

BlueLink



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For more information, visit carefirst.com/bluelink

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Mandates and Legislation

What Providers Need to Know About the Consolidated Appropriations Act and Consumer Transparency Rules

On Dec. 27, 2020, the Consolidated Appropriations Act (CAA) was signed into law. While this legislation includes funding for the federal government and COVID-19 relief, it also includes a broad array of other health provisions, including protections for patients from surprise out-of-network balance bills to consumer transparency rules.

Described by the Blue Cross and Blue Shield Association as the most significant legislation for health plans since The Affordable Care Act, the CAA is a positive move towards more cost transparency and will help us work with members going forward to navigate their healthcare needs.

Although the government just announced they will defer enforcement of several key aspects of the legislation, we know CAA will create new touchpoints between payers, providers and members. CareFirst's goal is to minimize administrative burden on providers as we implement these new requirements.

To do so, we need your feedback! If you'd like to be surveyed on potential changes, sign up [here](#). All provider types, roles and specialties are welcome to help us create a representative sample of our networks.

General updates on CAA will continue to be communicated through BlueLink, so stay tuned for more to come.

Education & Training

Are You Accepting New Patients...or Not?

Our members (your patients) rely on the information we have about you and your practice in our print and online provider directories. They use these resources to find new physicians, determine plan participation, and contact providers to schedule an appointment.

But what if you aren't accepting new patients or only under certain circumstances?

If you are a practitioner and not accepting new patients, we need that information from you as soon as possible to ensure your data is accurate. It is also important to notify us if you are only accepting certain new patients (e.g. referrals). In those situations, your status is considered "Not Accepting New Patients" and will need to be updated in our provider directories as well.

Important Note: "Accepting New Patients" status is listed and updated at the practitioner level. Individual practitioners will need to ensure their status is correct.

Benefits of updating your status

- You remain compliant with your contractual requirements, specifically in the event CareFirst or a third party audits your data.
- You will likely receive less calls to your office from potential patients you have to turn away.
- Our members have access to the most accurate provider data in our directories and spend less time trying to navigate the healthcare system.

Member outreach to CareFirst

Members often use our online form to report what they feel is inaccurate information with our provider directories. When our members hear comments from provider offices like, "we are unable to get you an appointment until several months from now," or "our scheduler is not open for new patients right now," they assume you are not accepting new patients and contact us. It's important that, if you are accepting new patients, you reinforce that fact with our members even if you can't schedule an immediate appointment. This will reassure our members and reduce potential calls from CareFirst following up on reported directory inaccuracies unnecessarily.

How to contact CareFirst to update your status

There are three ways you can contact CareFirst to document you are not accepting new patients:

- Through [CareFirst Direct](#)
- By fax: 410-872-4107
- By mail: Mail Administrator
P.O. Box 14763
Lexington, KY 40512
(Subject to USPS delivery timeframes)

For fax or mail notifications, please include the following information:

- Provider ID
- Rendering NPI

- Contact name, phone number and email address

Note: Requests will be reviewed to ensure contractual requirements are met. If you have any questions about your status, please contact our Provider Information and Credentialing Department at 877-269-9593 or 410-872-3500.

Upcoming Webinars for New Prior Authorization System

In late October 2021, providers will be able to submit medical prior authorizations/notifications using our newly enhanced prior authorization entry system for Commercial and FEP members. This system is fully integrated within the CareFirst Provider Portal and does not require you to have additional logins or passwords. In addition, the 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, there will be several live webinar opportunities beginning in early October. A separate email communication with registration details will be sent to providers in September. If you want a quick preview of the new system and its functionality, click [here](#).

Medicare Advantage Inpatient Authorizations Update

Guidance for Inpatient Authorizations with More than One Service Line

To support accurate entry of length of stay for your inpatient authorization requests that include multiple service lines, please follow the guidance outlined here:

- The first service line (or primary procedure line) should be entered with a Unit Type of “Days.”
- All subsequent service lines for initial submission must have a Unit Type of “Units” to move forward in the authorization process.

* Procedure Description	* Procedure Code	* From Date	* To Date	* Unit Type	* Req.	
Procedure Description 1st Service Line	Code 1	08/02/2021	08/04/2021	Days	3	<input checked="" type="radio"/> Primary Procedure
Procedure Description 2nd Service Line	Code 2	08/05/2021	08/06/2021	Units	1	<input type="radio"/> Primary Procedure

For Inpatient authorizations with multiple service lines, only one service line with Unit Type of "Days" is allowed for MCG Review. All additional service lines should have a Unit Type of "Units"


For all inpatient Authorizations, providers will be asked to acknowledge requirement denoted with the star by selecting the box before selecting “Next”.

