

# BlueLink



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For more information, visit [carefirst.com/bluelink](https://carefirst.com/bluelink)

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## Quality

- Are You Up to Date on Best Practices and Quality Standards?
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## Education/Training

### Medicare Advantage Product and Authorization Training Available

Three PowerPoint Medicare Advantage (MA) training documents have been added to the Center for Provider Education and Training's Learning Library.

- MA Product Training – an overview of the key product information related to MA. This training is geared towards MA Network Providers
- MA Prior Authorizations and In-Patient Notifications – a step-by-step walk through of the new authorization system for MA members.

You can access the trainings from the [Learning Library](#) at [carefirst.com/cpet](https://carefirst.com/cpet) under "Office Staff."

### Clinical Practice Guideline Updates are Available on CareFirst.com

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) recently added educational resources to our [clinical practice guidelines](#) section of the website. These new resources include guidelines for:

- [Antidepressant Medication Management](#)
- [Metabolic Monitoring for Children and Adolescents on Antipsychotics](#)
- [Follow-Up Care for Children Prescribed ADHD Medication](#)

Clinical practice guidelines are meant to serve as general guidelines and are not intended to substitute for clinical judgment in individual cases. Providers are encouraged to make decisions based on their own judgment and most current evidence-based information available.

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## Networks

### 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.

**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"> <li>HMO – CareFirst BlueChoice Participating Provider Network</li> <li>PPO – CareFirst Regional Participating Provider Network (RPN) and CareFirst Participating Provider Network</li> </ul>	<ul style="list-style-type: none"> <li>Blue High Performance Network (HPN)</li> <li>BlueSelect Participating Provider Network</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Advantage HMO Network</li> <li>CHPDC Medicaid</li> <li>CHPMD Medicaid and Medicare Advantage (MA DSNP)</li> </ul>

### 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
- Blue HPN
- BlueSelect 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

### Introducing the Blue High Performance Network (HPN)

Beginning January 2021, your patients will have access to a new healthcare option that delivers high-quality, affordable care. The Blue High Performance Network (Blue HPN), a new network created by Blue Cross Blue Shield Association (BCBSA), connects your patients with in-network hospitals, doctors and specialists in your community and across the country in key metropolitan areas.

When making referrals, please keep in mind Blue HPN patients will only have full benefits when receiving care from Blue HPN-contracted providers. You may verify a patient's eligibility and coverage information in Blue HPN by calling the BlueCard Eligibility Line at 800-676-BLUE (2583) or electronically through CareFirst Direct.

You can easily identify Blue HPN patients by their member ID card, which prominently displays the Blue HPN name on the front. The card also features the “HPN in a suitcase” logo, which indicates that Blue HPN rates apply. If you don’t see the HPN name or “HPN in a suitcase” logo on the front of the member ID card, then the patient is not in Blue HPN, and other rates apply.

#### FRONT OF MEMBER ID CARD

 <b>BlueCross BlueShield</b> Geography			
Member Name <b>Member Name</b> Member ID <b>XYZ123456789</b>		Dependents <b>Dependent One</b> <b>Dependent Two</b> <b>Dependent Three</b>	
Group No. <b>023457</b> BIN <b>987654</b> Benefit Plan <b>HIOPT</b> Effective Date <b>00/00/00</b>	Plan <b>EPO</b> Office Visit <b>\$15</b> Specialist Copay <b>\$15</b> Emergency <b>\$75</b> Deductible <b>\$50</b>		

#### BACK OF MEMBER ID CARD

 <b>BlueCross BlueShield</b> Geography	<b>www.BluePlan.com</b> Customer Service: <b>1-800-234-5678</b> Outside of Area: <b>1-800-810-2583</b> Eligibility: <b>1-800-676-2583</b> Pharmacy Benefits: <b>1-800-123-4567</b> Gamma Vision*: <b>1-800-987-6543</b> *ALPHA contracts directly with Gamma Vision.
Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits. Hospital or physicians: file claims with local BlueCross and/or BlueShield Plan. BlueCross and BlueShield of Geography provides administrative services only and does not assume any financial risk for claims.	<b>BlueCross and BlueShield of Geography</b> P.O. Box 01234 City, State 01234-1234 An independent licensee of the BlueCross and BlueShield Association.
Benefits limited to emergent care at non-Blue HPN providers within Blue HPN product areas. Benefits limited to urgent and emergent care at non-Blue HPN providers outside of Blue HPN product areas.	Pharmacy benefits administrator

The following disclaimer is printed on the ID card:

Benefits limited to emergent care at non-Blue HPN providers within Blue HPN product areas. Benefits limited to urgent and emergent care at non-Blue HPN providers outside of Blue HPN product areas.

