# BlueLink

*Medical News & Updates*

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CareFirst Family of health care plans

## What's Happening?



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## In Case You Missed It

# What's Happening?

## CareFirst makes Changes to Member Cost-Share Initiative

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) is discontinuing our cost-share waiver initiative for members in care plans. CareFirst will continue to pay any fees relating to care coordination, care plan initiation and care plan maintenance, unless the member is in a high-deductible health plan with a health savings account.

Currently, if you have patients participating in a care plan, their costs (copayments, coinsurance and deductibles) may be waived for professional services. Beginning Jan 1, 2020, CareFirst will no longer waive our members' costs, except for select care support programs. This change is effective upon renewal of benefits.

### Why is CareFirst making this change?

CareFirst's Patient-Centered Medical Home (PCMH) Program was designed to increase quality and decrease costs, and continually, we do ongoing evaluation and analysis of all our programs. The outcomes show that the current design and implementation of the cost share waiver are not appropriately targeting the right members with the right conditions. We do believe there is value in removing cost as a barrier for members in our clinical programs and will revise our program offering and benefit design in the coming year.

### What are the program specific changes?

If your patient participates in the Substance Use Disorder (SUD) program, they will continue to have their costs waived for services provided by a designated addiction provider contracted with CareFirst. Member costs will no longer be waived for other behavioral health services. Your patients must continue to remain active and engaged in their care plan to continue receiving the cost-share waiver for the SUD program.

The cost-share waiver will no longer apply to patients participating in the Home-Based Services program, even if your patient has an active service request. Your patient may also have limited visits while in the program. As well, the cost-share waiver will no longer apply to the Hospice and Palliative Care program.

The cost-share waiver may still be available for your patients participating in our Expert Consult, Enhanced Monitoring or Comprehensive Medication Review programs.

### What does this mean for you?

Continue checking your patients' benefits through CareFirst Direct. If your patient is eligible for cost-share waiver, you will see the following message on the eligibility and benefits screen:

*Cost-Share Waiver: CareFirst will waive costs for all in-Network Professional claims for covered services.*

If your patient's plan renews while they're in an active care plan, their cost-share waiver benefit will discontinue; however, they will still be in a care plan until graduation. Patients must remain active and engaged in their care plan to continue receiving care plan benefits, such as working with a care manager.

Since members will now be responsible for paying all deductibles, copays and coinsurance, providers will no longer be reimbursed by CareFirst for these costs.

We will continue to provide you with updates about program changes as they become available. For questions about the cost-share waiver benefit changes, please reach out to your Regional Care Director.

## CareFirst's Member Outreach Campaign Addresses Potential Gaps in Care

CareFirst launched a member education campaign to reinforce the importance of preventive care and remind members to schedule recommended screenings, immunizations and exams. Many of the recommended screenings, immunizations and exams are covered through members' benefits at no cost.

A targeted mailer was sent to approximately 350,000 members identified through claims analysis as having gaps in care for specific Healthcare Effectiveness Data and Information Set® measures.

### What does this mean for you?

You may see an increase in patients requesting wellness visits. The mailer encourages members to schedule a visit with their primary care provider (PCP) to discuss recommended preventive measures. Additionally, we developed a checklist tool available on our website which allows our members to create and print a customized checklist for their appointments.

PCMH providers will receive additional information on how they can support our efforts to close members' gaps in care.

## CareFirst Now Requires Hospitals and Ambulatory Surgery Centers (ASCs) to Follow NCCI Guidelines

The Centers for Medicare and Medicaid Services (CMS) developed National Correct Coding Initiative (NCCI) guidelines to promote national correct coding methodologies and reduce paid claim errors resulting from improper coding and inappropriate payments. In 2018, CMS communicated that all facilities must comply with these guidelines. However, Maryland hospitals must comply with these guidelines effective July 1. CareFirst is applying NCCI edits to D.C., Maryland and Virginia outpatient facility claims.

To assist with the implementation of these guidelines, CareFirst has partnered with several vendors to audit claims for overpayments. Each facility will receive a letter of representation introducing the vendors and providing more details.

When an overpayment related to an NCCI guideline not being met is identified, the facility will receive an overpayment letter from CareFirst or one of our vendors. Facility representatives may sign for approval, submit a request for reconsideration or send a check for overpayment. If a response is not received in the timeframe indicated in the letter, CareFirst will deduct payments from future remittances.

If you have questions about the NCCI guidelines, contact your Provider Relations Representative, available at carefirst.com/providerrep.

