

BlueLink



Medical News & Updates

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For more information, visit carefirst.com/bluelink

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (Used in VA by: First Care, Inc.). First Care, Inc., CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc. and The Dental Network are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association. CareFirst of Maryland, Inc. and The Dental Network underwrite products in Maryland only.

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What's Happening?

Lactation Consultants Can Now Join CareFirst's Network

Effective May 9, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) now credentials licensed health care providers who offer certified lactation services (CLS). These services include:

- Breastfeeding support, such as lactation consultation and counseling services
- Counseling for supplies, such as breast pumps
- Certain women's services that are considered preventive

To join CareFirst's networks, eligible CLS providers must:

- Be a licensed health care provider, licensed in Md., D.C., Va. (or W.Va., Pa. or Del. if treating patients in one contiguous county of CareFirst's service area), and licensed in the jurisdiction where the patient receives the service
- Be certified by the International Board of Lactation Consultant Examiners (IBCLC) or be a Certified Lactation Counselor (CLC) with the Academy of Lactation Policy and Practice. This is applicable to certain licensed health care providers.
- Maintain professional liability insurance in the amounts of \$500,000 per occurrence and \$1,500,000 annual aggregate

A health professional may become certified as an IBCLC or CLC. However, professional licensure is not required in order to obtain the certifications.

Eligible providers must also meet specific requirements for Council for Affordable Quality Healthcare (CAQH) and register using the ProView® application.

For more information, visit carefirst.com/professional-credentialing and click on [How to Apply](#).

CareFirst's Behavioral Health and Substance Use Disorder Program — Support for your Patients

As part of CareFirst's ongoing efforts to increase access to [behavioral health and substance use disorder services](#), we offer [programs and resources](#) to help meet the specific needs of your patients.

The [Behavioral Health Program](#) supports patients with conditions like depression, anxiety or eating disorders. This program provides one-on-one support through a specialty-trained and licensed behavioral health care coordinator.

The [Substance Use Disorder Program](#) connects patients struggling with substance use or addiction with trusted providers in outpatient settings who provide therapy, medication assisted treatment care options, support groups and education as part of an intensive outpatient treatment.

To learn more about what CareFirst has to offer or to refer a patient, call 1-800-245-7013. Patient-Centered Medical Home (PCMH) providers should contact their regional care director or behavioral health care coordinator.

Have You Made the Switch to the Enhanced ePA Tool? Make the Switch Today

[In January](#) CVS Caremark* upgraded its electronic prior authorization (ePA) submission process. The newly enhanced ePA tool, which is accessed through the Provider Portal, makes submitting prior authorization (PA) requests easier and more convenient. Currently you can toggle between the old version and the new version, however this functionally is being retired by the end of the third quarter. Beginning in October, you will only have access to the upgraded version. It is important that your office start to use the enhanced ePA tool now to ensure you have the best experience when submitting drug prior authorizations.

Training is Available

To learn more about the enhanced tool, attend our *ePA for Drugs-An Enhanced Authorization Experience* webinar at 2 p.m. on [November 12](#). This webinar will walk you through the new system and provide answers to many of the frequently asked questions we have received since the upgraded tool launched.

Need More Information?

If you have questions, please contact CVS Caremark at 888-877-0518 for CareFirst members. Contact CVS Caremark at 800-469-7556 for Federal Employee Program members only. To make sure you have the most up-to-date information on ePA changes, please continue to check your inbox for all CareFirst [provider news updates](#) and our [BlueLink](#) newsletter.

*CVS Caremark is an independent company that provides benefit management services.

Clinical Program Highlights: Home-Based Services Program and Hospice and Palliative Care Program

CareFirst has an array of clinical programs that support patients through individualized services to help them achieve an optimal level of well-being and aim to reduce costly hospitalizations and readmissions. These specialized programs are available to most CareFirst patients as part of their core benefits.

The Home-Based Services Program and Hospice and Palliative Care Program are two of our clinical programs where patients can receive an extra layer of support while being in the home setting. Patients enrolled in these programs receive a comprehensive assessment prior to initiation to ensure all care coordination is specific to their needs.

Home-Based Services Program

The Home-Based Services Program is designed to help improve functionality and achieve stability in the comfort of the patient's home after an injury or illness. Unlike traditional home care benefits, the patient does not need to be homebound, be in a care plan or have had a three-day inpatient stay in order to participate in the program.