You can access the trainings from the [Learning Library](#) at [carefirst.com/cpet](http://carefirst.com/cpet) under “Office Staff.”

## Clinical Corner

### Celebrate the Little Smiles During National Children’s Dental Health Month

This February celebrate National Children’s Dental Health Month by reminding your patients to drink lots of water which will keep their mouths and smiles happy and healthy.

Water does much more than keep our bodies hydrated. Many municipal water systems have added fluoride to the water, which strengthens tooth enamel, or hard outer surface, to resist tooth decay.<sup>1</sup> Water also flushes out debris in and around the teeth in between brushing and keeps the soft tissues of the mouth moist.<sup>2</sup> Water is an overall better choice than sugary drinks, even fruit juice, which adds to dental decay and obesity issues.<sup>3</sup>

For more information on National Children’s Dental Health month, including promotional materials, visit the [National Children’s Dental Health Month](#) webpage on the [American Dental Association](#) website.

<sup>1</sup> <https://www.cdc.gov/fluoridation/basics/index.htm>

<sup>2</sup> <https://dentistry.uic.edu/patients/drink-more-water>

<sup>3</sup> <https://dentistry.uic.edu/patients/drink-more-water>

## Care Management

### Care Management Updates Effective January 1, 2021

CareFirst's Medical Directors and regional practitioners met on December 3, 2020, for the Annual Criteria Review. The panel, which included community physicians, reviewed and approved the following:

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

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

**Important Note:** CareFirst affirms that all UM decision-making is based only on appropriateness of care and service. Practitioners and/or individuals are not rewarded for conducting utilization review for denials of coverage or service. Additionally, financial incentives for UM decision makers do not encourage decisions that result in underutilization of coverage or service.

### Refer Patients to CareFirst's Diabetes Virtual Care Program

In May 2020, CareFirst along with Onduo\*\*, a leading diabetes management company, launched the CareFirst Diabetes Virtual Care program which focuses on stabilizing patients who have uncontrolled type 2 diabetes. This national solution connects patients to personalized virtual care, clinical education and easy-to-use tools and devices to help them better manage their diabetes. The program provides clinical expertise to support the treatment plans for your patients, including access to certified diabetes educators and endocrinologists—in collaboration with you, to help your CareFirst patients achieve better health.

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

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

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

### Latest Program Results

Below are the results of the program through Q3 2020:

- 2,671 CareFirst members enrolled
- Participants with a baseline A1c >9 improved by -2.2 mg/dL
- 72% of participants reported an improvement in their management of their diabetes (Diabetes Distress Score (DDS) Survey)
- 48% of participants reported that they are less concerned about the side effects and financial burden of their medication (Merck 3 Survey)
- Participants are extremely satisfied with the program, with a net promoter score (NPS) score of 72

Refer eligible patients who are CareFirst members with type 2 diabetes to [onduo.com/carefirstrefer](https://onduo.com/carefirstrefer) to register or call 833-HiOnduo (833-446-6386) and select option 1 for Providers.

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

## The Value of a Second Opinion

Since 2013, CareFirst has been offering our members a virtual second opinion program called Expert Consult. The program's goal is to work collaboratively with you as the treating physician. You may find this program helpful for patients whose symptoms are not improving, have no diagnosis, are wanting a confirmation of diagnosis or whose treatment path may not be clear.

We encourage you to learn more about this [program](#).

