BlueLink

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Noteworthy News

Review the Latest Updates to CareFirst's Medical Provider Manual

To keep you informed of changes and improvements, CareFirst has updated our Medical Provider Manual. Updates were made to the following sections:

- **Chapter 5**
  - Added section on CPT® Category II Codes.
  - Revised appeals language for clarity.
- **Chapter 6**
  - Renamed chapter to Fraud, Waste and Abuse.
  - Revised Special Investigations Unit section for clarity.
- **Chapter 7**
  - Added section on Remote Patient Monitoring.
  - Revised Utilization Review section to reflect the latest process.
- **Chapter 8**
  - Added information about the Discount Dental program.
- **Chapter 10**
  - Added Nurse Practitioner as a Primary Care Physician.

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

Education and Training

New Prior Authorization System Coming Mid-2021

CareFirst is in the process of upgrading its Prior Authorization (PA) notification system through the Provider Portal. This upgrade began in January of this year with providers who see Medicare Advantage (MA) members and is targeted to be available for all providers in late summer 2021.

The newly enhanced system offers easy-to-read dashboards, streamlined auto-approval capabilities, a user-friendly interface and electronic communication with CareFirst clinical staff. To support providers with this upgrade, additional communication may be provided along with live webinar opportunities as well as access to on-demand training and video tutorials. Be on the look out for more specific details in the coming weeks.

In the meantime, here is a quick preview of the new system and its functionality.

CareFirst Expands Access to its Online Fee Schedule Tool

CareFirst is pleased to announce that access to the Fee Schedule Tool within the Provider Portal has been expanded to Ambulance, Independent Labs, Durable Medical Equipment and Ambulatory Surgical Center providers. This upgrade allows these provider types to access their Fee Schedule information at their

convenience electronically through the Provider Portal.

If you are a provider type mentioned above, here are some quick tips to help you access your Fee Schedule information:

- [View](#) instructions to register for the Provider Portal if you currently do not have access.
- [Request access](#) to view fee schedules in the Provider Portal. Access will be granted by the Portal Administrator.
- [Learn](#) more about how to access and utilize the Fee Schedule tool.
- Check out [this](#) video tutorial on the Fee Schedule Tool.

If you have additional questions about the Fee Schedule Tool, contact your [Provider Relations Representative](#).

Clinical Corner

A PCMH Perspective on Remote Patient Monitoring

On February 1, 2021, CareFirst started covering remote patient monitoring (RPM) for its members. "Remote monitoring involves the collection and analysis of patient physiologic data tests that are used to develop a treatment plan related to a chronic and/or acute illness or condition."[1]

CareFirst currently covers patients who have been recently hospitalized or seen in the emergency room for the following conditions:

- Congestive Heart Failure
- Hypertension
- COVID-19 Infection
- Chronic Obstructive Pulmonary Disease
- Chronic Kidney Disease

There are several CareFirst Medical Advisors who are currently utilizing RPM for their Medicare and Medicare Advantage patients. Most providers are using RPM for uncontrolled hypertension, per Dr. Titus Abraham. Dr. Raj Dua stated that "this allows me to really understand the Blood Pressure (BP) control allowed for close follow-up on drug dosing, and it engages the patient into their medical conditions." Typically, most providers utilize this data collection for 3-6 months.

Setting Up Your Patients

The first step in setting up RPM involves either the practice purchasing hardware for the patients to monitor at home or, more commonly, partnering with an outside company to provide the device and monitoring system. According to Dr. Dua, some outside companies "provide the devices, and often they provide a nurse that handles the co-management of the patient. They also provide the billing support to coordinate the sequence of codes that need to be billed monthly for the services."

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[1] 2021 Medicare Remote Patient Monitoring FAQs, [2021 Medicare Remote Patient Monitoring FAQs: CMS Issues Final Rule | Blogs | Health Care Law Today | Foley & Lardner LLP](#)

Dr. Abraham told us that the company he has partnered with manages the patient consenting as well. Once the provider has partnered with the outside vendor, you and your practice will identify patients and set them up with a remote device. You will also need to create a workflow for collecting and analyzing the data.

In Dr. Dua's practice, the provider orders the RPM in the Electronic Medical Record (EMR) and lets the patient know they will be getting a call. Then, the medical assistant faxes the order to the RPM vendor. The vendor reaches out to the patient, gets their consent and coordinates with the patient on device delivery and setup. From here, the patient transmits the data to the practice. The patient is required to send a minimum of 16 transmissions every 30 days as specified by Medicare guidelines. Once the data is collected, the provider reviews the data and then contacts the patient to inform them about changes to their treatment plan.