The program partners with approximately 20 participating agencies throughout CareFirst's service area to coordinate patient care and provide a range of services such as skilled nursing, home health aide, physical therapy, speech therapy, occupational therapy and medical social work.

Through the program, patients will receive the following benefits:

- Comprehensive review and assessment by a home care registered nurse
- Continuation of daily routine with consistent access to multiple care services at home
- Increased continuity of care
- Support with managing medications
- Education on self-management of health conditions
- Decreased risk of hospital readmissions and emergency room visits

Hospice and Palliative Care Program

At the core of the CareFirst Hospice and Palliative Care Program is the belief that each patient has the right to die pain free and with dignity. The program is designed for patients to receive holistic care including medical care, pain management and spiritual and emotional support expressly tailored to their needs and wishes in the location of their choice (home, inpatient or outpatient setting).

Many traditional hospice benefits are based on the rules governing the Medicare hospice benefit where patients must have a prognosis of six months or less to live and must give up on further disease treatments such as curative treatment, chemotherapy, etc.

The Hospice and Palliative Care Program advances well beyond the traditional hospice benefit:

- Patients are encouraged to enter the program at any stage of the disease
- Patients are empowered to make their own decisions and can receive ongoing treatment

The program partners with approximately 20 agencies throughout CareFirst's service area to provide the following services for both the patient and their loved ones:

- Comprehensive assessment prior to care
- Pain and symptom management
- Emotional, psychosocial and spiritual support while having a serious illness and/or dying
- Drugs, medical supplies and equipment support
- Family coaching on caring for the member
- Special ancillary services, such as speech and physical therapy
- Short-term inpatient care when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time
- Bereavement care and counseling to family and friends

If you're a PCMH provider and have a patient who may benefit from these programs, contact your Regional Care Director or Local Care Coordinator for more information or to refer a patient. Patients enrolled in these programs may also be eligible for a reduction in their cost sharing to remove financial burden.

For all other referrals, questions or more information, you may contact:

- Senior Director Tim Cox, JD: Tim.Cox@CareFirst.com

- Program Manager Lisa Myint, MBA: Lisa.Myint@CareFirst.com

Be on the lookout for additional information about more CareFirst Clinical Programs that may support your patients.

BlueLink Tip — Clinical Resources

Watch this issue's [BlueLink Tip](#) for more information about CareFirst's clinical resources.

Health Care Policy

Effective Dates, Current Procedural Terminology (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, 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
1.01.005 H-Wave Electrical Stimulation Devices for Home Use	Under Description, added no further review statement. Under Policy Guidelines, added experimental / investigational criteria and updated 2019 rationale statement.	Periodic review and update No further review scheduled

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
	<p>Report service using appropriate healthcare common procedure coding system (HCPCS) code.</p> <p>Refer to policy for details.</p>	<p>Effective 04/22/19</p>
<p>2.01.007</p> <p>Phototherapy</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code or HCPCS code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>2.01.011</p> <p>Electrocorticography</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code.</p> <p>Updated Cross References to Related Policies and Procedures section. Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>2.01.035</p> <p>Biofeedback</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code or HCPCS code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
<p>2.01.067</p> <p>Pulsed Radiofrequency Therapy for Chronic Pain</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>2.01.068</p> <p>Gas Permeable Scleral Contact Lens</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code or HCPCS code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>2.01.079</p> <p>Artificial Pancreas Device Systems</p>	<p>Artificial pancreas device systems are proposed to improve glycemic control in patients with insulin-dependent diabetes, especially control of nocturnal hypoglycemia. U.S. Food and Drug Administration-approved artificial pancreas device systems with a low-glucose suspend feature may be considered medically necessary in patients with type 1 diabetes who meet specific criterion.</p> <p>Report service using appropriate HCPCS code.</p> <p>Refer to policy for details.</p>	<p>New Policy</p> <p>Effective 04/22/19</p>

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
<p>5.01.040</p> <p>Intravenous Infusion of Ketamine for the Treatment of Chronic pain and Major Depressive Disorder</p>	<p>Ketamine, a noncompetitive glutamate N-methyl-D-aspartate (NMDA) receptor antagonist, is an anesthetic agent approved for diagnostic and surgical procedures that do not require skeletal muscle relaxation. The use of intravenous ketamine for the treatment of chronic pain and major depressive disorder (MDD) are considered experimental / investigational.</p> <p>Report service using appropriate HCPCS code.</p> <p>Refer to policy for details.</p>	<p>New Policy</p> <p>Effective 02/01/19</p>
<p>6.01.038</p> <p>Intensity Modulated Radiation Therapy</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>7.01.082</p> <p>Surgical Treatment of Varicosities</p>	<p>Updated Description and Policy statement with the VenaSeal™ Closure System. The VenaSeal Closure System is considered not medically necessary (codes 36482, 36483). Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 08/19/19</p>

