com/providermanualsandguides">carefirst.com/providermanualsandguides</a>	
<b>Practitioner Referrals for Disease Management</b> Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.	<a href="http://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a>	
Pharmaceutical Management		
Topic	Website Link	PDF Available



<b>Pharmaceutical Management</b> Includes the formulary, restrictions/preferences, guidelines/policies and procedures.	<a href="http://carefirst.com/rx">carefirst.com/rx</a>	
<b>Utilization Procedures</b>		
<b>Topic</b>	<b>Website Link</b>	<b>PDF Available</b>
<b>Utilization Management Criteria</b> Includes information on how to obtain utilization management criteria for both medical and behavioral health.	<a href="http://carefirst.com/bluelink">carefirst.com/bluelink</a> > <i>February 2019</i>	
<b>Physician Reviewer</b> Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.	<a href="http://carefirst.com/bluelink">carefirst.com/bluelink</a> > <i>February 2019</i>	
<b>Decisions about Medical and Mental Health, and Pharmacy</b> Includes affirmative statement for anyone making decisions regarding utilization management.	<a href="http://carefirst.com/bluelink">carefirst.com/bluelink</a> > <i>February 2019</i>	
<b>Member Related Resources</b>		
<b>Topic</b>	<b>Website Link</b>	<b>PDF Available</b>
<b>Quality of Care Complaints</b> Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.	<a href="http://carefirst.com/qoc">carefirst.com/qoc</a>	
<b>How to File an Appeal</b> Includes policies and procedures for members to request an appeal of a claim payment decision.	<a href="http://carefirst.com/appeals">carefirst.com/appeals</a>	
<b>Member's Privacy Policy</b> Includes a description of our privacy policy and how we protect our members health information.	<a href="http://carefirst.com/privacy">carefirst.com/privacy</a>	

<b>Member's Rights and Responsibilities Statement</b> Outlines responsibilities to our members.	<a href="http://carefirst.com/myrights">carefirst.com/myrights</a>	
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To request a paper copy of any documents listed above, please call 800-842-5975.

## Stay Connected – It Matters for Your Patients

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