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What's Happening?

Care Management Updates Effective January 1

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) Medical Directors and regional

practitioners met on December 5, 2019, for the Annual Criteria Review. The panel, which included community physicians, reviewed and approved the following:

- Modified Appropriateness Evaluation Protocol (AEP) Criteria
- Apollo Managed Care Physical Therapy, Occupational Therapy, Rehabilitation Care and Pain Management Criteria
- CareFirst Medical Policy Reference Manual
- MCG Behavioral Healthcare Guidelines 22nd edition
- American Society of Addiction Medicine (ASAM) Criteria
- The Dental Criteria Guidelines

CareFirst physician reviewers are available to discuss Utilization Management (UM) decisions. Physicians may call 410-528-7041 or 800-367-3387, ext. 7041 to speak with a physician reviewer or to obtain a copy of any of the above-mentioned criteria. All cases are reviewed on an individual basis.

Important Note: CareFirst affirms that all UM decision-making is based only on appropriateness of care and service and existence of coverage. CareFirst does not specifically reward practitioners or other individuals for issuing denials of coverage, care or service. Additionally, financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to coverage, care or service.

Medications Added to Prior Authorization List and Site of Care Program

Effective February 1, medications were added to the prior authorization list and/or Site of Care program to better manage rising specialty drug costs. Drugs are also being added to the prior authorization list effective April 1. A complete list of drugs is included in the charts below. 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 and/or site of care, visit the Specialty Drug List. This list is updated monthly.

Why the Change?

Prior authorization helps ensure appropriate and safe utilization of these high-cost medications. 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 costliest options for specialty infusions with costs up to three times higher compared to non-hospital settings.

Prior Authorization- Effective February 1

Drugs Added to Prior Authorization: February 1, 2020	
Drug Name	**Drug Class**
Crysvita	Rare Disorders

Drugs Added to Prior Authorization: February 1, 2020	
Evenity	Osteoporosis
Kanjinti	Oncology
Mvasi	Oncology
Ogivri	Oncology
Trivisc	Osteoarthritis
Ultomiris	Paroxysmal Nocturnal Hemoglobinuria

Prior Authorization- Effective April 1

Drugs Added to Prior Authorization: April 1, 2020	
Drug Name	**Drug Class**
Arzerra	Oncology
Besponsa	Oncology
Blincyto	Oncology
Folotyn	Oncology
Imlygic	Oncology
Istodax	Oncology
Libtayo	Oncology
Lutathera	Oncology
Poteligeo	Oncology
Proleukin	Oncology
Sylvant	Oncology
Torisel	Oncology

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.

Site of Care: Effective February 1

Drugs Added to Site of Care: February 1, 2020	
Drug Name	**Drug Class**
Crysvita	Rare Disorders
Cuvitru	Immune Deficiencies and Related Disorders
Exondys 51	Muscular Dystrophy
Hizentra	Immune Deficiencies and Related Disorders
Mepsevii	Lysosomal Disorders
Onpattro	Paroxysmal Nocturnal Hemoglobinuria
Radicava	Movement Disorders
Ultomiris	Paroxysmal Nocturnal Hemoglobinuria

Coverage for these medications at an outpatient hospital setting are 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.

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. Please note, a drug prior authorization can be submitted on or after the effective dates.

Verify and Update your Data in the CareFirst Provider Directory

The CareFirst online provider directory connects the healthcare consumer—our members, your patients—to medical care and services and ensures that other medical professionals can make referrals to in-network providers.

Professional Providers Follow these steps to check your data in the CareFirst provider directory:

- Go to Find a Doctor on the carefirst.com homepage
- Select I am a CareFirst Guest
- On the Find a Doctor or Facility page use the search field to locate your information in the directory.
- Select 'View Profile' to review your information in the directory listing.