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
<p>7.01.125</p> <p>Radiofrequency Ablation of Uterine Fibroid Tumors (Leiomyomata)</p>	<p>Under Policy Guidelines, added updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>7.01.132</p> <p>Transperineal Periprostatic Placement of Absorbable Perirectal spacer (SpaceOAR®) for Prostate Cancer</p>	<p>SpaceOAR absorbable perirectal spacer (APS) is a biodegradable polyethylene glycol hydrogel that is injected as a liquid with transrectal ultrasound guidance into a space between the prostate and rectum, proposed to reduce radiation toxicity to the rectum for patients being treated for prostate cancer. SpaceOAR is medically necessary to reduce rectal toxicity in men undergoing radiotherapy for prostate cancer.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>New Policy</p> <p>Effective 04/22/19</p>
<p>7.03.001</p> <p>Human Organ Transplants</p>	<p>Revised Provider Guidelines statement.</p> <p>Report service using appropriate category I CPT code or HCPCS code.</p> <p>Refer to policy for details.</p>	<p>Revision</p> <p>Effective 04/22/19</p>

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
<p>8.01.009</p> <p>Recreational Activity as Physical Therapy</p>	<p>Under Policy Guidelines, added experimental / investigational criteria and updated 2019 rationale statement.</p> <p>Report service using appropriate category I CPT code or HCPCS code.</p> <p>Refer to policy for details.</p>	<p>Periodic review and update</p> <p>Effective 04/22/19</p>
<p>11.01.078</p> <p>Multibiomarker Disease Activity Blood Test for Rheumatoid Arthritis</p>	<p>A multibiomarker disease activity blood test (e.g. Vectra® DA) is proposed to measure specific molecules within blood that are associated with Rheumatoid Arthritis and the risk of radiographic progression. It measures levels of twelve biomarkers and are entered to an algorithm that generates a score. The use of a multibiomarker disease activity score for rheumatoid arthritis (e.g., Vectra DA score) is considered experimental / investigational in all situations.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>New Policy</p> <p>Effective 02/01/19</p>

Medical Policy and/or Procedure	Actions, Comments, and Reporting Guidelines	Policy Status and Effective Date
11.01.079 Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and other connective tissue diseases	<p>Serum biomarker panel testing is proposed to aid in diagnosis and risk assessment associated with organ involvement (such as thrombosis) of lupus erythematosus and other connective tissue diseases. Serum biomarker panel testing with proprietary algorithms and/or index scores for the diagnosis of systemic lupus erythematosus and other connective tissue diseases is considered experimental / investigational.</p> <p>Report service using appropriate category I CPT code.</p> <p>Refer to policy for details.</p>	<p>New Policy</p> <p>Effective 05/01/19</p>

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 criteria for coverage. Policies for non-local accounts like NASCO and Federal Employee Program 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
Amniotic membrane and amniotic fluid grafts and injections	Human amniotic membrane (HAM) forms the inner most lining of the amniotic sac or placenta. Products are formulated as either patches	Human amniotic membrane allografts for non-healing diabetic lower-extremity ulcers:

Technology	Description	CareFirst and CareFirst BlueChoice Determination
	that can be applied as wound covers, as suspensions or particulates, or as connective tissue extractions that can be injected or applied topically. Treatment indications for HAM include nonhealing diabetic lower-extremity ulcers and ophthalmic indications. HAM is currently being evaluated for various conditions (e.g. skin wounds, burns and for the prevention of tissue adhesions in surgical procedures).	<p>May be Medically Necessary for the following products: AmnioBand Membrane, Biovance, EpiCord, Epifix, Grafix™</p> <p>Sutured human amniotic membrane grafts such as Prokera, AmbioDisk™:</p> <p>May be Medically Necessary for qualifying ophthalmic indications</p> <p>Injection of micronized or particulate human amniotic membrane:</p> <p>Considered Experimental / Investigational for all indications</p> <p>Human amniotic fluid injections:</p> <p>Considered experimental / investigational for all indications</p> <p>There are specific HCPCS codes for some products but not all.</p> <p>HCPCS reporting code(s) Q4132, Q4133, Q4137-Q4140, Q4145,</p>

