

BlueLink



Medical News & Updates

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For more information, visit carefirst.com/bluelink

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What's Happening?

CareFirst Launches New Formulary 4

We're excited to announce the launch of the new Formulary 4 on January 1, 2021. This new offering is designed to help reduce the cost of drugs. Formulary 4 may help our members pay less for prescriptions by shifting toward preferred generic or preferred brand medications. Medications from all classes, with specialty drugs in both tiers are still included. Drugs not covered by Formulary 4 include non-preferred generic and non-preferred brand drugs.

Drugs that are not covered may go through the medication exception process and an alternative drug option may be covered by Formulary 4. It also excludes any drugs deemed not medically necessary.

For a full list of covered drugs visit [provider resources](#).

Enhanced Diabetes Cost Share Benefit Coming in 2021

CareFirst is taking proactive steps to support our members with chronic conditions, including diabetes. With early detection and proper management, people with diabetes can lead long and healthy lives. However, the costs associated with diabetes management may lead to dangerous complications.

That's why beginning January 1, 2021, CareFirst will include a \$0 cost share on preferred insulin and diabetic supplies before meeting a deductible for all fully insured plans, including HSA-qualified plans. Non-preferred insulin will be capped at \$50 for a one-month supply. These enhanced benefits will be effective upon a member's renewal in 2021. Employers with a self-funded plan may choose to elect these benefits as well. You can confirm your patient's benefits by logging into the provider portal at carefirst.com/provider.

What else are we doing to help patients with diabetes?

CareFirst currently offers programs to help patients manage their diabetes and we're constantly exploring new programs to meet the varied needs of our members. Through our wellness partner Sharecare, fully insured group members have access to:

- Scale Back – for pre-diabetics or those at risk. The program includes access to a health specialist and registered dietician coaching via phone.
- Disease Management Coaching – for controlled type 1 and 2 diabetics. Coaching includes access to registered nurses, support and education through our Sharecare digital platform.
- Diabetes virtual care program – Provided by Onduo, a leading diabetes management company, this program provides personalized support, easy-to-use tools and access to certified diabetes educators through a mobile app.

For questions or additional information, contact your [Provider Relations Representative](#).

HealthCare Policy

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

Our Healthcare Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available. Advances in new or emerging technologies, as well as current technologies, procedures and services may impact future policy updates.

The table below is designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from non -local accounts, such as NASCO and Federal Employee Program (FEP), may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through CareFirst on Call ([Professional](#) and [Institutional](#)) or [CareFirst Direct](#).