Verify the following information is accurate in the provider directory:

- All providers listed in your practice

- Office phone number and physical address for appointments
- Accepting new patients label
- Providers identified listed under the correct specialty
- Up to date education and medical school information
- Spoken languages

If you find that corrections need to be made after reviewing your data, you can update your information through one of two ways:

The fastest and easiest way is to log into CAQH Proview® to make changes to your provider data. Once logged in, review and update your data as needed, and then click on 'ATTEST'. This information will be shared with CareFirst. A bonus to using CAQH is that you only enter your information once to credential with multiple insurers which eliminates duplicative paperwork.

For more information, go to CareFirst's provider credentialing page on our website.

Or

Go to Find a Doctor on the carefirst.com homepage. Log in as a guest. On the Find a Doctor or Facility page, use the **search field to locate** your **provider** information in the directory. Select 'View Profile' to review the directory listing. To report incorrect information, click on 'See Something Incorrect? Let Us Know', select the information that needs to be corrected and we will follow up with you within 15 business days.

A CareFirst credentialing and provider data management specialist will provide you with the necessary information to update your data, and work with your practice to confirm and process the required updates.

Do you have a large practice?

If you have a large practice (20 providers or more) and are interested in receiving a roster of the current provider data for your group, please send an email to PDA@CareFirst.com and include the following information:

- Practice name
- Tax Identification Number
- Billing NPI
- Name of contact person and telephone number

A CareFirst credentialing and provider data management specialist will provide you with this information.

CareFirst is Redesigning our Provider Manual

CareFirst is committed to giving you the tools needed to easily do business with us so you can focus on giving your patients the best care. Over the past year, we have worked to redesign our provider manual. Our new manual combines the Professional and Institutional manuals to give you access to the information you need for all of your CareFirst patients, all in one place. The new easy to navigate manual

contains details about our insurance products, our quality and clinical guidelines, as well as policies and procedures that your office must adhere to as part of your Agreement with CareFirst.

The new manual will be available in the coming months. CareFirst will communicate about the Provider Manual in email and BlueLink. This update is being done to give you greater details on our existing policies and procedures. Operational changes to how you do business with us will be communicated via letter, email or BlueLink prior to being incorporated into the manual. Manual updates will be sent via email or BlueLink as we do today. Make sure to continue reading our provider news and updates so you have the most up-to-date information needed to do business with us.