Technology	Description	CareFirst and CareFirst BlueChoice Determination
		Q4148, Q4150, Q4151, Q4153-Q4157, Q4159, Q4160, Q4162, Q4163, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4183, Q4184, Q4185, Q4186, Q4187-Q4192, Q4194, Q4198, Q4201, Q4204
Human Microbiome Analysis (e.g., uNiome Products: SmartGut™, SmartJane™, Explorer)	Human microbiome analysis is the study of microbial communities found in and on the human body. The screening tests use next-generation sequencing and proprietary algorithm to determine the association of microbes in a sample with specific diseases.	Considered experimental / investigational for all indications There are no CPT codes specific to these panel tests.
LINX Reflux Management System	A fundic-sparing, minimally invasive alternative to fundoplication for the treatment of Gastroesophageal Reflux Disease (GERD).	Considered experimental / investigational CPT reporting code 43284
Autologous Chondrocyte implantation/ MACI for Patella indication	A surgical treatment for patients with cartilage defects of the knee that involves replacing defective cartilage with autologous chondrocytes extracted from healthy cartilage tissue.	Considered medically necessary when criteria are met CPT reporting code 27412 HCPCS reporting code J7330
Pasteurized Donor Human Breast Milk	Pasteurized donor human breast milk for use in low birth weight infants when mother's own milk is insufficient or unavailable.	Considered medically necessary milk for low birth weight infants < 1500 grams HCPCS reporting code B9998
Pudendal Nerve Decompression	Pudendal nerve decompression is used to treat individuals with entrapment of the pudendal nerve (pudendal neuralgia) that is not	Considered experimental / investigational for all indications

Technology	Description	CareFirst and CareFirst BlueChoice Determination
	relieved by conservative medical therapy.	CPT reporting code 64722
Free-handed Transperineal Biopsy of the Prostate with a Transperineal Access System (PrecisionPoint™)	A free-handed transperineal (TP) access system designed to allow the provider to more easily target and sample the anterior and posterior regions of the prostate during a prostate biopsy.	Considered medically necessary for the diagnosis of prostate cancer CPT reporting code 55700

Category III CPT Codes Effective July 1, 2019

Code	Decision
0543T	Medically Necessary
0544T	Medically Necessary
0545T	Medically Necessary
0546T	Experimental / Investigational
0547T	Experimental / Investigational
0548T	Experimental / Investigational
0549T	Experimental / Investigational
0550T	Experimental / Investigational
0551T	Experimental / Investigational
0552T	Experimental / Investigational
0553T	Experimental / Investigational
0554T	Experimental / Investigational
0555T	Experimental / Investigational
0556T	Experimental / Investigational
0557T	Experimental / Investigational
0558T	Experimental / Investigational
0559T	Experimental / Investigational
+0560T	Experimental / Investigational
0561T	Experimental / Investigational
+0562T	Experimental / Investigational

Claims and Billing

Helpful Tips for Claims Submissions

To ensure claims are processed accurately, in a timely manner and to avoid retractions, please refrain from fragment billing.

What is Fragment Billing?

Fragment billing consists of reporting services provided on the same date of service on multiple CMS 1500 claims submission forms.

What This Means for You

Historical claims auditing is performed to ensure that all services or procedures performed on the same date are edited together. Services or procedures performed by a provider on the same date should be reported together on the same claim form whether submitted electronically or on a paper form.

Important Claims Information for Freestanding Substance Use Disorder Facilities

Freestanding inpatient substance use disorder facilities should now use bill type 86X to submit claims for inpatient services. This change applies to all claims submitted to CareFirst for inpatient detoxification, inpatient rehabilitation and residential treatment services.

Please immediately notify your internal billing department responsible for CareFirst claims submissions. Claims that are not submitted with bill type 86X will be rejected and must be resubmitted with bill type 86X.

Three Things to Keep in Mind When Ordering and Billing Applied Behavior Analysis Services

CareFirst covers medically necessary applied behavior analysis (ABA) services for the treatment of autism spectrum disorder (ASD). ABA is covered for eligible members when specific criteria, defined by our medical policy, is met. When ordering and billing for ABA services keep these three things mind:

- ABA services require a prior authorization (PA). PA requests can be made through the CareFirst Provider Portal or by calling 1-866-773-2884. CareFirst uses the MCG Care Guidelines when reviewing the requests for medical necessity.