## Federal Employee Program (FEP) offers Prior Approval Drug Program

FEP offers a Prior Approval Program for drugs through the Pharmacy program administered by CVS Caremark*. This option is only available for the Retail Pharmacy Program, the Mail Service Program and the Specialty Drug Pharmacy Program. For covered drugs or supplies obtained from a physician, outpatient facility, home health agency, home hospice agency, or inpatient from a hospital, a local plan review may be required to determine medical necessity.

### What does this mean for you?

Prior approval determination only applies to medications dispensed by a pharmacy and billed to the member's pharmacy benefit. For review under the medical benefit, medical records and additional information may be requested.

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

## Reminders for Genetic Testing Prior Authorizations

Since launching on Feb. 1, CareFirst is pleased to see that members are receiving the most appropriate tests at in-network labs. This is in addition to the scheduling of hundreds of genetic counseling sessions to help members understand the benefits and limits of genetic testing. We thank the provider community for the collaboration throughout this process.

### For ordering providers and your staff, please keep in mind:

- Authorization is required before a genetic test is ordered.
- Authorization is required for all genetic testing through the AIM Specialty Health program, with the exception of transplants (HLA typing), Cologuard®, and Preimplantation Genetic Testing. HLA / Preimplantation (related to in vitro fertilization such as Preimplantation Genetic Diagnosis and Preimplantation Genetic Screening) may require authorization through the health plan and can be managed in CareFirst's provider portal under *Prior Auth / Notifications*.
- Genetic Counseling is required before any test is administered for the following test categories and is available at no cost to the member through InformedDNA® – these counselors may be contacted at 800-975-4819.
  - Hereditary cardiac disease testing
  - Hereditary cancer susceptibility testing
  - Whole genome sequencing
  - Whole exome sequencing

### How to obtain an authorization?

You can request prior authorization for genetic tests in two ways:

- **Phone:** You may call AIM directly at 844-377-1277, Monday-Friday, 8 a.m. – 5 p.m. ET.
- **Online:** Log on to the CareFirst provider portal at www.carefirst.com/providerlogin and navigate to the *Prior Auth / Notifications* tab to begin your request. Look for the *Add New Auth* dropdown in the upper right-hand corner. You may also go to AIM's portal at https://www.providerportal.com/.

### Members who require an authorization:

| Impacted members include: | At this time, the following members are excluded: |
|---|---|
| Members with a plan under the Affordable Care Act | FEP members with a preferred provider plan (PPO) |

| | |
|---|---|
| Grandfathered individuals or group members | Medicare recipients<br><br>**Note**: If CareFirst is the primary payor and Medicare is the secondary payor, then the member requires an authorization. |
| Fully-insured members | Members who receive their plan from CareFirst Administrators |
| Administrative Services Only employers and their employees | Non-CareFirst BlueCard plan members |
| Federal Employee Health Benefits Plan (HMO plans) members | |
| University plan members (plans offered to students by higher learning organizations) | |
| CareFirst members outside of the service area | |