Note: The effective dates for the policies listed below represent claims with date of service processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.027 Chelation Therapy	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 11/01/20
2.01.075 High-Intensity Focused Ultrasound for Treatment of Localized Prostate Cancer	Under Policy Guidelines, added Ablatherm® and Sonoblate® FDA approval and an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 11/01/20
2.01.076 Hospice Services	Updated Benefit Applications. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 11/01/20
2.02.016 Leadless Cardiac Pacemaker	Under Policy Guidelines, added PMA coverage statement and a 2020 rationale statement. Report service using appropriate category I CPT code or category III CPT® code. Refer to policy for details.	Periodic review and update Effective 11/01/20
2.02.017 Myocardial Strain Imaging	Myocardial strain imaging uses echocardiography (medical ultrasound) to obtain images of cardiac tissue that are analyzed to provide a measure of tissue deformation during the cardiac cycle. In echocardiography, the term 'strain' is used to describe local shortening, thickening, and lengthening of the myocardium. Strain is a dimensionless	New Policy Effective 08/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	measure that is believed to be predictive of future adverse cardiac events. Myocardial strain imaging is considered medically necessary for individuals who are undergoing chemotherapy. All other indications are considered experimental / investigational. Report service using appropriate category I CPT code. Refer to policy for details.	
5.01.037 Tesamorelin (Egrifta™) Injection for Lipodystrophy	Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 11/01/20
7.01.123 Gender Affirmation Services /Gender Dysphoria	Title revised from Gender Reassignment Services. Revised Policy Guidelines. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 11/01/20
8.01.002 Cardiac Rehabilitation	Updated Policy statement. Under Policy Guidelines, added experimental /investigational criteria and an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 11/01/20
10.01.011A Emergency Services: Auto Codes	Revised Description. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 11/01/20
1.02.003 Enteral Nutrition Therapy	Revised Benefit Applications. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 12/01/20
2.01.026 Medical Foods for Treatment of Inherited Metabolic Disorders	Revised Benefit Applications. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 12/01/20
2.01.071 Outpatient Limb Compression for Post-Discharge Prophylaxis of Venous Thromboembolism	Revised Policy statement. Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 12/01/20
2.01.074 Urine Drug Testing in Pain Management and Substance Abuse Treatment	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 12/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.083 Compression Stocking for Non-lymphedema Indications	Compression stockings are defined as gradient support stockings that require a prescription from a physician or qualified health care professional AND require measurement for fitting. Compression stockings can be either custom-fitted (member is measured and fitted to readily available shelf products) or custom-made (member is measured for the stocking which is then uniquely created for the member). Compression stockings that have a pressure of 20 mmHg or greater are considered medically necessary for specified indications. Compression stockings (including over the counter (OTC) support hose/stockings/garments (like TEDS)) with a gradient pressure of less than 20 mmHg are also considered experimental/investigational. Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 12/01/20
4.02.001 Assisted Reproductive Technology (ART) Procedures: In Vitro Fertilization (IVF) Gamete Intrafallopian Transfer (GIFT) Zygote Intrafallopian Transfer (ZIFT)	Revised Benefit Applications. Report service using appropriate category ICPT code or HCPCS code. Refer to policy for details.	Revision Effective 01/01/21
5.01.039 Lutetium Lu 177 dotatate (Lutathera®)	Updated Policy statement. 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 12/01/20
7.01.017 Cosmetic and Reconstructive Surgery with Attached Companion Table	Revised Attached Companion Table to include medically necessary indications for the treatment of lipedema with liposuction. 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.	Revision Effective 12/01/20
7.01.025 Spinal Cord and Deep Brain Stimulation	Updated Policy statement. Under Policy Guidelines, added experimental / investigational criteria, PMA coverage statement, and an updated 2020 rationale statement. Report service using appropriate category ICPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 12/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.117 Minimally Invasive Lumbar Decompression for Spinal Stenosis	Title revised from Minimally Invasive Lumbar Decompression. Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category III CPT code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 12/01/20
11.01.029 Serum Antibody Marker Testing for Inflammatory Bowel Disease	Revised Description. Amended Policy statement as testing for anti-neutrophilic cytoplasmic antibody (ANCA), anti-Saccaromyces cervisiae antibody (ASCA), anti-Ctb and anti-vinculin antibody are considered not medically necessary. Updated Policy Guidelines. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 08/01/20
11.01.072 Nutrient/Nutritional Panel Testing	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 12/01/20

December Medical Technology Updates

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
Transcervical Radiofrequency Ablation of Uterine Fibroids	Fibroid tumors in the uterus can be eliminated using heat generated by a radiofrequency device. Fibroids can be accessed using a transcervical approach.	Medically necessary for patients meeting criteria. CPT reporting code(s) 0404T

Technology	Description	CareFirst and CareFirst BlueChoice Determination
Esophageal Brush Biopsy (WATS 3D)	Endoscopic tissue acquisition procedure intended to be used as an adjunctive tool for the detection of Barrett's esophagus and precancer cells.	Experimental / investigational
Peroral Endoscopic Myotomy (POEM)	Endoscopic treatment that involves myotomy of the lower esophageal sphincter. This is a surgical alternative to the Heller procedure.	Medically necessary for patients meeting criteria. Pre-authorization Required CPT reporting code(s) 43499
ClonoSEQ	This blood test is used to identify circulating tumor cells.	Experimental / investigational
Percutaneous injection of Allogenic Cellular and/or Tissue-Based Product for Disc Regeneration	Injectable solution of human cells and/or tissue that is intended to stimulate regeneration of intervertebral discs.	Experimental / investigational CPT reporting code(s) 0627T, 0628T, 0629T, 0630T
HyperView™ hand-held, battery operated, portable device for measuring tissue oxygenation	This device performs transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity.	Not medically necessary CPT reporting code(s) 0631T

Category III CPT Codes Effective January 1, 2021

Code	Decision
0620T	Medically necessary
0621T	Experimental / Investigational
0622T	Experimental / Investigational
0623T	Not medically necessary
0624T	Not medically necessary
0625T	Not medically necessary
0626T	Not medically necessary
0627T	Experimental / Investigational
0628T	Experimental / Investigational
0629T	Experimental / Investigational
0630T	Experimental / Investigational

0631T	Not medically necessary
0632T	Experimental / Investigational
0633T	Allow
0634T	Allow
0635T	Allow
0636T	Allow
0637T	Allow
0638T	Allow
0639T	Experimental / Investigational

Provider Reminders

Updated Provider Education Resources

CareFirst continues to offer a variety of educational resources for providers—including live webinars, on-demand training, and CareFirst Direct user guides.