- While CareFirst recognizes practices specializing in ABA services may have multiple types of providers, including board certified behavior analysts, board certified assistant behavior analysts and registered behavior technicians, CareFirst only contracts with board certified behavior analysts. Therefore, all services must be billed using the practice's credentialed practitioner's provider number.
- When submitting claims, remember CareFirst does not require additional modifiers to distinguish between provider types. Providers should bill using the American Medical Association's CPT codes for ABA services. CareFirst does not recognize additional CPT or HCPCS codes for treatment planning or other indirect services.

Questions

If you have questions, please contact Provider Service.

What Providers Need to Know About Billing Assistant Anesthesia Services

CareFirst covers medically necessary anesthesia services. CareFirst BlueChoice provides benefits for anesthesia charges related to covered surgical procedures and for pain management. Authorization for anesthesia during surgery is included in the authorization for the surgery. For pain management services rendered in a provider's office, a referral from the primary care provider is required unless the member has the open access feature.

While CareFirst recognizes practices may have multiple types of providers, including the Anesthesiologists, Certified Registered Nurse Anesthetists (CRNAs), or Anesthesiologist Assistants, CareFirst only contracts with the physician or CRNA. Therefore, all services must be billed using the practice's credentialed practitioner's provider number.

When submitting claims, services rendered by anesthesia assistants should be listed on the same claim as the supervising physician. The same procedure code can be listed on two different lines of the claim with the appropriate modifier (QK, AD, QX, QY) on each line. The system will accommodate and calculate allowances appropriately.

Questions

If you have questions, please contact Provider Service.

Provider Reminders

Office Managers: Please Inform Your Doctors About the CareFirst Pediatric Conference

Register for [CareFirst's Pediatric Conference](https://carefirst.com/pedsconference) where you can earn up to 4.5 *AMA PRA Category 1 Credits™* and up to 4.50 prescribed AAFP credits. Attendees will hear from leading experts who will share their knowledge about a wide range of pediatric topics. This free conference takes place at our Canton Conference Center on Friday, September 13 from 8 a.m. to 2:30 p.m. and is open to pediatricians, family practitioners, nurse practitioners and physician assistants. Space is limited. Early registration is advised. Please visit carefirst.com/pedsconference to learn more and register.

MedChi, The Maryland State Medical Society is a statewide professional association for licensed physicians in Maryland. Serving as the foremost advocate and resource for Maryland physicians, including participating CareFirst BlueCross BlueShield physicians, their patients and the public health. MedChi does not sell BlueCross or BlueShield products.

AMA PRA Category 1 Credit™ is a trademark of the American Medical Association.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of MedChi, The Maryland State Medical Society and CareFirst. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

Designation: MedChi designates the live event for a maximum of 4.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This Live activity, Pediatric Conference, with a beginning date of 09/13/2019, has been reviewed and is acceptable for up to 4.50 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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.com/clinicalresources	
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 Care Management 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	carefirst.com/rx	

Includes the formulary, restrictions/ preferences, guidelines/policies and procedures.		
Utilization Procedures		
Topic	Website Link	PDF Available
Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health.	carefirst.com/bluelink > February 2019	
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 2019	
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.	carefirst.com/bluelink > February 2019	
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	
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To request a paper copy of any documents listed above, please call 800-842-5975

Care Management Overview and Referral Process

Care Management provides coordination of care for patients with multiple chronic illnesses and is carried out according to care plans developed under the direction of the primary care physician (PCP). Care Management also coordinates the use of health care benefits to create a plan of care that maximizes benefits effectively without compromising the quality of care.

Care Management interventions are appropriate for members:

- With chronic diseases (diabetes, asthma, COPD, coronary artery disease, congestive heart failure, hypertension, obesity), or a combination of comorbidities
- Who require continuing care due to a catastrophic or life-threatening event, or 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 assist the PCP in coordinating all elements of the patient's health care, follow up on all action steps, and ensure that the care plan is within the member's existing benefits.

PCPs should refer members who would benefit from these services as soon as they are identified. If you are a PCMH provider, please contact your Local Care Coordinator or your 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 Care Management Referral Line

Help Us Protect Your Patient's Protected Health Information

CareFirst is committed to securing the protected health information (PHI) of our members. Please be aware that your Notices of Payment (NOP) from CareFirst may contain information for more than one patient. If you are submitting a NOP (from us or any other carrier) to CareFirst when inquiring about or appealing a claim, please black out or delete all PHI except for the member who is referenced in your correspondence.

Thank you for helping us to maintain and protect our members' private personal information. If you have questions, please contact Provider Service.

In Case You Missed It

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