BlueLink

Medical News & Updates

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Family of health care plans

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For more information, visit carefirst.com/bluelink

What's Happening?

Davis Vision Parent Company to be Acquired by MetLife

In September, MetLife announced its intention to acquire Versant Health, owner of Davis Vision. Since 2004, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) have partnered with Davis Vision to provide administrative services for vision care to CareFirst members.

During this transition, continuity of service and quality will be a top priority. CareFirst vision members can be assured there will be no disruption to coverage and no changes to benefits related to this acquisition.

Davis Vision's public website will stay the same – www.davisvision.com. CareFirst vision members will continue to use My Account to view EOBs, track claims and locate providers.

If approved, the sale is expected to close before the end of the year.

New Education Resources Available

CareFirst is excited to announce the launch of a variety of new education resources for providers— including on-demand training, CareFirst Direct user guides, and live webinars.

On-Demand Training

The New Provider Training courses are now available online. You can take the on-demand trainings at your own pace and convenience. Whether you are a new provider, have new staff joining your team, or just need a refresher on a particular topic, these courses will assist you when seeing CareFirst members.

There are six new courses in our New Provider Training including:

- New Provider Introduction – an overview of the resources and trainings that are available to new providers
- CareFirst On Call – an explanation of the interactive voice response system, its features and uses
- CareFirst Direct Eligibility – how to locate eligibility and benefits in CareFirst Direct (system demonstration)
- Claims Submission – an overview of claims submission procedures
- CareFirst Direct Claims Status – how to check claims in CareFirst Direct (system demonstration)
- Corrected Claims – in-depth look at the differences between corrected claims, inquiries and appeals

You can access the trainings in the Learning Library at carefirst.com/cpet under office staff.

CareFirst Direct User Guides

CareFirst has also published CareFirst Direct User Guides to help you better navigate CareFirst Direct. The guides cover a wide variety of functions that you may need to perform within the CareFirst Provider Portal, like setting up and managing accounts, checking patient information, submitting inquiries and much more.

Go to carefirst.com/portaluserguides to download your guides today.

Live Webinars

We are excited to resume live webinars starting in October. Topics include:

- **CareFirst Direct – Checking Eligibility & Benefits** – Step-by-step instructions for verifying eligibility and benefits in CareFirst Direct
- **CareFirst Direct – Claims Status & Inquiries** – Step-by-step instructions for how to check claims status in CareFirst Direct
- **CareFirst Direct – 835 Remittance Advice** – Overview of how to navigate remittance information in CareFirst Direct and tips and ticks
- **BlueCard** – Informational overview of the BlueCard program
- **Programs & Products** – Overview of CareFirst programs and products, including identification cards

There are a variety of dates and times available. To register, head over to 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 your registration information. Once your registration is submitted, you will receive a confirmation email. The meeting information will be sent to you approximately 24 hours prior to the start of the webinar.

Have any questions or suggestions for future training? We want to hear from you! Send us an email at providered@carefirst.com with your feedback.

CareFirst Now Credentials Registered Psychology Associates

Effective October 1, CareFirst now credentials Registered Psychology Associates (RPAs). RPAs must be supervised by a network participating, licensed clinical psychologist who works for a community-based provider in order to join CareFirst's networks. RPAs and their supervising psychologist must be licensed and registered in the State of Maryland. Also, the supervising psychologist must be appropriately qualified and follow all rules as established by the State of Maryland.

Note: CareFirst is only accepting applications for RPAs in Maryland. CareFirst is not credentialing RPAs in D.C. and Virginia.

CareFirst is working on an electronic submission method for RPA credentialing applications, In the meantime, RPAs may request an application by contacting the Provider Information and Credentialing (PI&C) Customer Service team at 410-872-3500. Once the application is complete, RPAs may fax or mail in their application to PI&C.

- **Fax:** 410-872-4107
- **Mail:** Mail Administrator
  P.O. Box 14763
  Lexington, KY 40512

We will update providers once an electronic application is available.

Note: The credentialing process may take up to 120 days.

As a reminder, the rendering provider, including RPAs, should clearly note in their submitted claims that they are the rendering provider.

For questions or more information, contact our PI&C department at 410-872-3500.

Medications Added to the Prior Authorization List and Site of Care—Effective 1/1/21

Effective January 1, 2021, the medications listed below will be added to the prior authorization list 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 Drug List. This 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 to select medications as an opportunity to help reduce overall health care costs without compromising quality of care. The outpatient hospital setting is generally recognized as one of the most expensive options for specialty infusions with costs up to three times higher than 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.

Drug Name	Drug Class	Drug Name	Drug Class
Blenrep	Oncology	**Udenyca**	Neutropenia
Cablivi	Thrombocytopenia	**Viltepso**	Rare disorders
Darzalex Faspro	Oncology	**Vyepti**	Migraine
Monjuvi	Oncology	**Zarxio**	Neutropenia
Synribo	Oncology	**Ziextenzo**	Neutropenia
Tecartus	Oncology		

Site of Care

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.