Additional Guidance

- Following these guidelines will allow inpatient authorizations with multiple lines of service to be eligible for auto-approval through the MCG Review process.
- If an inpatient authorization with multiple lines of service is entered with more than one service line with a Unit Type of “Days,” the following message will display

Authorization Basics

① Member Search ② **Authorization Basics** ③ Additional Details ④ Results

 Only one service line with days unit type is allowed for MCG review. Do you want to continue? [Yes, continue](#) [No, cancel](#)

- If you receive this message, select “No, cancel” and fix the service lines so that only the primary service line has a Unit Type of “Days.”
- If you receive this message and select “Yes, continue,” the MCG Review process will be skipped, and the authorization will be pended for review.

Care Management

Care Reminders Campaign

For the fourth year in a row, CareFirst is launching Care Reminders, a targeted member campaign reinforcing the importance of preventive care and reminding members to schedule their recommended screenings, immunizations and exams. Approximately 450,000 members will receive a personalized care reminder.

A personalized care reminder will be mailed to members identified through claims analysis as having gaps in care for specific measures. This year we are focusing on measures for cancer screenings (breast, cervical and colorectal) and diabetes care.

What does this mean for you?

Members are encouraged to schedule their routine exams and discuss health changes or concerns, preventive care and appropriate screenings. You may see an increase in patients requesting wellness visits and we urge you to work with them to close their gaps in care in a timely manner.

Colorectal Screening Pilot Project

CareFirst is conducting a pilot project to improve compliance with Colorectal Cancer Screening in our member population. In 2021, we will expand our existing pilot project with Medicaid/D-SNP members to include a subset of Federal Employee Plan (FEP) PPO members.

Members will receive a Fecal immunochemical test (FIT) kit from our vendor, Quest Diagnostics (Quest). The kit includes instructions on how to provide a sample, which the member will send back to Quest for testing. Quest will alert members with a positive result to encourage necessary follow-up. They will also send the result to the member’s attributed provider via fax when possible.

Since this is a pilot, not all members will get the kit. We will use the pilot results to determine whether we continue to expand this project in the future. We hope this pilot will both improve compliance on colorectal cancer screening and our members’ health through greater access to this important test.

CareFirst Launches Hypertension Program Pilot

In September, CareFirst will launch a pilot Hypertension Program to support members dealing with this chronic condition. More than 300,000 CareFirst members have had an episode of hypertension within the past year, a subset of which will be included for this pilot. The pilot's goal is to help participants get – and keep – their blood pressure under control consistently over 18 months. Additionally, high blood pressure screening is one of the Healthcare Effectiveness Data and Information Set (HEDIS) measures that CareFirst is rated on related to gaps in care across our membership.

The pilot complements the Diabetes Virtual Care program through Onduo, launched in 2020. Onduo has seen success with their hypertension pilot program, including 60% of participants meeting criteria of adequate blood pressure control and 80% reporting feeling more or much more in control of their blood pressure.

Eligible members in the pilot population are identified through CareFirst claims analysis and shared with Onduo for outreach via direct mail, email and phone calls. Members who enroll will have access to a mobile application connecting them to an assigned Care Lead, a connected blood pressure cuff, and telehealth visits.

CareFirst will measure the program's effectiveness by tracking the level of blood pressure control experienced by participants. Upon success, the program will be expanded more broadly.

For additional information, please contact your provider representative.

Coming to a Provider's Office Near You: CareFirst's Behavioral Health DocTour

CareFirst understands the importance of collaboration between the primary care provider (PCP) and the behavioral health provider.

That is why, starting this August, CareFirst will visit PCP offices, recommended by our PCMH team, to discuss the importance of behavioral health integration within the medical setting. Identified by our Patient-Centered Medical Home (PCMH) team, these highly utilized practices are located in and around Washington, D.C, Maryland and Northern Virginia.