Claims and Billing Information

CPT Code	Description
99453	Reimbursement for initial setup.
99454	Reimbursement for remote monitoring of physiologic data with a device every 30 days.
99457	Reimbursement for each calendar month for a minimum of 20 minutes of life communication with the patient by physicians, qualified healthcare professionals or clinical staff.
99458	Reimbursement for an additional 20 minutes of communication with the patient.

In summary, CareFirst adding RPM for providers gives us an additional tool to help our patients get better care. If you have further questions on RPM, please feel free to contact your PCMH CareFirst Medical Advisor in your region, and review CareFirst's Medical Policy Reference Manual, Remote Patient Monitoring, 2.01.084(C).

Prior Authorization

Medications Added to Prior Authorization List – Effective 7/1/21

Effective July 1, 2021, the medications 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 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

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
Evkeeza	Lipid Disorders
Breyanzi	Oncology

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

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

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

Provider Reminders

CareFirst is Growing its Available Networks – Are you In or Out of Network?

Recent market trends show a clear desire for more innovative and affordable product choices—and CareFirst has been listening.

In response, we have pursued network and product strategies aimed at reducing costs and improving outcomes for our members. CareFirst is developing additional provider networks, while keeping our existing networks in place, to ensure we can respond to the needs of our customers, members and communities we serve.

As our networks expand, it is important that you are aware of the networks you are participating with. Your awareness will ensure that CareFirst members are informed about any potential network-related out-of-pocket costs.

Note: Participating with CareFirst does **not** mean you are participating with every network we have available.

How Do You Know Which Network You Participate In?

You can find which networks you participate in on your Participation Agreement(s) and network Appendices. The title of the agreement(s) will include the network name. You can also find this information using the Find a Doctor Tool. Watch this video to learn how to check your networks using the Find a Doctor tool.

Note: There are no changes to how you access information and support for our Medicaid plans. All operational procedures and points of contact remain the same. For a list of participating providers, go to:

- Provider locator – Community Health Plan DC
- Provider locator – Community Health Plan MD

