BlueLink

Medical News & Updates

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CareFirst
Family of health care plans

What's Happening?

- CareFirst BlueCross BlueShield To Provide Premium Credits and Other Financial Benefits to Customers and Members
- CareFirst Launches New Diabetes Program
- The Redesigned CareFirst Provider Manual is Now Available
- CareFirst Launches Provider Data Accuracy Initiative

Healthcare Policy

- Effective Dates, Current Procedural Terminology (CPT®) Codes and Policy Updates for June
- Medical Technology Updates for June

Claims and Billing

- Are You Submitting Inquiries and Appeals Correctly?
- Ancillary Claims: Use the CareFirst Service Area Zip Code List

Provider Reminders

- Does Your Patient Qualify for Care Management?
- Enter Prefixes Correctly When Submitting Claims to Avoid Denial
- Are You Up to Date on Best Practices and Quality Standards?

In Case You Missed It

- June 2 - Coronavirus (COVID-19) Information: A Message from our Chief Medical Officer
- June 12 - Coronavirus (COVID-19) Information: CareFirst Updates Telemedicine Guidance
- June 16 - Coronavirus (COVID-19) Information: Open for Important Prior Authorization and Concurrent Review Updates

For more information, visit carefirst.com/bluelink

What's Happening?

CareFirst BlueCross BlueShield to Provide Premium Credits and Other Financial Benefits to Customers and Members

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) recently announced it will provide premium credits to many fully insured customers as a result of treatment disruptions related to the COVID-19 pandemic, extend the waiver of cost sharing for telehealth services and COVID-19 testing and treatment, and return rebates from 2019 as a result of lower than expected use of medical care by its members. These latest benefits, combined with other relief CareFirst has offered, result in over $300 million made available to CareFirst members, providers and communities during the COVID-19 pandemic. Read on to learn more about how CareFirst is helping members, providers and the community.

CareFirst Launches New Diabetes Program

Earlier this month, CareFirst, along with Onduo**, a leading diabetes management company, launched the CareFirst Diabetes Virtual Care Program, which focuses on stabilizing patients who have uncontrolled type 2 diabetes. This national solution connects patients to personalized virtual care, clinical education and easy-to-use tools and devices to help them better manage their diabetes. The program provides clinical expertise to support the treatment plans for your patients, including access to certified diabetes educators and endocrinologists – in collaboration with you, to help your CareFirst patients achieve better health.

The program is appropriate for patients aged 18 and older in moderate to high-need living with type 2 diabetes, as shown by their A1c, weight and diabetes distress level. A smartphone is required for participation. The program is considered preventive, so there will be no cost for your CareFirst patients.

Patients who are pregnant, have certain disease states or a diagnosis of severe or end stage kidney disease, cystic fibrosis, cirrhosis, liver failure, organ transplant, or bone marrow transplants are not eligible.

The program covers eligible CareFirst members with the exception of Medicare Primary and Supplemental, CareFirst Administrators, the Federal Employee Program with a preferred provider plan (PPO) and select large employer group accounts. Member eligibility will be checked at registration.

Look for communications about this program in upcoming issues of BlueLink.

**This program is provided by Onduo, LLC an independent company that does not provide Blue Cross Blue Shield products or services.

The Redesigned CareFirst Provider Manual is Now Available

Earlier this month, CareFirst notified you that the new, redesigned CareFirst provider manual is now available.

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 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.

You can find the new provider manual here. This update gives you greater details on our existing policies and procedures. Operational changes to doing business with us will be communicated via letter, email or BlueLink before 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.

If you have questions or feedback about the new provider manual, please send an email to providermanual@carefirst.com.

CareFirst Launches Provider Data Accuracy Initiative

Accurate provider data is critical to ensuring our members can access care where and when they need it. To ensure our provider data is accurate, CareFirst has contracted with Atlas Systems to assess the accuracy and completeness of our online provider directory.

This is a two-year initiative. During that time, Atlas Systems will call all participating providers in CareFirst's networks. The Atlas representative will ask providers a series of questions to validate the data in our directory. If you have questions, please contact the Provider Information and Credentialing department at 877-269-9593 or via email at PDA@carefirst.com.

Review and Update your Data Quarterly

CareFirst requires providers to review and verify practice information each quarter. Professional providers can review their data in CareFirst's Find a Doctor tool on CareFirst's website. View this flyer for step-by-step instructions.