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## Healthcare Policy

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

Our Healthcare Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances in 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 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
2.01.001 Idiopathic Environmental Intolerances	Under Description, added no further review statement. Under Policy Guidelines, added experimental/investigational criteria and an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update No further review scheduled Effective 01/01/2021
2.01.010 Quantitative Electroencephalogram / Topographic Brain Mapping	Under Policy Guidelines, added experimental/investigational criteria and 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 01/01/2021
2.01.031 Surface Electromyography	Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 01/01/2021
2.01.040A Refraction	Revised Benefit Applications. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 01/01/2021
2.01.048A Acupuncture	Revised Benefit Applications. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 01/01/2021
2.02.010 Ultrafiltration for Fluid Overload in Decompensated Heart Failure	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 01/01/2021
2.02.011 Wearable External Cardioverter-Defibrillator	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 01/01/2021
3.01.011A Autism Spectrum Disorders (Virginia Mandate)	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 01/01/2021

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
4.02.008 Recurrent Pregnancy Loss (Recurrent Spontaneous Abortion)	Updated Description. Under Policy Guidelines, added experimental/investigational criteria and an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 01/01/2021
6.01.050 Cone Beam Computed Tomography of Breast Tissue	Cone beam breast computed tomography (CBCT) is an imaging modality that uses a CT scanner and has been approved by the FDA for diagnostic imaging of breast tissue. CBCT can be described as the use of a two-dimensional digital flat-panel detector to yield a three-dimensional volumetric image in one rotation. The average glandular radiation dose from cone-beam breast CT is similar to the dose from conventional mammography. Cone beam computed tomography of breast tissue is considered medically necessary in breast cancer patients for the purposes of diagnosing and treatment planning, where specific tumor information provided by cone beam CT imaging is needed. Cone beam CT of the breast for routine screening purposes is considered experimental/investigational and all other conditions is considered not medically necessary. Report service using appropriate category III CPT code. Refer to policy for details.	New Policy Effective 01/01/2021
7.01.125 Radiofrequency Ablation of Uterine Fibroid Tumors (Leiomyomata)	Updated Policy statements with the Sonata <sup>®</sup> . 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.	Revision Effective 10/01/2020
7.01.129 Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia	Revised Policy statement for peroral endoscopic myotomy (POEM) with a medically necessary indication in the treatment of achalasia and experimental/investigational for all other indications. Under Policy Guidelines, added an updated 2020 rationale statement. Added Provider Guidelines, and preauthorization submission language. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/2020



Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.131 Esophageal Brush Biopsy (WATS <sup>3D</sup> ®)	Under Policy Guidelines, added an updated 2020 rationale statement. Refer to policy for details.	Periodic review and update Effective 10/01/2020
8.01.001 Physical Therapy	Revised Benefit Applications. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 01/01/2021
8.01.003 Spinal Manipulation and Related Services	Revised Benefit Applications. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 01/01/2021
8.01.004 Occupational Therapy	Revised Description, Policy, and Benefit Applications. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 01/01/2021
8.01.005 Speech Therapy	Revised Benefit Applications. Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 01/01/2021
11.01.001 Tumor Marker	Report service using appropriate category I CPT code or HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision Effective 01/01/2021
11.01.073 Genetic Testing	Revised Description. Under Policy Guidelines, added an updated 2020 rationale statement. Refer to policy for details.	Periodic review, update and revision Effective 01/01/2021
11.01.076 Circulating Tumor Cell Detection in Management of Cancer Patients	Revised Description with ClonoSEQ <sup>®</sup> . Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review, update and revision Effective 01/01/2021

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.001 Durable Medical Equipment with Attached Table	Updated Cross References to Related Policies and Procedures section. Updated attached companion document table. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 02/01/2021
2.01.019 Treatments of Tinnitus	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 02/01/2021
2.01.043 Hair Analysis	Under Policy Guidelines, added experimental/investigational criteria and an updated 2020 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 02/01/2021
2.01.060 Electromagnetic and Electrical Stimulation for the Care of Chronic Wounds	Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate HCPCS code. Refer to policy for details.	Periodic review and update Effective 02/01/2021
2.01.084 Remote Patient Monitoring	Remote Patient Monitoring (RPM) enables patients to better manage their chronic health conditions and actively participate in coordinating healthcare decisions with their designated provider. RPM facilitates the capture and transmission of patient generated physiological data from electronic devices that measure blood pressure, heartrate, pulse oximetry, body temperature and weight in a timely and accurate manner. Remote Patient Monitoring is considered medically necessary for patients discharged from an inpatient facility or emergency department where treatment was received for specific diagnoses within 60 days of the patient's discharge date. Report service using appropriate category I CPT code. Refer to policy for details.	New Policy Effective 02/01/2021
7.01.003 Bone-Anchored Hearing Aids	Under Policy Guidelines, added an updated 2020 rationale statement. Report service using appropriate category I CPT code or HCPCS code. Refer to policy for details.	Periodic review and update Effective 02/01/2021