## Health Care Policy

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

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 |
|---|---|---|
| 2.01.018<br>Sleep Disorders | Under Policy Guidelines, added 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<br>Effective 07/22/19 |
| 2.01.044<br>Video Electroencephalographic (EEG) Monitoring | Policy placed in archived status. Under Description and Policy, added the archived 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<br>Effective 07/22/19 |
| 2.01.045<br>Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid | Revised Policy Guidelines statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Revision<br>Effective 07/22/19 |
| 7.01.044<br>Sinus Antrostomy Using Dilation Balloon | 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<br>Effective 07/22/19 |
| 7.01.093<br>Total Ankle Arthroplasty / Replacement | Updated Policy statement to reflect not medically necessary for all other indications for total ankle arthroplasty / replacement. 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<br>Effective 07/22/19 |
| 7.01.134<br>Phrenic Nerve Stimulation for the Treatment of Central Sleep Apnea | Phrenic nerve stimulation or diaphragm pacing (e.g. remedē® system) is indicated for the treatment of moderate to severe central sleep apnea (CSA), a night-time breathing disorder that is characterized by a disruption in the neural drive to breath. Phrenic nerve stimulation (e.g. remedē system) for the treatment of central sleep apnea is considered not medically necessary because it is unproven. Report service using appropriate category III CPT code. Refer to policy for details. | New Policy<br>Effective 06/01/19 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|---|---|---|
| 8.01.017<br>Low Level Laser Therapy for Musculoskeletal and Neuromuscular Conditions | Revised Provider Guidelines statement with category III CPT code 0552T. Report service using appropriate category III CPT code. Refer to policy for details. | Revision<br>Effective 07/22/19 |
| 11.01.005<br>Cathepsin-D | Under Policy Guidelines, added experimental / investigational criteria and an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update<br>Effective 07/22/19 |
| 11.01.019<br>In Vitro Chemotherapeutic Drug Assays | Under Description, added no further review statement. Under Policy Guidelines, added experimental / investigational criteria an and updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update<br>No further review scheduled<br>Effective 07/22/19 |
| 11.01.028<br>Serum Proteomic Pattern Analysis Testing for Screening or Diagnosis of Ovarian Cancer | 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<br>Effective 07/22/19 |
| 11.01.078<br>Multibiomarker Disease Activity Test for Rheumatoid Arthritis | Revised Policy statement. Report service using appropriate category I CPT code. Refer to policy for details. | Revision<br>Effective 07/22/19 |
| 2.01.017<br>Allergy Immunotherapy | Updated Policy statements with medically necessary and experimental / investigational indications for a sublingual immunotherapy (Odactra®) used to treat house dust mite (Dermatophagoides Farinae and Dermatophagoides Pteronyssinus) induced allergic rhinitis or rhinoconjunctivitis. 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<br>Effective 08/19/19 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|---|---|---|
| 2.01.023<br>Allergy Testing | Under Policy Guidelines, added experimental / investigational criteria and an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update<br>Effective 08/19/19 |
| 2.01.064<br>Corneal Cross Linking for Treatment of Keratoconus and Corneal Ectasia | Revised Description statement. 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<br>Effective 08/19/19 |
| 2.02.015<br>Implanted Pulmonary Artery Pressure Monitor for Congestive Heart Failure | Updated Policy statement to reflect not medically necessary indication for implanted wireless pulmonary artery pressure monitoring. 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<br>Effective 08/19/19 |
| 6.01.044<br>Digital Breast Tomosynthesis | 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<br>Effective 08/19/19 |
| 7.01.041<br>Treatments for Urinary Incontinence | Updated Policy statements to reflect not medically necessary indication for sacral nerve stimulation. 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<br>Effective 08/19/19 |
| 7.01.083<br>Percutaneous Lysis of Epidural Adhesions | Under Policy Guidelines, added experimental / investigational criteria and an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update<br>Effective 08/19/19 |
| 7.01.135<br>Balloon Dilation of the Eustachian Tube | Balloon dilation of the eustachian tube is a procedure that involves inserting a guide catheter into the nasal passage to treat eustachian tube dysfunction. Treatment of eustachian tube dysfunction using balloon dilation of the eustachian tube is considered experimental / investigational. | New Policy<br>Effective 06/01/19 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|---|---|---|
| 7.03.007<br>Islet Cell Transplantation | 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<br>Effective 08/19/19 |
| 8.01.014<br>Lymphedema Therapy (Complex Decongestive Therapy) | Revised Provider Guidelines statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Revision<br>Effective 08/19/19 |
| 10.01.001A<br>Clinical Trial Mandates, Maryland and Virginia | Updated Policy and Cross References to Related Policies and Procedures sections. Refer to policy for details. | Periodic review and update<br>Effective 08/19/19 |
| 11.01.001<br>Tumor Markers | Under Policy Guidelines, added experimental / investigational criteria and an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update<br>Effective 08/19/19 |

## New Medical Technology Updates for October

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 |
|---|---|---|
| Hypoglossal Nerve Stimulation for the treatment of obstructive sleep apnea (OSA) (e.g. Inspire© Upper Airway Stimulation | Hypoglossal nerve stimulation is a treatment alternative for OSA. The technology utilizes an implantable device that electrically stimulates the hypoglossal nerve (cranial nerve XII) leading to the contraction of the genioglossus muscle; the major muscle responsible for tongue protrusion. Stimulation dilates the | Considered medically necessary for Food and Drug Administration-approved devices (e.g. UAS system)<br>CPT reporting codes(s) 64568, +0466T, 0467T, 0468T |

| | | |
|---|---|---|
| (UAS) system) | pharyngeal region, improves the diameter of the upper airway and prevents airway collapse and the development of upper airway obstruction during sleep. | |
| Intraoperative radiation therapy (IORT) for the treatment of soft tissue sarcomas, colorectal, and gynecological cancers | IORT is designed to increase the intensity of radiation directly delivered to tumors. Normal or uninvolved tissues are not exposed to radiation because they are removed or shielded from the treatment field. | Considered experimental / investigational for soft tissue sarcomas, colorectal, and gynecological cancers<br>CPT reporting codes(s) 77424, 77424, 77469 |

# Claims and Billing

## CareFirst has Added a List of Standard Approved ASC Codes to the Provider Website

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

1. Go to 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 we have placed this information on the website, we will no longer publish the codes in the Institutional Provider Manual. The manual is being updated to remove these codes. Again, this will enable us to more quickly update the list for you.