Led by CareFirst's Behavioral Health Medical Director, Robert Ciaverelli, M.D., and Addictions Program Liaison, Ashley M. Johnson, CSC-AD, MSW-c, we will discuss the following topics during our Behavioral Health DocTour:

- The importance of implementing screening, brief intervention and Referral to Treatment (SBIRT) within the office setting, and how to refer patients when Substance Use Disorder (SUD) is identified;
- Options surrounding embedded and collaborative care models;
- Local behavioral health resources for patients presenting with mental health or co-occurring disorders, to include chronic pain sites;
- Local behavioral health resources available in and around our targeted PCP sites; and
- Behavioral health support services offered by CareFirst.

During the Behavioral Health DocTour, you will also hear from experts and behavioral health providers, such as:

- Oleg Tarkovsky, MBA, LCPC, CareFirst’s Behavioral Health Director
- Featured behavioral healthcare provider(s)

Additional topics covered will include:

- SUD treatment facility resources; and
- Our network of mental health providers for referral and co-treatment opportunities.

The Behavioral Health DocTour will be held virtually through Teams. Your office can expect to meet with us for a half hour, based on your availability.

To schedule a DocTour visit, contact Ashley M. Johnson at 410-528-5007 or ashley.johnson@carefirst.com.

Changes to the Utilization Management and Review Process

CareFirst is committed to finding ways to make doing business with us much easier. One of the ways we are improving our provider experience is applying the out-of-area utilization management and review process to all providers, both in- and out-of-area.

Starting Monday, Oct. 25, providers should utilize the Post-Acute Transition of Care Authorization Form when request a post-acute placement. The form should be completed and faxed to the number listed. There are separate forms for our [Commercial](#) and our [Medicare Advantage](#) members.

Networks

CareFirst Expands 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 the communities we serve.

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

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

Our current networks:

Existing Networks	Network Expansion	Government Programs
<ul style="list-style-type: none"> • HMO—CareFirst BlueChoice Participating Provider Network • PPO—CareFirst Regional 	<ul style="list-style-type: none"> • Blue High Performance Network (BlueHPNSM) • BlueEssential Participating 	<ul style="list-style-type: none"> • Medicare Advantage (MA) HMO Network • CHPDC Medicaid

Participating Provider Network (RPN) and CareFirst Participating Provider Network	Provider Network	<ul style="list-style-type: none"> • CHPMD Medicaid and Medicare Advantage (MA DSNP)
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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](#).

Important Note: The Find a Doctor tool will only show if you are participating in the networks listed below.

- HMO—CareFirst BlueChoice Participating Provider Network
- PPO—CareFirst RPN and CareFirst Participating Provider Network
- BlueHPN
- BlueEssential Participating Provider Network
- MA HMO Network

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

Clinical Corner

Social Determinants of Health – A Message from Dr. Kevin Schendel, M.D.

The American Academy of Family Practice (AAFP) defines social determinants of health (SDOH) as the condition under which people are born, grow, live, work and age. "These SDOH factors may include socioeconomic status, racism and discrimination, poverty and income inequality, lack of community resources and mental health issues. Numerous studies suggest SDOH accounts for 30% to 55% of health outcomes."¹ Specifically, SDOH restricts the ability to live a healthy lifestyle with limited resources.

CareFirst breaks out SDOH into the following categories:

- Housing/Living situation
- Food

¹ Sources and Quotations: Addressing Social Determinants of Health in Primary Care: The Everyone Project, a team-based approach for advancing health equality. 2018 American Academy of Family Practice.

- Transportation
- Utilities
- Personal safety

Once the SDOH are identified and evaluated, practices can develop key focus areas to create a culture of health equity. These elements include:

- Understanding patients' community
- Addressing implicit bias
- Empowering the healthcare team
- Improving health literacy

The action plan to address SDOH in primary care is based on the AAFP's three-phased process. Providers and/or the healthcare team should:

- Ask patients about their SDOH
- Identify resources in the community that address SDOH
- Connect patients with resources to help address their SDOH

For more information on SDOH, review the following resources:

- [The National Association of Community Health Centers Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences](#)
- [The EveryONE Project™](#) by the AAFP
- The Centers for Medicare and Medicaid Services' [Accountable Health Communities Health-Related Social Needs Screening Tool](#)