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.086 Carotid Artery Angioplasty and Stenting	Under Policy Guidelines, added PMA coverage statement and a 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 02/01/2021
7.01.096 Dynamic Spinal Stabilization	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 02/01/2021
7.03.006 Nonmyeloablative Allogeneic Hemopoietic Stem Cell Transplantation for Hematologic Malignancies	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 02/01/2021

## February 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 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
VenaSeal™	Cyanoacrylate adhesive is gradually injected along the length of varicose veins in conjunction with ultrasound and manual compression. The adhesive establishes chronic occlusion of the treated vein.	Medically necessary when criteria are met CPT codes 36482, 36483

Technology	Description	CareFirst and CareFirst BlueChoice Determination
Nodify XL2	Blood-based test that measures levels of two proteins that are associated with an inflammatory response to cancer. Test results are used to classify incidental lung tumors as malignant or benign.	No policy statement
APOS Therapy	Footworn biomechanical device that contains pods on the soles of shoes. Wearing the device for 30 minutes a day reeducates muscles to result in decreased pain when walking.	No policy statement
ForseeHome™	Home monitoring program for age-related macular degeneration (AMD). Patients perform a short daily test on an easy-to-use device. The device transmits information to a clinician who monitors the data. Detection of conversion from dry AMD to wet AMD occurs more expediently than if a patient is only monitored at scheduled appointment.	Medically necessary CPT code 0378T, 0379T
Esophageal Brush Biopsy (WATS 3D)	Endoscopic tissue acquisition procedure intended to be used as an adjunctive tool for the detection of Barrett's esophagus and precancer cells.	Experimental/investigational
Balloon Dilation of Eustachian Tubes	Treatment for Eustachian tube dysfunction. Using a catheter, a small balloon is inserted through a patient's nose and into the Eustachian tube. The balloon is inflated to dilate the tube and is then removed.	Medically necessary when criteria are met CPT code 60705, 69706

## Claims and Billing

### Medicare Advantage Claims – Are You Submitting Correctly?

With the launch of our MA network on January 1, 2021, we anticipate a period of transition for providers to get used to some processes. To aid in this transition, we want to remind you of a few key things:

- MA claims should be submitted using the same billing form you use to submit your Medicare claims.

- For example, Ambulatory Surgery Centers should submit CareFirst MA claims using the CMS-1500 form. Only claims for MA members are to be submitted on CMS-1500 form. All other CareFirst claims should continue to be submitted in the UB format. You may provide services to both MA members and commercial members. Please bill each accordingly.
- MA claims should be submitted to CareFirst, not to CMS.
- MA claims should include current, valid procedure and diagnosis codes.
- Specialists should complete the referral information section on the claim form.

If you have any questions, please contact your Provider Relations Representative. Locate your representative by visiting [carefirst.com/providerrep](https://carefirst.com/providerrep).

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## Prior Authorization

### CareFirst Updates Automatically Approved Inpatient Notifications

As a reminder, CareFirst changed the number of days initially approved for admission to hospitals, acute behavioral health facilities and residential treatment facilities. CareFirst requires facilities to submit a notification in our provider portal when a CareFirst member is admitted for treatment. Upon submission, CareFirst automatically approves an initial number of treatment days. Inpatient authorizations will be approved as follows:

#### Per Diem

- Inpatient medical hospital stays will be approved for three days.
- Acute behavioral admissions will be approved for seven days.
- Residential Treatment Facility admissions will be approved for 30 days.

#### For DRG Facilities

- Inpatient medical hospital stays will be approved for 10 days.
- Acute behavioral admissions will be approved for 10 days.
- Residential Treatment Facility admissions will be approved for 30 days

This change streamlines the notification process for inpatient admissions and aligns our process with industry standards.

**Please note:** This change does not replace the need to provide clinical updates to the transition of care team assigned to your facility.

If you have any questions regarding this change, please reach out to your [institutional provider relations representative](#).

