

BlueLink



Medical News & Updates

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For more information, visit carefirst.com/bluelink

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What's Happening?

CareFirst Urges Members to Schedule Routine Pediatric Vaccinations

During this challenging time, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) is working to ensure our members, your patients, have access to the care and resources they need in the safest possible setting. Our top priority is their health and safety.

As you are aware, our region is seeing a delay in childhood immunizations. This is troubling because without these vaccines we may face outbreaks of vaccine-preventable diseases such as measles, mumps and polio. To help reverse this trend, CareFirst has launched a member outreach campaign informing our members about the importance of following the CDC's childhood vaccine schedule.

CareFirst is asking our members whose children are behind on their vaccines to contact their doctor's office in the next 30 days to schedule an appointment. In accordance with CDC guidelines, we ask that you prioritize appointments for these patients. Also, please join us in our outreach efforts to your patients who are either behind or due for their vaccines by doing one or more of the following:

- Call patients and remind them about their child's upcoming immunizations
- If a patient is behind on their vaccines, share with them the [CDC's catch-up immunization schedule](#) for children ages 4-18 with their parents
- To make your patients feel more comfortable visiting the office during this pandemic, consider scheduling well and sick visits during mornings or afternoons
- To reduce exposure, follow the Practice Management [guidelines](#) from the AAP

Thank you for working with us to help our members, your patients, stay healthy.

Enhancements to NCCN Supported Regimen Coming in October

Last year CareFirst integrated the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines into our electronic prior authorization (ePA) tool for the treatment of breast, colorectal and lung cancer. In October, we are expanding the integration to include the following cancer types:

- kidney
- prostate
- pancreatic
- chronic myeloid leukemia
- esophageal and esophagogastric junction
- gastric
- hepatobiliary
- cutaneous melanoma
- ovarian
- bladder
- uterine

NCCN Supported Regimen-Level Benefits

The integration of the NCCN guidelines into our ePA tool offers many physician benefits such as:

- Administrative efficiency to receive authorizations for multiple drugs through a single request when clinical criteria are met
- Access to the most up-to-date cancer regimen options based on nationally recognized guidelines
- Visibility across both medical and pharmacy benefits, which may improve patient outcomes and mitigate inappropriate and/or harmful drug combinations

How Does This Work?

When a prior authorization is submitted for members* with an eligible cancer diagnosis, the system will present all NCCN-supported regimen options based on the current standards of care for that cancer type. All NCCN-supported regimen options and supporting data will be available before selecting the most appropriate option.

When a NCCN regimen option is selected and meets clinical criteria, all drugs requiring prior authorization within that regimen will be approved. This regimen will have all recommended drugs for a patient's care and may include drugs covered under the patient's medical benefit and/or pharmacy benefit.

**The NCCN regimen-level reviews apply to members who have CareFirst medical and pharmacy benefits.*

Medications Added to Prior Authorization and Site of Care

Effective October 1, the medications listed below are being added to prior authorization and/or site of care to better manage rising specialty drug costs.

These medications are covered under the medical benefit and are administered in the outpatient hospital, home or office settings.

To view a full list of medications covered under the medical benefit that require prior authorization, visit the [Specialty Drugs Lists](#). This list is updated monthly.

Why the change?

Through prior authorization, site of care criteria is applied for selected medications as an opportunity to help reduce overall healthcare costs without compromising quality of care. The outpatient hospital setting is generally recognized as one of the most-costly options for specialty infusions with costs up to three times higher compared to non-hospital settings.