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.

## Understanding Your Role When You are a Member and a Provider

As a condition of your CareFirst member contract, you cannot bill CareFirst for services that you provide to yourself and members of your immediate family (spouse, mother, father, sister, brother, daughter or son) whether they are on your member contract or have their own individual member contract.

Billing for services that you provide to your family violates your member contract with CareFirst, regardless if you are in or out of the CareFirst Provider Network.

## Skilled Nursing Facility (SNF) Benefit Exhaust Reminder

If your patient has Medicare as their primary insurance and has exhausted their SNF benefits, you still need to submit claims using the appropriate bill type. Please note, bill types 210 and 180 should not be used for benefit exhaust claims. Remember to submit benefit exhaust bills monthly. For more information on how to submit these claims, please visit Novitas Solutions, Inc.

## Reminder: Use the Correct Billing Code for Assistant Surgeons

When billing for assistant surgeons, please use the correct modifier. Modifiers 80, 81 and 82 are used to indicate when a physician provides assistant-at-surgery services. Non-physician providers assisting with the surgery should use modifier AS.

Remember to use the following best practices when submitting your claims:

- If the assistant surgeon has a provider number and NPI, you should bill with the provider number.
- Submit all documentation needed with the original billing (e.g., invoices, descriptions for Not Otherwise Classified codes, etc.).

This will ensure that claims are processed correctly without having to be rejected and adjusted.

## CareFirst Updates R881 Code for Diagnosis-Related Group (DRG) Claims

We have updated remittance rejection code R881 to clarify when DRG claims for single day room and board are rejected. Previously, rejected claims were submitted for an appeal, even though they were not eligible. Below is the updated language for remittance rejection R881:

"After review of submitted documentation, it appears that services rendered were outpatient care, which does not support the inpatient classification reported on the claim. Please verify billed services and submit a corrected claim."

You will see this updated language on your voucher or Notice of Payment.

# Provider Reminders

## Sign Up for Mental Health First Aid Training

Mental health, like oral health and medical health, are intimately connected. As experts in the field and as health professionals who service the community, medical providers often have the first look at how mental health can present itself in patients filling the seats of their offices.

To help make Mental Health First Aid become as common in the workplace as CPR and First Aid Training, the National Council for Behavioral Health and the Missouri Department of Mental Health launched a national initiative to provide training across the country. This 8-hour course focuses on basic skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

Whether it's you, the provider or your front desk staff coordinating patient care, recognizing triggers, signs and symptoms may help improve your office's quality of care and work efficiency.

For more information on this national initiative and to sign up for a class near you, visit https://www.mentalhealthfirstaid.org.

## Stay Connected – It Matters for Your Patients

Have new providers and office staff joined your practice? Make sure they sign up to receive Provider News and Updates. Signing up is easy. Visit carefirst.com/stayconnected. Also, to receive the news that's most relevant to you, visit our website to update your subscriber preferences with your specialty.

Important Subscription Notes:

- If you have multiple individuals checking an email address for your office, be sure to register separately with a unique email account. Do not register "role" or "practice" accounts that begin with sales@, info@, webmaster@, etc.
- To ensure that your computer does not block Provider News and Updates emails as spam, please add newsletter.editor@carefirst.com to your address book.
- The information you provide for subscription will be used only for maintaining this email list. We will never use this information to sell or rent to others or for solicitation.

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

From recommending preventive care options to 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.

### 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**<br>Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults. | carefirst.com/clinicalresources | |
| **Accessibility and Availability of Appointments**<br>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**<br>Includes instructions for making referrals for both medical and behavioral health; or call 800-245-7013. | carefirst.com/providermanualsandguides |  |
| **Practitioner Referrals for Disease Management**<br>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**<br>Includes the formulary, restrictions/preferences, guidelines/policies and procedures. | carefirst.com/rx | |
| **Utilization Procedures** | | |
| **Topic** | **Website Link** | **PDF Available** |

| | | |
|---|---|---|
| **Utilization Management Criteria**<br>Includes information on how to obtain utilization management criteria for both medical and behavioral health. | carefirst.com/bluelink > *February 2019* |  |
| **Physician Reviewer**<br>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**<br>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**<br>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**<br>Includes policies and procedures for members to request an appeal of a claim payment decision. | carefirst.com/appeals | |
| **Member's Privacy Policy**<br>Includes a description of our privacy policy and how we protect our members health information. | carefirst.com/privacy | |
| **Member's Rights and Responsibilities Statement**<br>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

- CareFirst Aims to Close Gaps in Care