Health Care Policy

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

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 (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 dates of service processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.016A Coverage for Hearing Aids (Maryland Mandate)	Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 11/18/19
1.02.024A Over-the-Counter Miscellaneous Supplies and Equipment	Revised 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 11/18/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.018 Sleep Disorders	Revised Policy statement to reflect medically necessary indications for hypoglossal nerve stimulation (64568, +0466T) for the treatment of obstructive sleep apnea in adults and adolescents or young adults with Down Syndrome when criteria are met. Report service using appropriate category I CPT code, category III CPT code, or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 11/18/19
2.01.028 Neuropsychological Testing	Revised Benefit Applications statement. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 08/01/19
2.01.073 Autologous Stem Cell Therapy for Peripheral Artery Disease	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Periodic review and update Effective 11/18/19
2.03.012 Adjunctive Diagnostic Aids for Oral Cancer Screening	Under Description, added no further review statement. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update No further review scheduled Effective 11/18/19
2.03.015 Sipuleucel-T Immunotherapy	Updated Description. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 11/18/19
6.01.007 Transcranial Doppler Ultrasound	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 11/18/19
6.01.027 Computed Tomography as a Screening Test for Lung Cancer	Revised Policy statement for experimental/investigational indication regarding low-dose CT scanning as a screening test for lung cancer when all the listed criteria are not met and for all other screening indications in asymptomatic	Revision Effective 11/18/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	individuals. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	
8.01.003 Spinal Manipulation and Related Services	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 Effective 11/18/19
11.01.068 The 4Kscore® Test for Cancer Risk Assessment of Prostate Cancer	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 11/18/19
2.01.015 Vision Therapy (Orthoptics/Pleoptics)	Updated Policy 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 Effective 12/16/19
6.01.033 Focused Ultrasound Ablation of Uterine Fibroids	Updated Description. Under Policy Guidelines, added PMA coverage statement and a 2019 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
6.01.035 Cardiac CT and Coronary CT Angiography	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
6.01.037 Radioembolization for Primary and Secondary Malignant Hepatic Tumors	Under Policy Guidelines, added a PMA coverage statement and a 2019 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 12/16/19
7.01.007 Electrical Bone Growth Stimulation	Revised Description. Under Policy Guidelines, added experimental / investigational criteria, PMA coverage statement and an updated 2019 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 12/16/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.023 Percutaneous Electrical Nerve Stimulation	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
7.01.042 Percutaneous Intracranial Angioplasty With or Without Stent Insertion	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
7.01.045 Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
7.01.104 Percutaneous Ablation of Malignant Tumors of the Lung	Updated Policy statements with medically necessary indications and experimental/investigational criteria for cryosurgical ablation. Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
7.01.108 Platelet Rich Plasma Injection for Musculoskeletal and Orthopedic Surgical Applications	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19
7.01.113 Saturation Biopsy of the Prostate	Revised Description. 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, update, and revision Effective 12/16/19
7.01.114 Transcatheter Aortic Valve Implantation	Under Policy Guidelines, added PMA coverage statement and an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.125 Radiofrequency Ablation of Uterine Fibroid Tumors (Leiomyomata)	Revised Policy statements for the use of radiofrequency ablation (i.e. Acessa™) to include medically necessary and experimental/investigational indications for the treatment of uterine fibroids. Under Policy Guidelines, added an updated 2019b rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/19
8.01.012 Peripheral Arterial Disease Rehabilitation	Under Policy Guidelines, added an updated 2019 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 12/16/19

Claims and Billing

How to Bill Revenue Code 637-Self-Administered Drugs

When submitting a bill using Revenue code 637 you must include a valid HCPCS procedure code. If a HCPCS code is not included, the claim will be denied, and you must rebill the claim with a valid HCPCS code for the service performed. The claim denial is your liability and you cannot balance bill your CareFirst patient.

Claims billed with revenue code 637 and any HCPCS code other than A9270 will be processed based on medical necessity. If revenue code 637 or any other revenue code is billed with HCPCS A9270 it will be denied as "Not a Covered Service" and will be the member's liability.

Provider Reminders

Remind Your Patients to Schedule Their Dental Check-Ups

Did you know that your patient's oral health is directly related to their general health and well-being? Poor oral health can be linked to a variety of diseases and conditions like diabetes and osteoporosis. Remind your patients to schedule their regular dental visits and practice good oral hygiene, like flossing daily and brushing their teeth.[1]

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[1] "Oral Health: A Window to Your Overall Health." The Mayo Clinic. 2020. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475

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

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

Click on the links below for details on topics that can help you improve the care you provide to patients in your practice.

General Guidelines and Survey Results		
Topic	**Website Link**	**PDF Available**
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	carefirst.com/clinicalresources	

Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.		

Pharmaceutical Management

Topic	Website Link	PDF Available
Pharmaceutical Management Includes the formulary, restrictions/preferences, guidelines/policies and procedures.	carefirst.com/rx	

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 2020*	
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.	carefirst.com/bluelink > *February 2020*	

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	

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

In Case You Missed It

- February 13, 2020- [Review the Latest Update to our Professional Provider Manual](#)
- January 31, 2020- [CareFirst Acquires Trusted Health Plan in Washington D.C. and Enters Medicaid Market](#)
- January 13, 2020- [CareFirst to Use American Society of Addiction Medicine Guidelines](#)
- December 20, 2019- [Pending Regulatory Approval—CareFirst Agrees to Acquire Managed Medicaid Plans in MD and D.C.](#)