Drug Name	Drug Class
Vyepti	Migraine

How to Request Prior Authorization

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

As a reminder, the following specialties are out-of-scope and you do not need to submit a prior authorization for these changes:

- Ambulatory Surgery Centers
- Mental Health Facilities & Halfway Houses
- Birthing Centers
- Dialysis
- Lithrotripsy
- Skilled Nursing Facilities
- Home Health Agencies
- Hospice

View the Latest Updates to CareFirst's Medical Provider Manual

To inform you of changes and improvements, CareFirst has updated our Medical Provider Manual.

- **Chapter 3**
  - **Advance Directives:** Added new section with basic definition and documentation guidelines.
- **Chapter 5**
  - **Guidelines for Ancillary Claims Filing:** Added information about post-adjudication audits starting December 1, 2020.
- **Chapter 8**
  - **Obstetrical Radiology/Laboratory Services:** Clarified diagnosis codes.

To view and download your copy of the updated manual, visit carefirst.com/providermanual.

HealthCare Policy

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

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.

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 (DOS) processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.04.001A Prosthetics	Policy reverted to Medical Policy Operating Procedure. Added "A" to policy number to indicate Medical Policy Operating Procedure. Updated Policy statement. Removed Policy Guidelines. Revised Benefit Applications section. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/01/20
2.01.021 Temporomandibular Joint (TMJ) Dysfunction	Revised Policy Guidelines statement to reflect medically necessary indications for Botulinum toxin type A or type B. Under Providers Guidelines, added prior authorization statements for Botulinum toxin type A or type B. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Revision Effective 04/01/20
2.02.013 Transcatheter Closure of the Left Atrial Appendage	Updated Policy statement. Under Policy Guidelines, added an updated 2020 rationale statement. Revised Provider Guidelines. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 09/01/20
4.02.001 Assisted Reproductive Technology (ART) Procedures: In Vitro Fertilization (IVF) Gamete Intrafallopian Transfer (GIFT)	Revised Description, Policy statement, and Provider Guidelines. 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 09/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
Zygote Intrafallopian Transfer (ZIFT)		
5.01.020 Xofigo (radium-223 dichloride) Injection for Treatment of Prostate Cancer	Under Policy Guidelines, added an updated 2020 rationale statement. Updated Provider Guidelines. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/01/20
5.01.022 Steroid-eluting Implants for Sinus Surgery	Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code, category III CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/01/20
6.01.012 Thermography and Temperature Gradient Studies	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 09/01/20
6.01.046 Handheld Radiofrequency Spectroscopy for Intraoperative Margin Assessment During Breast Conserving Surgery	Under Policy Guidelines, added PMA coverage statement and a 2020 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Periodic review and update Effective 09/01/20
7.01.092 Interspinous Vertebral Decompression Implantation for Spinal Stenosis	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 09/01/20
7.01.127 Prostatic Urethral Lift for Benign Prostatic Hypertrophy	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 09/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.128 Fully implanted and Semi-implanted Hearing Assist Devices	Title revised from Implanted and Semi-implanted Hearing Assist Devices. Under Policy Guidelines, added PMA coverage statement to fully implantable and semi-implantable hearing devices sections 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 09/01/20
8.01.014 Lymphedema Therapy (Complex Decongestive Therapy)	Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 09/01/20
11.01.081 Cunningham Panel	The Cunningham Panel™ is a blood test which measures the levels of circulating autoantibodies associated with certain neurologic and psychiatric symptoms. Elevated levels indicate that symptoms may be due to an infection driven autoimmune problem, rather than a neuropsychiatric disorder. This test is proposed to be appropriate when a clinical diagnosis of an autoimmune neuropsychiatric disorder is made or suspected. The Cunningham Panel is considered experimental/investigational in all situations. Report service using appropriate category I CPT code. Refer to policy for details.	New Policy Effective 06/01/20
1.01.006 Ultrasound Accelerated Fracture Healing Device	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 10/01/20
3.01.009 Attention Deficit Disorder (ADD) with or without Hyperactivity	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 10/01/20
5.01.015 Naltrexone	Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate HCPCS code. Updated Cross References to Related	Periodic review and update Effective 10/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
	Policies and Procedures section. Refer to policy for details.	
5.01.038 Buprenorphine (Probuphine® and Sublocade™)	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 10/01/20
6.01.002 Bone Mineral Density Studies	Revised Policy statements. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/20
7.01.073 Radiofrequency Ablation of Malignant Tumors of the Liver	Updated Policy statements to reflect medically necessary indications as a treatment in patients with liver cancer to include the Milan criteria, as a bridge to transplant, metastases of colorectal and neuroendocrine origins. 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 10/01/20
7.01.091 Minimally Invasive Intervertebral Disc Decompression Procedures Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)	Title revised from Minimally Invasive Intervertebral Disc Decompression Procedures for Low Back Pain. Updated Policy statement. 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 10/01/20
7.01.105 Endoscopic Radiofrequency Ablation for Barrett's Esophagus	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 10/01/20

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.111 Transanal Endoscopic Microsurgery (TEM)	Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Periodic review and update Effective 10/01/20

Medical Technology Updates for October

Our technology assessment unit evaluates new and existing technologies to apply to our local indemnity and managed care benefits. The unit relies on current scientific evidence published in peer-reviewed medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations.