Prior Authorization

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

Drugs Added to Prior Authorization: October 1, 2020

| Drug Name | Drug Class | Drug Name | Drug Class |
|--------------------------------|---|---|---------------------------------|
| Actimmune | Infectious Disease - Other | Lupaneta Pack | Hormonal Therapies |
| Asceniv | Immune Deficiencies and Related Disorders | Myalept | Lipodystrophy |
| Avsola | Autoimmune | Neulasta | Neutropenia |
| Azactidine (Vidaza) | Oncology | Nivestym | Neutropenia |
| Belrapzo (bendamustine) | Oncology | Octreotide | Acromegaly |
| Corifact | Hemophilia | Ontruzant | Oncology |
| Cosentyx | Autoimmune | Padcev | Oncology |
| Cutaquig | Immune Deficiencies and Related Disorders | Scenese | Rare Disorders |
| Enhertu | Oncology | Sylatron | Oncology |
| Esperoct | Hemophilia | Tepezza | Retinal Disorders |
| Fulphilia | Neutropenia | Tobramycin (inhalation solution) | Cystic Fibrosis |
| Gamifant | Rare Disorders | Trazimera | Oncology |
| Givlaari | Rare Disorders | Tretten | Hemophilia |
| Herzuma | Oncology | Tyvaso | Pulmonary Arterial Hypertension |
| Increlex | IGF-1 Deficiency | Vyondys 53 | Muscular Dystrophy |
| Infugem | Oncology | Zirabev | Oncology |

Site of Care

Coverage for these medications at an outpatient hospital setting is approved only if medical necessity criteria are met at the time of prior authorization. Members have the option to receive their infusion at an alternate site, including their home, an ambulatory infusion center or a physician's office.

| Drugs Added to Site of Care: October 1, 2020 | | | |
|--|---|----------------|--------------------|
| Drug Name | Drug Class | Drug Name | Drug Class |
| Asceniv | Immune Deficiencies and Related Disorders | Nucala | Asthma |
| Avsola | Autoimmune | Ocrevus | Multiple Sclerosis |
| Cinqair | Asthma | Tepezza | Retinal disorders |
| Cinryze | Hereditary Angioedema | Xolair | Asthma |
| Fasenra | Asthma | | |

How to Request Prior Authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at carefirst.com/providerlogin and navigating to the Prior Auth / Notifications tab.

CareFirst Adopts U.S. Preventive Services Task Force Recommendations

In accordance with the U.S. Preventive Services Task Force, CareFirst is adopting the following recommendations:

Recommendation to Prevent Initiation of Tobacco Among School-Aged Children and Adolescents

Primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.¹ The current systematic review newly included e-cigarettes as a tobacco product. This recommendation applies to school-aged children and adolescents younger than 18 years.

1. JAMA, *Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents US Preventive Services Task Force Recommendation Statement* (April 28, 2020). Vol 323 Number 16.

Recommendation for Unhealthy Drug Use

Physicians screen patients by asking questions about unhealthy drug use in adults age 18 years or older.² Screening should be implemented when services for accurate diagnosis, effective treatment and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) This recommendation statement applies to adults 18 years or older, including pregnant and postpartum persons, and adolescents aged 12 to 17 years in primary care settings. This statement does not apply to adolescents or adults who have a currently diagnosed drug use disorder or are currently undergoing or have been referred for drug use treatment. This statement applies to settings and populations for which services for accurate diagnosis, effective treatment and appropriate care can be offered or referred.

These interventions should be noted in medical records and patient's plan of care.

2. JAMA, *Screening for Unhealthy Drug Use US Preventive Services Task Force Recommendation Statement* (June 9,2020). Vol 323 Number 22.

Healthcare Policy

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

Our Healthcare 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, we update our policies accordingly.