Healthcare Policy

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

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 processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.030 - Dynamic Splinting Systems	Under Policy Guidelines, added an updated 2021 rationale statement. Updated Provider Guidelines, Report service using appropriate HCPCS code. Updated Cross References to Related Policies section. References updated. Refer to policy for details.	Periodic review and update Effective 07/01/21
1.01.077A - Automated Blood Pressure Monitoring for Home Use	Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/21
1.03.001 - Orthotic Devices and Orthopedic Appliances	Under Policy Guidelines, updated 2021 rationale statement. Updated Policy Guidelines. Report service using appropriate HCPCS code. Updated Cross References to Related Policies. References updated. Refer to policy for details.	Periodic review and update Effective 07/01/21
1.03.003 - Orthotic Foot Inserts	Under Policy Guidelines, updated 2021 rationale statement. Updated Provider Guidelines. Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 07/01/21
2.01.069 - Non-Contact Low-Energy Ultrasound Wound Care Therapy	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 07/01/21
02.01.078 - Amniotic Membrane and Amniotic Fluid Grafts and Injections	Updated Description. Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate HCPCS code. References updated. Refer to policy for details	Periodic review and update Effective 07/01/21
2.01.084 - Remote Patient Monitoring	Updated Policy section. Under Policy Guidelines. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 07/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
5.01.023A - Drugs and Pharmaceuticals, Wastage and/or Discarded Amounts	No change o the policy statement. References updated. Refer to policy for details.	Periodic review and update Effective 07/01/21
7.01.062 - Lung Volume Reduction Surgery for Palliation of Severe Emphysema	Under Policy Guidelines, updated policy statement, added 2021 rational statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 07/01/21
7.01.139 - Axial Lumbosacral Interbody Fusion	Based on a decision at Technology Assessment Committee meeting the axial lumbosacral interbody fusion is considered experimental/investigational, effective September 1, 2021. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	New Policy Effective 09/01/21
7.01.140 - Intraosseous Basivertebral Nerve Ablation	Based on decision at the Technology Assessment Committee meeting the Intraosseous basivertebral nerve ablation (Intracept) procedure is considered experimental/investigational. Approved by the Medical Policy Committee.	New Policy Effective 02/01/21
11.01.051 - HIV Tropism Assay	Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate CPT code. Updated References. Refer to policy for details.	Periodic review and update Effective 07/01/21
11.01.053 - Measurement of Antibodies to biological agents such as Infliximab and Adalimumab	Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate CPT code. Updated References. Refer to policy for details.	Periodic review and update Effective 07/01/21
11.01.079 - Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and other connective tissue diseases	Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate CPT code. Updated References. Refer to policy for details.	Periodic review and update Effective 07/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.014A - Wheelchairs and Manual or Power Operated Vehicles	Under Policy Guidelines, added prior authorization requirements. Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 09/01/21
2.01.004 - Hyperbaric Oxygen Therapy	Updated Description section. Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21
2.01.071 - Outpatient Limb Compression for Post-Discharge Prophylaxis of Venous Thromboembolism	Updated Policy section. Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT and HCPCS code. Updated Cross References to Related Policies and Procedures section. References updated. Refer to policy for details.	Revision and update Effective 11/01/21
2.02.014 - Long-term Wireless Ambulatory Cardiac Rhythm Monitoring	Updated Policy section. Under Policy Guidelines, updated 2021 rationale statement and added PMA statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21
5.01.042 - Brexucabtagene autoleucel (Tecartus™)	A decision was made to develop a policy for this drug that currently requires prior authorization.	New Policy Effective 08/01/21
6.01.039 - Magnetic Resonance Neurography	Under Policy Guidelines added updated 2021 rationale statement, Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21
6.01.048 - Proton Beam Therapy	Updated Policy section. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision Effective 08/01/21
7.01.048 - Autologous Chondrocyte Implantation	Under Policy Guidelines updated TEC criteria and added an updated 2021 rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.095 - Endoscopic Therapies for Gastroesophageal Reflux (GERD)	Under Description section. Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21
7.01.112 - Collagen Meniscus Implant	Updated Policy section. Under Policy Guidelines removed TEC statement and rationale, added updated 2021 rationale statement. Report service using appropriate category I CPT and HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21
7.01.121 - Transanal Hemorrhoidal Dearterialization	Updated Policy section. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision Effective 08/01/21
7.01.134 - Phrenic Nerve Stimulation for the treatment of Central Sleep Apnea	Under Policy Guidelines updated TEC criteria, added PMA statement, and added updated 2021 rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 08/01/21
8.01.001 - Physical Therapy	Under Policy Guidelines added updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 08/01/21
8.01.004 - Occupational Therapy	Under Policy Guidelines added updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 08/01/21
11.01.061 - Proteomic Testing for Targeted Therapy in Non-Small Cell Lung Cancer	Under Policy Guidelines, updated TEC criteria and added an updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 08/01/21
11.01.077 - Human Microbiome Analysis	Under Policy Guidelines, updated TEC Statement and added updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 08/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
5.01.022 (C) – Steroid-eluting Implants for Sinus Surgery	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 08/01/21