Please verify member eligibility and benefits prior to rendering service through CareFirst on Call (Professional and Institutional) or CareFirst Direct.

The technology assessment unit recently made the following determinations:

Technology	Description	CareFirst and CareFirst BlueChoice Determination
AUVI-Q Epinephrine Injection Device	The AUVI-Q device is indicated for the emergency treatment of allergic reactions. It delivers an epinephrine injection when administered and features voice instructions and an auto-retractable needle.	The coverage decision for this product is delegated to CVS Caremark.
Myocardial strain imaging	Myocardial strain imaging is a technique in echocardiography that enables measurement of the strain, or deformation, of cardiac tissue. This measurement is believed to be predictive of future adverse cardiac events.	A medical policy will be developed to state that myocardial strain imaging is medically necessary for patients who are undergoing chemotherapy. CPT reporting code(s) 93356
IBSchek®	Laboratory test to measure antibodies to Cytolethal distending toxin B and vinculin IgG using blood sample. The measurements provide a way to	Not medically necessary CPT reporting code(s) 0176U

Technology	Description	CareFirst and CareFirst BlueChoice Determination
	distinguish diarrhea-predominant IBS from mixed-symptom IBS.	
VeriMAP™ Peanut Sensitivity - Bead Based Epitope Assay	Laboratory test that uses a blood sample to diagnose peanut allergy.	Not medically necessary CPT reporting code(s) 0178U
Targeted proteomic assessment of tumors	Mass spectrometry can be used to generate an analysis of proteins in a blood sample.	Experimental / investigational CPT reporting code(s) 0178U

Provider Reminders

Reminders for Genetic Testing Prior Authorizations

As a reminder, ordering providers and their staff must obtain a prior authorization for molecular genetic testing prior to the test being ordered.

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

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

How to obtain an authorization?

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

- **Phone:** You may call AIM directly at 844-377-1277, Monday-Friday, 8 a.m. – 5 p.m. ET.
- **Online:** Log on to the CareFirst provider portal at www.carefirst.com/providerlogin and navigate to the

Prior Auth / Notifications tab to begin your request. Look for the *Add New Auth* dropdown in the upper right-hand corner. You may also go to AIM's portal at https://www.providerportal.com/.

Members who require an authorization:

Impacted members include:	At this time, the following members are excluded:
Members with a plan under the Affordable Care Act	FEP members with a preferred provider plan (PPO)
Grandfathered individuals or group members	Medicare recipients **Note**: If CareFirst is the primary payor and Medicare is the secondary payor, then the member requires an authorization.
Fully-insured members	Members who receive their plan from CareFirst Administrators
Administrative Services Only employers and their employees	Non-CareFirst BlueCard plan members
Federal Employee Health Benefits Plan (HMO plans) members	
University plan members (plans offered to students by higher learning organizations)	
CareFirst members outside of the service area	

CareFirst Launches FEP Resource Page

FEP providers now have access to plan specific information on CareFirst.com. The FEP program, administered by CareFirst, follows specific guidelines unique to its plan. To allow providers ready access to this plan-specific information, we created a place for FEP provider policy information on the CareFirst website.

The FEP landing page was released in early October and can be found under the "Resources" tab of CareFirst's provider page. Most links are accessible without logging in to the provider portal and can be saved or printed as a PDF. Content includes the FEP Medical Policy, FEP Benefits Brochure and more.

In addition to the FEP landing page, providers still have access to the following resources:

- FEPBlue.org
- CareFirst's Provider Portal
- The automated voice response unit

- Provider relations representatives are available during regular business hours

Remind Your Patients to Schedule Dental Appointments

During this global pandemic, many routine health appointments were cancelled. Now that COVID-19 positivity numbers have remained low, remind your patients to schedule their routine dental cleanings. With greater access to personal protective equipment, dental offices are getting back into a normal work schedule. Regularly scheduled dental cleanings will benefit your patient's overall health. Encourage your patients to schedule their appointments today.

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 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 > *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

- [September 24 – CareFirst is Extending Coverage of COVID-19 Testing, Treatment and Member-initiated Phone Consultations](#)
- [October 1 – CareFirst Discontinues Home-Based Services Program](#)
- [October 1 – Request Your Provider Profile Score Today](#)
- [October 1 – CareFirst Now Credentials Registered Psychology Associates](#)
- [October 6 – CareFirst Adds FEP Resource Page to Website](#)