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 the Federal Employee Program (FEP), may differ from our local determinations. Please verify member eligibility and benefits before 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 |
|---|--|---|
| 1.01.007 Home Apnea Monitoring for Infants | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|--|---|---|
| 2.01.045 Continuous or Intermittent Monitoring of Glucose | Revised Policy statement with medically necessary indications for continuous monitoring of glucose levels in interstitial fluid as a technique of diabetes management for type I and type II diabetics. Updated Policy Guidelines and added a 2020 rationale statement. Report service using appropriate category I CPT code, category III CPT code or HCPCS code. Refer to policy for details. | Revision Effective 07/01/20 |
| 2.02.006 Ambulatory Blood Pressure Monitoring | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |
| 2.03.003 Transcatheter Arterial Chemoembolization for Malignant Tumors of the Liver | Under Policy Guidelines, added an updated 2020 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 7/01/20 |
| 2.03.007 Photodynamic Therapy | Updated Policy statement to reflect medically necessary indications for non-hyperkeratotic actinic keratosis of the upper extremities. Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Revision Effective 07/01/20 |
| 4.01.006A Global Maternity Care | Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |
| 5.01.024 Human Growth Hormone Therapy | Report service using appropriate HCPCS code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |
| 5.01.026 Colony Stimulating Factors (CVS) | Report service using appropriate HCPCS code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|---|---|--|
| 6.01.017 Intraoperative Radiation Therapy | Under Policy Guidelines, added PMA coverage statement and a 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details | Periodic review and update Effective 07/01/20 |
| 7.01.110 Filtration Surgeries for Open Angle Glaucoma | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |
| 7.01.116 Transcatheter Pulmonary Valve Implantation | Under Policy Guidelines, added PMA coverage statement and a 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update Effective 07/01/20 |
| 7.01.138 Artificial Iris | <p>The natural iris plays an important role in the optical system of the eye. A damaged iris may result in sensitivity to light and glare. Aniridia is a condition in which a person's eye lacks an iris. It is most commonly a congenital condition but may also be caused by trauma or illness. Artificial iris implantation is considered medically necessary when complete or partial aniridia is present. Implantation of an artificial iris in all other situations is considered not medically necessary.</p> <p>Report service using appropriate category III CPT code (0616T, 0617T, or 0618T). Refer to policy for details.</p> | New Policy Effective 07/01/20 |
| 1.01.015A Augmentative Communication Devices | Updated Provider Guidelines. Report service using appropriate category I CPT code or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 1.03.002 Adjustable Cranial Orthoses for Positional Plagiocephaly and for Craniosynostosis | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details. | Periodic review and update Effective 08/01/20 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|---|--|---|
| 2.01.016 Blood-Derived Growth Factors for Wound Healing | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 2.01.059 Quantitative Sensory Testing for Peripheral Neuropathies | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category III CPT code or HCPCS code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 2.01.066 Digital Pulse Wave Analysis Assessment of Arterial Elasticity | Under Description, added no further review statement. Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update No further review scheduled Effective 08/01/20 |
| 2.02.002 Microvolt T-Wave Alternans | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 3.01.011A Autism Spectrum Disorders (Virginia Mandate) | Under Description, added no further review statement. Revised Benefits Applications section. Report service using appropriate category I CPT code, category III CPT code or HCPCS code. Refer to policy for details. | Revision No further review scheduled Effective 01/01/20 |
| 3.01.018 Treatment of PANS/PANDAS | Revised Description with the State of Maryland mandated coverage statement. Report service using appropriate category I CPT code. Refer to policy for details. | Revision Effective 08/01/20 |
| 4.01.009 Progesterone Administration for the Prevention of Preterm Labor | Under Policy Guidelines, added an updated 2020 rationale statement. Updated Benefit Applications and Cross References to Related Policies and Procedures sections. Report service using appropriate HCPCS code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |

| Medical Policy and/or Procedure | Actions, Comments and Reporting Guidelines | Policy Status and Effective Date |
|--|---|--|
| 5.01.036 Axicabtagene Ciloleucel (Yescarta™) | Report service using appropriate HCPCS code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 6.01.005 Radioimmunosciintigraphy Imaging (Monoclonal Antibody Imaging) | Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 6.01.036 Magnetoencephalography and Magnetic Source Imaging | Under Policy Guidelines, added experimental / investigational criteria and an updated 2020 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details. | Periodic review and update Effective 08/01/20 |
| 8.01.005 Speech Therapy | Updated Description, Policy, Benefits Applications, and Cross References to Related Policies and Procedures sections. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details. | Periodic review and update Effective 08/01/20 |

Medical Technology Updates for August

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 |
|---|---|--|
| Spinal Manipulation for Chronic Low Back Pain | Spinal manipulation is a technique involving forceful thrusts to the spine. It has been proposed as an effective treatment option for chronic low back pain. | Current policy will remain unchanged. |
| Preoperative Supervised Medical Weight Management (WLS Toolkit) for Bariatric Surgery | An online program that combines non-surgical weight loss documentation with preoperative documentation relevant to bariatric surgery. | Completion of this program will be considered as one of the two required structured diet programs that are 3 months in duration prior to being eligible for bariatric surgery. |
| Cunningham Panel | A laboratory test panel that is comprised of five specific tests. Blood is analyzed to detect biomarkers that may indicate a physiological cause for an autoimmune neuropsychiatric disorder. | A new policy will be developed stating the Cunningham Panel is considered Experimental / Investigational for all indications. |

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 fragmented billing—which consists of reporting services provided on the same date of service on multiple CMS-1500 claims submission forms.