Healthcare Policy

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

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
1.01.070A Breast Pumps and Related Supplies	Revised Benefits Applications. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 05/01/20
2.01.025 Erectile Dysfunction	Under Description, added no further review statement. 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 No further review scheduled Effective 05/01/20
2.02.009 Electrocardiographic Body Surface Mapping	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 05/01/20
2.03.005 Adoptive Immunotherapy	Under Policy Guidelines, added 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 05/01/20
2.03.014 Electric Tumor Treatment Fields	Description and Policy statements updated to reflect not medically necessary statement. Under Policy Guidelines, added PMA coverage statement and a 2020 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 05/01/20
4.02.007 Preimplantation Genetic Testing	Updated Policy 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 Effective 05/01/20
4.02.009 Assisted Reproductive Technology (ART):	Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 05/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
Artificial Insemination (AI)/Intrauterine Insemination (IUI)		
5.01.041 Tisagenlecleucel (Kymriah®)	Tisagenlecleucel (Kymriah) is a CD19-directed genetically modified autologous T cell immunotherapy. Tisagenlecleucel (Kymriah) FDA-approved indications are for the treatment of pediatric and young adult relapsed or refractory B-cell acute lymphoblastic leukemia (ALL) and patients up to 25 years of age with B-cell precursor ALL that is refractory or in second or later relapse. FDA-approved indications also include adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma. Report service using appropriate category lll CPT code or HCPCS code. Refer to policy for details.	New Policy Effective 05/01/20
6.01.032 Positron Emission Tomography (PET)	Under Policy Guidelines, added 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 05/01/20
7.01.122 Percutaneous Left Ventricular Assist Device (pLVAD)	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 05/01/20
7.01.123 Gender Reassignment Services	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 05/01/20
2.01.003 Gait Analysis	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 06/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.028 Neuropsychological 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 06/01/20
2.01.050 Professional Nutritional Counseling	Revised medical policy operating procedure including removing the policy letter "A" and converted to a medical policy. Under Description, removed the no further review statement. Updated Policy statement, and added medically necessary indications for professional nutritional counseling including medical nutrition therapy in adults aged 18 years or older, adolescents ages 6 to 18 years, and other chronic disease states in which dietary adjustment has a therapeutic role when provided by a registered licensed dietitian or other health professional functioning within their legal scope of practice. All other indications not outlined within the policy statement is not medically necessary. Updated Benefit Applications and Provider Guidelines. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 07/01/20
2.01.077 Repository Corticotropin Injection	Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 06/01/20
2.01.082 Comprehensive Weight Reduction and Obesity Management Policy	Obesity affects mostly middle-aged adults age 40-59 years followed by older adults age 60 years and older, and adults age 20-39 years. Preventive medicine counseling/risk factor interventions or intensive behavioral therapy visits, professional nutritional counseling, and surgical procedures are medically necessary when criteria are met. Report service using appropriate HCPCS code. Refer to policy for details.	New Policy Effective 07/01/20
3.01.012A Electroconvulsive Therapy	Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
		Effective 06/01/20
3.01.013 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric/Neurologic Disorders	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 06/01/20
3.01.014 Psychological 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 06/01/20
5.01.007 Botulinum Toxin (Botox)	Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 06/01/20
5.01.025 Intravenous Immune Globulin (IVIG) Therapy	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 06/01/20
7.01.005 Cochlear Implantation	Under Policy Guidelines, added 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 06/01/20
7.01.022 Oral-Facial Pathology or Trauma	Policy placed in archived status. Refer to new policies 7.01.136 Oral-Facial Trauma/Accidental Injury and 7.01.137 Oral-Facial Pathology. Revised Description and added the archived statement to Description and Policy. Revised Policy Guidelines and added an updated 2019 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.	Revision Effective 06/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.036 Surgical Treatment of Obesity and Morbid Obesity	Policy Title revised. Updated Description and Policy statements. Under Policy Guidelines, added experimental / investigational criteria and an updated 2019 rationale statement. Revised 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, update and Revision Effective 07/01/20
7.01.088 Vertebral Disc Replacement/Lumbar Disc Prosthesis	Under Policy Guidelines, added PMA coverage statement and an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 06/01/20
7.01.121 Transanal Hemorrhoidal Dearterialization	Under Policy Guidelines, added PMA coverage statement and an updated 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 06/01/20
7.01.136 Oral-Facial Trauma/Accidental Injury	The diagnosis and treatment of oral-facial trauma includes those procedures which are performed on teeth and supporting structures, lips, tongue, roof and floor of the mouth, accessory sinuses, salivary glands or ducts, jaws (mandible and maxilla, facial bones, including orthognathic services), to correct accidental injury to these structures that require services to reduce a dislocation or repair a fracture of bone or teeth. Procedures in diagnosis of oral-facial trauma/accidental injury are considered medically necessary when indicated and appropriate as determined by CareFirst. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	New Policy Effective 06/01/20
7.01.137 Oral-Facial Pathology	The diagnosis and treatment of oral-facial pathology includes those procedures which are performed on teeth and supporting structures, lips, tongue, roof and floor of the mouth, accessory sinuses, salivary glands or ducts, jaws (mandible and maxilla, facial bones, including orthognathic services), to correct a congenital anomaly or syndrome (must be apparent at birth) such as cleft lip or cleft palate, or significant	New Policy Effective 06/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	jaw disharmonies that develop over time or to excise neoplastic tumors, non-dental cysts, exostoses, or drain extra-oral abscesses associated with cellulitis. Procedures in diagnosis of oral-facial pathology are considered medically necessary when indicated and appropriate as determined by CareFirst. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	
8.01.011A Habilitative Services (MD and DC Mandates)	Updated Description. Report service using appropriate category I CPT code or category III CPT code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update Effective 06/01/20
8.01.018 Dry Needling	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 06/01/20

Medical Technology Updates for June

There are no new medical technology updates for June.