August Medical Technology Updates

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

Please verify member eligibility and benefits prior to rendering 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
The Vest [®] Airway Clearance System	Device that uses high frequency chest wall oscillation to help clear patients' airways by dislodging mucus from bronchial walls.	Indications for high frequency chest wall oscillation systems will be expanded to include neuromuscular diseases, when medically appropriate. HCPCS reporting code(s) E0483
Genomind	Saliva-based DNA test that checks for variations among 24 genes that may affect an individual's sensitivity to certain medications.	Medically necessary for patients with major depressive disorder that have a history of at least one prior failed psychiatric medication trial. CPT [®] reporting code(s) 81479
Vestibular Evoked Myogenic Potential testing	Vestibular function test performed by stimulating one ear with repetitive pulse or click sound and then measuring surface EMG responses over selected muscles.	Experimental / investigational CPT reporting code(s) 92519

Technology	Description	CareFirst and CareFirst BlueChoice Determination
Clarifix	Cryotherapy device used to ablate nasal nerves to relieve symptoms of chronic rhinitis.	Experimental / investigational CPT reporting code(s) 30117

Prior Authorization

Medications Added to Prior Authorization and Site of Care Management Lists – Effective 10/01/21

Effective Oct. 1, 2021, the medications below will be added to the list of drugs subject to prior authorization and site of care management 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 subject to prior authorization and/or site of care management, see 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 Program Additions

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
Empaveli	Paroxysmal Nocturnal Hemoglobinuria	Rybrevant	Oncology
Enspryng	Rare Disorders - Other	Sarclisa	Oncology
Jemperli	Oncology	Stimate	Hemophilia
Kynmobi	Movement	Tegsedi	Amyloidosis

	Disorders		
Nulibry	Enzyme Deficiency Disorders - Other	Zepzelca	Oncology
Oxervate	Ocular Disorders	Zynlonta	Oncology
Pepaxto	Oncology		

Site of Care Management Additions

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
Amondys 45	Rare disorders
Evkeeza	Lipid disorders

How to Request Prior Authorization

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 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
- Lithotripsy
- Skilled Nursing Facilities
- Home Health Agencies
- Hospice

Enhancements to National Comprehensive Cancer Network (NCCN) Supported Regimen-Level Review – Effective 10/01/21

Beginning October 1, 2021, the NCCN Clinical Practice Guidelines in Oncology will be integrated into our electronic prior authorization (ePA) tool to support regimen-level reviews for the following cancer types:

- Thymomas and thymic carcinomas
- Neuroendocrine and adrenal tumors
- Occult Primary tumor
- Myeloproliferative neoplasms
- Myelodysplastic syndromes

The ePA tool will continue to support regimen-level reviews for the treatment of:

- Breast
- Colorectal
- Lung
- Kidney
- Prostate
- Pancreatic
- Chronic myeloid leukemia
- Esophageal and esophagogastric junction
- Gastric
- Hepatobiliary
- Cutaneous melanoma
- Ovarian
- Bladder
- Uterine
- Vulvar
- Cervical
- Thyroid
- Small cell lung cancer
- Malignancy pleural mesothelioma
- Head and neck

NCCN Supported Regimen-level Benefits

The integration of the NCCN guidelines into our ePA tool offers physicians many benefits such as:

- Administrative efficiency to receive authorizations for multiple drugs through a single request when clinical criteria are met
- Access to the most up-to-date cancer regimen options based on nationally recognized guidelines
- Visibility across both medical and pharmacy benefits, which may improve patient outcomes and mitigate inappropriate and/or harmful drug combinations

How does this work?

When a prior authorization is submitted for members* with an eligible cancer diagnosis, the system will present all NCCN supported regimen options based upon the current standards of care for that cancer type. All NCCN supported regimen options and data that supports each recommendation will be available prior to selecting the most appropriate option.