For example, in lab tests, only one claim should be submitted, regardless of the number of physicians' orders that are received on the same day for the same member. CareFirst will perform historical claims auditing to ensure that all services or procedures administered on the same date are edited together.

Know the Hearing Aid Code Process

CareFirst has seen an increase in incorrectly submitted claims resulting in processing delays. Claims for CPT codes 92590-92595 and HCPCS codes V5010 – V5298 should only be submitted with a frequency of 1 (one).

If the description of the procedure code contains Monaural/Binaural, it is only eligible for one reimbursement for a single date of service. It is not necessary to report these codes with modifiers RT/LT or modifier 50.

Provider Reminders

CareFirst Provider Agreement Has Been Mailed

Last month we mailed your amended and restated Participation Agreement, along with a high-level summary of changes.

The new agreement is effective October 1, 2020. No action is needed on your part to accept the agreement and no recredentialing requirements are required since you are already credentialed with our networks. Additionally, there are no changes to your fee schedule.

If you have questions related to this new agreement, then email carefirstcontracting@carefirst.com. Please include your Provider ID or TIN(s) for easier identification.

Update Your Contact Information

CareFirst wants to ensure that we can quickly communicate and contact providers regarding contractual updates, such as your agreement, fee schedule and other information that helps you do business with us. Providers should fill out the provider contact form at carefirst.com/providercontactform, which will take two minutes to complete.

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 offers valuable, timesaving tools to help support your treatment plan for patients with chronic diseases and those in need of preventive services.

CareFirst's Quality Improvement Council reviews our clinical resources annually and adopts nationally recognized guidelines and best practices to make sure you are updated when information changes.

Click on the links below for details on topics that can help you improve your patient care:

| General Guidelines and Survey Results | |
|--|---|
| Topic | Website Link |
| 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 > <i>Clinical Practice Guidelines</i> |

| | |
|--|--|
| <p>Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.</p> | <p>carefirst.com/clinicalresources > <i>Preventive Health Guidelines</i></p> |
| <p>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.</p> | <p>carefirst.com/clinicalresources > <i>Practitioner Office Standards</i></p> |
| <p>Care Management Programs</p> | |
| <p>Topic</p> | <p>Website Link</p> |
| <p>Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or, call 800-245-7013.</p> | <p>carefirst.com/providermanualsandguides</p> |
| <p>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.</p> | <p>carefirst.com/clinicalresources > <i>Disease Management</i></p> |
| <p>Pharmaceutical Management</p> | |
| <p>Topic</p> | <p>Website Link</p> |
| <p>Pharmaceutical Management Includes the formulary, restrictions/preferences, guidelines/policies and procedures.</p> | <p>carefirst.com/rx</p> |
| <p>Utilization Procedures</p> | |
| <p>Topic</p> | <p>Website Link</p> |
| <p>Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health.</p> | <p>carefirst.com/bluelink > <i>February 2020</i></p> |
| <p>Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.</p> | <p>carefirst.com/bluelink > <i>February 2020</i></p> |

| | |
|--|--|
| <p>Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.</p> | <p>carefirst.com/bluelink > <i>February 2020</i></p> |
| <p>Member Related Resources</p> | |
| <p>Topic</p> | <p>Website Link</p> |
| <p>Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.</p> | <p>carefirst.com/qoc > <i>General Inquiries > Quality of Care Complaints</i></p> |
| <p>How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision.</p> | <p>carefirst.com/appeals</p> |
| <p>Member's Privacy Policy Includes a description of our privacy policy and how we protect our members health information.</p> | <p>carefirst.com/privacy > <i>Notice of Privacy Practices</i></p> |
| <p>Member's Rights and Responsibilities Statement Outlines responsibilities to our members.</p> | <p>carefirst.com/myrights</p> |

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

In Case You Missed It

- [July 8 - CareFirst Provides PPE at No Cost to Healthcare and Social Service Organizations](#)
- [June 17 - CareFirst Releases New 2 in 1 Provider Manual](#)