Live Webinars

Live Webinars will be offered for the remainder of 2020 and into 2021 for our providers. Here are the current topics on the schedule.

- **NEW! Medicare Advantage Prior Authorizations and In-Patient Notifications** – CareFirst is launching a new prior authorization/notification portal which will initially be used for Medicare Advantage members and will transition for all members in the first half of 2021. This webinar will provide you with details on CareFirst's requirements for entering inpatient notifications and prior authorizations for Medicare Advantage members electronically through the Provider Portal.
- **CareFirst Direct – Checking Eligibility & Benefits** – Steps to locate eligibility and benefits.
- **CareFirst Direct – Claims Status and Inquiries** – Steps to check claims status.
- **CareFirst Direct – 835 Remittance Advice** - Important tips and how to navigate the system.
- **BlueCard** – Informational overview of the program.

There are a variety of dates and times available for you to select. To register, visit the [Webinars & Seminars page](#) of the Center for Provider Education and Training website. Click on your provider type, the training you wish to attend, and then enter in your registration information. Once registered, you will receive a confirmation email. The meeting information will be sent to you approximately 24 hours prior to the start of the webinar.

On-Demand Training

As a reminder, the new training courses are available online for your convenience. Whether you are a new provider, have new staff joining your team, or just need a refresher on a particular topic, these courses are a great resource. New course offerings include:

- [New Provider Introduction](#) – an overview of the resources and trainings
- [CareFirst On Call](#) – an explanation of the interactive voice response system, its features and use
- [CareFirst Direct Eligibility](#) – a system demonstration on how to locate eligibility and benefits
- [Claims Submission](#) – an overview of claims submission procedures
- [CareFirst Direct Claims Status](#) – a system demonstration on how to check claims status
- [Corrected Claims](#) – in-depth look at the differences between corrected claims, inquiries and appeals

You are able to access the trainings from the [Learning Library](#) at carefirst.com/cpet under office staff.

CareFirst Direct User Guides

User guides are available to help you better navigate CareFirst Direct. These guides cover a variety of functions you may need while navigating in the CareFirst Direct provider portal such as setting up and managing accounts, checking patient information, submitting inquiries, and more. Download your [guides](#) today.

Do you have any questions or suggestions for future training? We want to hear from you! Email us at providered@carefirst.com with your feedback.

Are You Using the Correct Service Codes?

Providers are required to report the most appropriate place of service on claim submissions. It is vital that the two-digit place of service be used for claims in-order-to accurately apply appropriate benefits. Incorrect submissions may result in delay of payment or rejection.

Refer to the [provider manual](#) for additional information.

Medical Drug Waste

As a reminder, CareFirst's medical policy does not reimburse for drug waste associated with misuse of single-dose vials. Providers will be reimbursed for claims of the most appropriate vial size, or combination of vial sizes for the administered dose.

For more information, visit the [Medical Policy](#) page under the Program/Services tab to view policy 5.01.023A Drugs and Pharmaceuticals, Wastage and/or Discarded Amounts.

Drug Prior Authorization Modifications

As a reminder, when a prior authorization is modified through the online provider portal for drugs covered under the medical benefit, the authorization status will automatically change from "Approved" to "Incomplete Mod." You must select "Release" for the modification to be processed. Prior authorizations that remain in an "Incomplete Mod" status will result in claim denials.

2021 FEP Benefit Updates

There are several changes to the Federal Employee Program (FEP) Standard, Basic and FEP Blue Focus product options for 2021. The following chart outlines the previous 2020 benefits and the 2021 benefit changes.

For more information about FEP, please visit the [Resources](#) page.