Healthcare Policy

April 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 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 review. 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 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
1.01.006 Ultrasound Accelerated Fracture Healing Device	Revised Policy statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Revision Effective 03/01/21
1.01.076 Home Monitoring of Visual Field Assessment with Real Time Data Analysis	Revised Policy statements. Under Policy Guidelines, added experimental/investigational criteria, a rationale, and an updated 2021 rationale statement. Report service using appropriate category III CPT code. Refer to policy for details.	Revision Effective 01/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.03.004 Hyperthermia in the Treatment of Cancer	Under Policy Guidelines, added experimental/investigational criteria and an updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 03/01/21
3.01.011A Autism Spectrum Disorders (Virginia Mandate)	Revised Description. Report service using appropriate category I CPT code, category III CPT code or HCPCS code. Refer to policy for details.	Revision Effective 01/01/21
3.01.015 Autism Spectrum Disorders (ASD)	Under Policy Guidelines, added an updated 2021 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 03/01/21
3.01.016 Dialectical Behavior Therapy	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 03/01/21
4.01.010 Lactation Consultations	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 03/01/21
6.01.042 Dual X-Ray Absorptiometry (DEXA scan) for Determining Body Composition	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 03/01/21
7.01.074 Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions	Updated Description. Under Policy Guidelines, added experimental/investigational criteria and an updated 2021 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 03/01/21
7.01.094 Mechanical Embolus Retrieval for Acute Ischemic Stroke	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 03/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.100 Cervical Vertebral Disc Replacement	Under Policy Guidelines, added 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 03/01/21
7.01.124 Minimally Invasive Sacroiliac Joint Fusion	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 03/01/21
7.03.001 Human Organ Transplants	Under Policy Guidelines, added an updated 2021 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 03/01/21
7.03.002 High Dose Chemotherapy/ Radiation Therapy with Autologous Stem Cell Support and Autologous Stem Cell Transplantation for Non-Malignant Conditions	Title revised from High Dose Chemotherapy/Radiation Therapy with Autologous Stem Cell Support. Updated Description and Policy statements. Under Policy Guidelines, added an updated 2021 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 03/01/21
7.03.003 High Dose Chemotherapy/ Radiation Therapy with Allogenic Stem Cell Support and Allogenic Stem Cell Transplantation for Non-Malignant Conditions	Title revised from High Dose Chemotherapy/Radiation Therapy with Allogeneic Stem Cell Support. Updated Description. Under Policy Guidelines, added an updated 2021 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 03/01/21
10.01.014A Preventable Adverse Events	Under Policy Guidelines, added an updated 2021 rationale statement. Updated Benefit Applications. Refer to policy for details.	Periodic review and update Effective 03/01/21
11.01.075 Serologic Metabolite Markers for Inflammatory Bowel	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 03/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
Disease Patients Treated with Azathioprine		
1.01.017 Pulsed Electrical Stimulation Device for Osteoarthritis of the Knee	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
1.01.018 Neuromuscular Electrical Stimulation (NMES) Devices	Under Policy Guidelines, added criteria, added an updated 2021 rationale statement. Report service using appropriate HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
2.01.002 Dynamic Posturography	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
2.02.003 Thoracic Electrical Bioimpedance Measurement	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
4.02.001 Assisted Reproductive Technology (ART) Procedures: In Vitro Fertilization (IVF) Gamete Intrafallopian Transfer (GIFT) Zygote Intrafallopian Transfer (ZIFT)	Updated Description section. Updated Policy section. Under Policy Guidelines, updated criteria, added an updated 2021 rationale statement. Updated Benefit Applications. Report service using appropriate category I CPT code, category III CPT or HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
5.01.040 Intravenous Infusion of Ketamine for the Treatment of Chronic Pain and Major Depressive Disorder	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
6.01.010 Stereotactic Radiosurgery and Stereotactic Body	Updated Description section. Updated Policy section. Under Policy Guidelines, added revision 2021 Policy Guideline statement. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Revision Effective 04/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
Radiotherapy with 3-D Conformal Radiation Therapy		
6.01.048 Proton Beam Therapy	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT or HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
7.01.037 Electrophrenic Pacemaker	Under Policy Guidelines, updated guidelines and added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
7.01.047 Functional Neuromuscular Stimulation	Under Policy Guidelines, added the experimental/investigational criteria and an updated 2021 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
7.01.075 Vagus Nerve Stimulation	Under Policy Guidelines, updated 2021 rationale statement, added PMA statement. Report service using appropriate category I CPT or HCPCS code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
7.01.102 Bronchial Thermoplasty for Control of Asthma	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21
11.01.074 Biochemical Markers for the Diagnosis of Alzheimer's Disease	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Periodic review and update Effective 04/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
11.01.076 Circulating Tumor Cell Detection in Management of Cancer Patients	Updated Description section. Under Policy Guidelines, added revision 2021 Policy Guideline statement. Report service using appropriate category I CPT code. Updated References section. Refer to policy for details.	Revision Effective 04/01/21

April 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 the Federal Employee Program may differ from our local determinations.

Please verify member eligibility and benefits prior to rendering 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
Responsive Neurostimulation	An implanted device monitors brain waves and emits an electrical signal, when appropriate, to lessen the severity of seizures. This is indicated for focal epilepsy that is resistant to drug treatment.	A medical policy will be developed to state that responsive neurostimulation is medically necessary for focal epilepsy that is resistant to drug treatment. CPT reporting code(s) 61850, 61860, 61863, 61864, 61885, 61886, 64999
Intracept Procedure	Radiofrequency ablation of basivertebral nerve for the purpose of relieving chronic low back pain.	This procedure will remain not covered. CPT reporting code(s) 22899

Technology	Description	CareFirst and CareFirst BlueChoice Determination
Detectnet (Copper Cu 64 dotatate injection)	Radioligand for use with PET imagining to detect somatostatin receptor positive neuroendocrine tumors.	Medically necessary HCPCS reporting code A9592
Gastric electrical stimulation	Implantable device treats gastroparesis by emitting low energy, high frequency stimulation through leads placed in the stomach wall.	Medically necessary CPT reporting code(s)
Leadless cardiac pacemaker	Small pacemaker that is implanted in the right ventricle of the heart via a transfemoral approach.	Experimental/investigational

Quality

Are You Up to Date on Best Practices and Quality Standards?

From recommending preventive care options for your patients to managing day-to-day office operations, the clinical resources on our provider website offers valuable, timesaving tools to help support your treatment plan for patients with chronic diseases and those in need of preventive services.

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

Click on the links below for details on topics that can help you improve your patient'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 formularies, 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 2021*
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 2021*

Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.	[carefirst.com/bluelink > February 2021](carefirst.com/bluelink)

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.