Please note: After technology assessment determinations are made, they are included in the development of medical policy. Medical policies require two to three months for development and approval. All medical policy updates and their effective dates appear in the Healthcare Policy Updates portion of BlueLink.

Claims and Billing

Are You Submitting Inquiries and Appeals Correctly?

CareFirst has seen an increase in appeals not being submitted correctly. To prevent delays in the processing of claims, it is important to properly submit inquiries and appeals.

An appeal is a formal written request asking CareFirst to reconsider medical or contractual adverse decisions. This request should detail the reason for the appeal and clinical justification. Please submit appeals via letter on your office letterhead. Appeal decisions are answered in writing within 30 days of being received. Do not submit appeals using the Provider Inquiry Resolution Form. Your appeal may be delayed or returned to you if not submitted correctly.

Provider Inquiries may include issues pertaining to authorizations, correct frequency, ICD-10, medical

records, procedures/codes and referrals. Follow these tips when submitting an inquiry:

- Before sending an inquiry, consider submitting a corrected claim that will replace the original claim submitted.
- Submit inquiries electronically through CareFirst Direct's Inquiry Analysis and Control System function. Please do **not** submit appeals through this system.
- If you cannot access CareFirst Direct to submit an inquiry use the Provider Inquiry Resolution Form.
- Inquiries must be submitted within 180 days or six months from the date of the explanation of benefits. Allow 30 days for a response.

Detailed information on how to submit inquiries and appeals can be found on carefirst.com/inquiriesandappeals.

Ancillary Claims: Use the CareFirst Service Area Zip Code List

Please refer to CareFirst's Service Area Zip Code List when filing ancillary claims for Independent Clinical Lab, Durable/Home Medical Equipment, and Specialty Pharmacy. Filing the claim to the incorrect BCBS Plan will result in the claim being denied. For more information, visit the Ancillary Claims page under the Resources tab at carefirst.com/provider.

Provider Reminders

Care Management Overview and Referral Process

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

Care Management interventions are appropriate for members:

- With chronic diseases (diabetes, asthma, COPD, coronary artery disease, congestive heart failure, hypertension, obesity), or a combination of comorbidities
- Who require continuing care due to a catastrophic or life-threatening event, or acute exacerbation of a chronic illness
- With extended acute care hospitalizations
- With repeat hospital admissions within a limited time period

The Care Manager prepares and coordinates a care plan in collaboration with the member, his/her PCP, other providers and family. The Care Manager will assist the PCP in coordinating all elements of the patient's healthcare, follow up on all action steps, and ensure the care plan is within the member's existing benefits.

PCPs should refer members who would benefit from these services as soon as they are identified. If you are a PCMH provider, please contact your Care Manager or your Regional Care Director for more information or to refer a member. If you are not a PCMH provider, please call 800-245-7013 to reach the

Care Management Referral Line.

Enter Prefixes Correctly When Submitting Claims to Avoid Denial

Recently, CareFirst has seen an increase in alpha and/or numeric character prefixes being entered incorrectly on claims. When this happens, claims are not routed properly for processing and payment. For example, the prefixes A81 and A8I are being confused. In A81, the last digit is numeric, while in A8I, the last digit is an alpha character.

Please remember to double check your prefixes before submitting your claims, as more new prefixes are created. Incorrect prefixes could result in a delay in processing or even a denial of the claim.

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 can be 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 > *Clinical Practice Guidelines*
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	carefirst.com/clinicalresources > *Preventive Health Guidelines*
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 > *Practitioner Office Standards*
Care Management Programs	

Topic	Website Link
Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or, call 800-245-7013.	carefirst.com/providermanualsandguides
Practitioner Referrals for Disease Management Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.	carefirst.com/clinicalresources > *Disease Management*

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

Utilization Procedures	
Topic	**Website Link**
Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health.	carefirst.com/bluelink > *February 2020*
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**
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 > *General Inquiries > Quality of Care Complaints*

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 *> Notice of Privacy Practices*
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

- [June 2 - Coronavirus (COVID-19) Information: A Message from our Chief Medical Officer](#)
- [June 12 - Coronavirus (COVID-19) Information: CareFirst Updates Telemedicine Guidance](#)
- [June 16 - Coronavirus (COVID-19) Information: Open for Important Prior Authorization and Concurrent Review Updates](#)