Changes for FEP Blue Focus

Name of Benefit	2021 Benefit	Previous Benefit
Cost share for continuous home hospice care	Offer continuous home hospice care for Preferred providers with zero-member cost-share	Continuous home hospice care for Preferred providers has a 30% coinsurance after the deductible is satisfied
Screening pregnant members for HIV	Provide a preventive benefit for screening pregnant women for HIV with no copay	Included in the \$1,500 copay per pregnancy

Changes for Standard only

Name of Benefit	2021 Benefit	Previous Benefit
Removal of reduced Mail Service Prescription and Specialty Drug Pharmacy copays for the 31st and beyond refills	Remove the reduced member cost-share associated with the Tier 2 and Tier 3 brand-name and Tier 4 and Tier 5 Preferred specialty drug copays for the 31st and subsequent refills	Reduced copay after the 31st fill to \$50 copayment for brand-name drugs purchased through the Mail Service Prescription Drug Program and specialty drugs purchased through the Specialty Drug Pharmacy Program

Changes for Basic only

Name of Benefit	2021 Benefit	Previous Benefit
Outpatient emergency room facility copay increase for accidental injury	Increase the copayment by \$50	Members owe a \$125 copay per day, per facility

Changes for Standard and Basic

Name of Benefit	2021 Benefit	Previous Benefit
Tier 4 and Tier 5 specialty drug member cost-share increases	<p>Standard Option</p> <p>Tier 4: \$65 copay (\$185 copay for 31-90-day supply)</p> <p>Tier 5: \$85 copay (\$240 copay for 31-90-day supply)</p> <p>Basic Option</p> <p>Tier 4: \$85 copay (\$235 copay for 31-90-day supply)</p> <p>Tier 5: \$110 copay (\$300 copay for 31-90-day supply)</p>	<p>Standard Option</p> <p>Tier 4: \$50 copay (\$140 copay for 31-90-day supply)</p> <p>Tier 5: \$70 copay (\$200 copay for 31-90-day supply)</p> <p>Basic Option</p> <p>Tier 4: \$65 copay (\$185 copay for 31-90-day supply)</p> <p>Tier 5: \$85 copay (\$240 copay for 31-90-day supply)</p>
Hearing aids for adults	\$2,500 every 5 calendar years	\$2,500 per every 3 calendar years

Changes for FEP Blue Focus, Standard Option and Basic Option

Name of Benefit	2021 Benefit	Previous Benefit
New telemedicine benefit	Allow telephone consultations and medical evaluation and management services for providers who are outside of our contracted Teladoc network. Coverage will also include inpatient and facility-billed services	None
Antiretroviral therapy medications for those at risk of, but who do not have HIV	Provide certain antiretroviral therapy medications with zero-member cost-share when obtained from a preferred retail pharmacy or mail service program Standard and Basic: Prescriptions at a preferred retail pharmacy or mail service program FEP Blue Focus: Prescriptions filled at a preferred retail pharmacy	Standard and Basic: Antiretroviral therapy medications are currently covered under the Tier two pharmacy benefit FEP Blue Focus: Antiretroviral therapy medications currently have a 40% coinsurance
Bowel preparation medications	Provide certain bowel preparation medications with zero-member cost-share for the first prescription filled Standard and Basic: Prescriptions at a preferred retail pharmacy or mail service program FEP Blue Focus: Prescriptions filled at a preferred retail pharmacy	Standard and Basic: Bowel preparation medications currently have a Tier one or Tier two-member cost-share FEP Blue Focus: Bowel preparation therapy medications have a 40% coinsurance

Name of Benefit	2021 Benefit	Previous Benefit
Preventive screening for hepatitis C	Include individuals ages 18-21 for preventive screening for hepatitis C.	Preventive screening for hepatitis C is limited to adults age 22 and over
Hypertension Management Program	Standard and Basic: Member must be the contract holder or spouse over the age of 18, have at least one medical claim processed during the past 12 months reporting a diagnosis of hypertension or high blood pressure and complete the Blue Health Assessment to receive this incentive	All eligible members can participate in this incentive by simply having a claim with a diagnosis of hypertension
Formulary adjustments	Standard Option: Expand the list of excluded drugs. Basic Option: Expand the list of drugs excluded from certain therapeutic classes within the managed formulary. Review of closed formulary drugs	Standard Option uses a managed formulary for certain drug classes Basic Option has a managed formulary FEP Blue Focus has a closed formulary

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 are 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's 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>
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	carefirst.com/clinicalresources > <i>Preventive Health Guidelines</i>

<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>	

Topic	Website Link
Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.	carefirst.com/goc > <i>General Inquiries > Quality of Care Complaints</i>
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 > <i>Notice of Privacy Practices</i>
Member's Rights and Responsibilities Statement Outlines responsibilities to our members.	carefirst.com/myrights

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

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