### Medications Added to Prior Authorization List and Site of Care – Effective May

Effective May 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 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
<b>Bynfezia pen</b>	Acromegaly	<b>Ruxience</b>	Oncology
<b>decitabine (Dacogen)</b>	Oncology	<b>Sevenfact</b>	Hemophilia
<b>deferoxamine mesylate (Desferal)</b>	Iron Overload	<b>Triluron</b>	Osteoarthritis
<b>Fensolvi (6 Month)</b>	Hormonal Therapies	<b>Trodelvy</b>	Oncology
<b>Lumoxiti</b>	Oncology	<b>Truxima</b>	Oncology
<b>Nyvepria</b>	Neutropenia	<b>Uplizna</b>	Rare Disorders
<b>Oxlumo</b>	Renal Disease	<b>Xembify</b>	Immune Deficiencies and Related Disorders
<b>Phesgo</b>	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	Drug Name	Drug Class
<b>Cutaquig</b>	Immune Deficiencies and Related Disorders	<b>Viltepso</b>	Duchenne Muscular Dystrophy
<b>Givlaari</b>	Rare Disorders	<b>Vyondys 53</b>	Duchenne Muscular

			Dystrophy
<b>Uplizna</b>	Rare Disorders	<b>Xembify</b>	Immune Deficiencies and Related Disorders

## How to Request Prior Authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at [carefirst.com/providerlogin](https://carefirst.com/providerlogin) and navigating to the Pre-Auth/Notifications tab.

As a reminder the following out-of-scope specialties do not need 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

## Drug Prior Authorization – Enhancements to NCCN Supported Regimen-Level Review Coming in May

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

- Vulvar
- Cervical
- Thyroid
- Small cell lung cancer
- Malignancy pleural mesothelioma
- Head and neck

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

## 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 on the current standards of care for that cancer type. All NCCN-supported regimen options and data that support 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.

## 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—we've got you covered. 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
<b>CareFirst's Quality Improvement Program</b> Includes processes, goals and outcomes.	<a href="https://carefirst.com/qualityimprovement">carefirst.com/qualityimprovement</a>
<b>Clinical Practice Guidelines</b> Includes evidence-based clinical practice guidelines for medical and behavioral conditions.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Clinical Practice Guidelines</i>
<b>Preventive Health Guidelines</b> Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Preventive Health Guidelines</i>
<b>Accessibility and Availability of Appointments</b> Includes medical and behavioral health accessibility and availability standards for routine	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Practitioner Office Standards</i>



care appointments, urgent care appointments and after-hours care.	
<b>Care Management Programs</b>	
<b>Topic</b>	<b>Website Link</b>
<b>Access to Care Management</b> Includes instructions for making referrals for both medical and behavioral health. Or call 800-245-7013.	<a href="https://carefirst.com/providermanualsandguides">carefirst.com/providermanualsandguides</a>
<b>Practitioner Referrals for Disease Management</b> Includes information on how to use the services, how a member becomes eligible and how to opt in or opt out.	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Disease Management</i>
<b>Pharmaceutical Management</b>	
<b>Topic</b>	<b>Website Link</b>
<b>Pharmaceutical Management</b> Includes the formulary, restrictions/preferences, guidelines/policies and procedures.	<a href="https://carefirst.com/rx">carefirst.com/rx</a>
<b>Utilization Procedures</b>	
<b>Topic</b>	<b>Website Link</b>
<b>Utilization Management Criteria</b> Includes information on how to obtain utilization management criteria for both medical and behavioral health.	<a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> > <i>February 2020</i>
<b>Physician Reviewer</b> Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health.	<a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> > <i>February 2020</i>
<b>Decisions about Medical and Mental Health, and Pharmacy</b> Includes affirmative statement for anyone making decisions regarding utilization management.	<a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> > <i>February 2020</i>
<b>Member Related Resources</b>	
<b>Topic</b>	<b>Website Link</b>
<b>Quality of Care Complaints</b> Includes policies and procedures for complaints involving medical issues or services given by a provider in our network.	<a href="https://carefirst.com/qoc">carefirst.com/qoc</a> > <i>General Inquiries</i> > <i>Quality of Care Complaints</i>

<b>How to File an Appeal</b> Includes policies and procedures for members to request an appeal of a claim payment decision.	<a href="https://carefirst.com/appeals">carefirst.com/appeals</a>
<b>Member's Privacy Policy</b> Includes a description of our privacy policy and how we protect our members health information.	<a href="https://carefirst.com/privacy">carefirst.com/privacy</a> > <i>Notice of Privacy Practices</i>
<b>Member's Rights and Responsibilities Statement</b> Outlines responsibilities to our members.	<a href="https://carefirst.com/myrights">carefirst.com/myrights</a>

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

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