When an NCCN supported regimen option is selected and meets clinical criteria, all the drugs that require a prior authorization within that regimen will be approved. Please note this regimen will include all recommended drugs for a patient's care and may include drugs covered under the patient's medical benefit and/or pharmacy benefit.

**The NCCN regimen-level reviews apply to members who have CareFirst medical and pharmacy benefits.*

Provider Reminders

Place of Service Reminder for Residential Treatment Centers

Earlier this year, CareFirst added a new place of service selection specifically for residential treatment centers (RTCs) for substance use disorders when requesting online authorizations. Remember to select the appropriate place of service based on the type of service rendered. Refer to the table below for more information.

Type of Service	Place of Service
Residential Treatment for Substance Use Disorders	Residential Substance Abuse Treatment Facility
Psychiatric Residential Treatment	Psychiatric Residential Treatment Center
Detoxification	Inpatient Hospital

Additional Reminders

- Continue to enter separate authorizations for each service the member receives. For example, one authorization should be entered for detoxification services and another authorization should be entered for residential/rehabilitation services.
- Avoid penalties by ensuring you enter authorizations on or before the date of admission.
- FEP members are required to be enrolled in FEP Case Management for RTC services.
- Continue to request the authorization using the appropriate HCPCS code.
- Submit claims for inpatient services with Type of Bill 86X.

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. Use these resources 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 > <i>Clinical Practice Guidelines</i>

<p>Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.</p>	<p>carefirst.com/clinicalresources > <i>Preventive Health Guidelines</i></p>
<p>Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care.</p>	<p>carefirst.com/clinicalresources > <i>Practitioner Office Standards</i></p>
<p>Care Management Programs</p>	
<p>Topic</p>	<p>Website Link</p>
<p>Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or you can, call 800-245-7013.</p>	<p>carefirst.com/providermanualsandguides</p>
<p>Practitioner Referrals for Disease Management Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.</p>	<p>carefirst.com/clinicalresources > <i>Disease Management</i></p>
<p>Pharmaceutical Management</p>	
<p>Topic</p>	<p>Website Link</p>
<p>Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies and procedures.</p>	<p>carefirst.com/rx</p>
<p>Utilization Procedures</p>	
<p>Topic</p>	<p>Website Link</p>
<p>Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health.</p>	<p>carefirst.com/bluelink > <i>February 2021</i></p>
<p>Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.</p>	<p>carefirst.com/bluelink > <i>February 2021</i></p>

<p>Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.</p>	<p>carefirst.com/bluelink > <i>February 2021</i></p>
<p>Member Related Resources</p>	
<p>Topic</p>	<p>Website Link</p>
<p>Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.</p>	<p>carefirst.com/qoc > <i>General Inquiries > Quality of Care Complaints</i></p>
<p>How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision.</p>	<p>carefirst.com/appeals</p>
<p>Member's Privacy Policy Includes a description of our privacy policy and how we protect our members health information.</p>	<p>carefirst.com/privacy > <i>Notice of Privacy Practices</i></p>
<p>Member's Rights and Responsibilities Statement Outlines responsibilities to our members.</p>	<p>carefirst.com/myrights</p>

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

COVID-19 Resources

Available Vaccine Resources

The Maryland Department of Health has developed resources that any practice can use to support COVID-19 vaccine patient communications and outreach. They've also included information on how Maryland practices can become a vaccination site.

The links below are also on the Provider section of our Coronavirus Resource Center. As a reminder, in April, we [raised payment rates](#) for COVID vaccine administration to better support your efforts.

- [Steps to Administer Vaccines in Maryland](#): For Maryland providers, guidance on how to become a vaccination site and all necessary technical and workflow preparation
- [Vaccine Communications Toolkit](#): guidance on communication and outreach to patients to get the COVID vaccine.
- [Reaching the 65+ Community](#): guidance on addressing barriers and communicating with the 65+ older community to get the COVID vaccine.

- [Vaccine Call Script](#): guidance on speaking with patients who are hesitant about receiving the COVID vaccine.
- [Vaccine Hesitancy Guide](#): guidance on understanding vaccine hesitancy and how to have conversations with those patients

You can find these resources and more at the Maryland Primary Care Program's [webpage](#).

Additionally, CareFirst recently [recorded a webinar](#) with Dr. Russell Lewis, CareFirst's Medical Director, to answer questions and alleviate concerns about getting vaccinated. This webinar is available on the [Events and Webinars](#) section of our [Coronavirus Resource Center](#).