

BlueLink



Medical News & Updates

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For more information, visit carefirst.com/bluelink

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Noteworthy News

Requirement: Verify Your Provider Data

Providers can expect to receive a call from Atlas Systems, Inc., our third-party vendor, who will be verifying the accuracy and completeness of our provider directory and our [Find a Doctor tool](#).

Please promptly respond to these calls. All providers have a contractual obligation to keep their data up to date. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) reserves the right to remove providers from our directory if providers do not respond to our inquiry in a timely manner.

Please review your data for accuracy. If you have any changes, please contact the Provider Information & Credentialing phone unit at 877-269-9593 or 410-872-3500.

Let’s Stay Connected — Keep in Touch With Us

We value our relationship with our providers. That’s why we want to ensure you have the information you need at your fingertips. To provide the information you need in a timely manner, we need your contact information. We want you to stay in touch with us and we want to communicate with you directly. Refer to the list below to see your options for staying connected.

- To join **CareFirst’s BlueLink Updates Email List**, sign up [here](#).

- You'll receive general CareFirst updates, learn about new care resources, be notified of the latest policy changes and more. You can view all previous editions of BlueLink at carefirst.com/bluelink.
- To join **CareFirst's New Provider Insights Focus Group**, sign up [here](#).
- You'll receive short surveys periodically asking for your feedback to shape new CareFirst provider initiatives and identify opportunities for improvement.
- To update your official practice email address on file with CareFirst, go to our **Provider Contact Form** [here](#).
 - Your practice will eventually receive contractual notices and fee changes by email.
- To report other changes to your practice's data, refer to this guide [here](#).
- To view COVID-19 updates, go to our **CareFirst Coronavirus Resource Center for Providers** [here](#).

Coming soon

As you can read below, there are new federal requirements for keeping your practice data updated, effective 2022. CareFirst will be collecting your practice website URL* for display in our Provider Directory and will eventually streamline email collection efforts to our Provider Portal. These processes will be vetted and tested using the Provider Insights Focus Group mentioned above. Please consider joining if you would like the opportunity to give input.

**If you do not have a practice website, that information will be left blank on the directory.*

Mandates & Legislation

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

In the [August 2021 issue](#) of BlueLink, we notified you of our goals to roll out the Consolidated Appropriations Act (CAA). Although the government announced that several key aspects of the legislation have been deferred, we will be moving forward on-schedule with our rollout of ID card changes and provider directory accuracy. See the table below for details.

Name of Change	Effective Date	Summary of Changes
ID Card Changes	01/01/2022	<ul style="list-style-type: none"> • Requires plans to include, in clear writing, the following on any physical or electronic plan or insurance ID card issued to members in the plan: • Any deductible applicable to the plan • Any out-of-pocket maximum limitation applicable to the plan • A telephone number and internet website address where the member may seek consumer assistance information
Provider Directory	01/01/2022	<ul style="list-style-type: none"> • Providers will be required to update their directory information every 90 days, may be required to provide refunds to members when data is inaccurate, and will be removed from directories if non-responsive.

		<ul style="list-style-type: none"> • Requires plans to update provider directories within two days* of receiving updated provider information and request providers to update their information quarterly. • Requires plans to respond to members' network questions within one business day and retain communications for at least two years. • If a member provides documentation that they received incorrect information from the directory, they are only responsible for in-network cost-sharing.
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We will continue to provide general updates related to CAA and Consumer Transparency rules in upcoming issues BlueLink. In the meantime, we encourage you to register for [CareFirst Direct](#) if you haven't already as this will be the primary resource used to update and verify provider directory information.

**Select updates will not be reflected in the directory until validated.*

Education & Training

Review the Latest Updates to CareFirst's 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 3](#)
 - Added information about HIPAA Compliant Codes
- [Chapter 5](#)
 - Added hyperlinks to new Center for Provider Education Website
- [Chapter 7](#)
 - Added hyperlinks to new Center for Provider Education Website
 - Added information about the new Behavioral Health Digital Resource
- [Chapter 8](#)
 - Clarified prior authorization scenarios for maternity services
- [Chapter 9](#)
 - Added content about the D.C. Minor Consent for Vaccinations Amendment Act of 2020
 - Clarified content around Special Services and After-Hours Care
- [Chapter 10](#)
 - Clarified information about the Out-of-Area Authorization Process

Provider Profile Score Training

As notified in our [email on Oct. 14](#), we will be hosting two training webinars to help you learn more about the Provider Profile Score. Register for one of the sessions listed below. Both sessions will cover the same content. In the meantime, review our [Provider Profile Score Methodology](#) document.

- [5 p.m. on Nov. 2](#)
- [Noon on Nov. 18](#)

Blue High Performance NetworkSM (BlueHPNSM) Expansion and Upcoming Training

Earlier this year, CareFirst notified impacted providers about changes being implemented in BlueHPN for 2022. As we get closer to January 1, you can expect to see updated training materials that will explain the different products offered in BlueHPN. We will inform you when training is available via email or [BlueLink](#). You can sign up for training [here](#) or by going to carefirst.com/providereducation and clicking on Webinars. If you have questions in the meantime, please reach out to your [provider relations representative](#).

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.

If you aren't accepting new patients or are only accepting patients under certain circumstances

If you are a practitioner who is 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.

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 schedule 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 that 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.

Care Management

CareFirst Announces New Behavioral Health Digital Resource

Earlier this month, CareFirst, along with 7 Cups of Tea (7 Cups), a global behavioral health company, launched an innovative **Behavioral Health Digital Resource**. This innovative offering helps our members across the entire mental health/mental illness spectrum—from those who want to maintain their mental well-being to those needing help getting through a difficult time.

This resource is available to CareFirst members¹ with medical benefits—anonously, confidentially and at no cost.

7 Cups uses a robust technology platform to provide access to a variety of options through a smartphone, computer or tablet:

- **Talk with someone who understands:** 7 Cups maintains a network of more than 430,000 trained active listeners who provide real-time one-on-one emotional support in more than 140 languages.
- **Learn new coping skills:** Aimed at helping members better understand conditions, treatment and self-management options. Includes 35 treatment plans consisting of educational and therapeutic exercises.
- **Support forums:** Online discussion boards, moderated chat rooms and scheduled topic-specific group chats allow for real-time support, available in multiple languages.
- **Connect with a licensed therapist:** Members can connect with a CareFirst behavioral health care

¹ At this time, it's not available to members enrolled in Medicare Advantage, Medicaid or CareFirst Administrators plans.

manager who can help them make an appointment with a provider. Standard medical benefits apply. For more details, contact your [provider representative](#).

CareFirst Launches Kidney Screening Pilot

CareFirst, together with Healthy.io, a digital clinical solutions company, is launching a pilot to provide eligible members with an at-home kidney screening kit.

The pilot began this month and will be conducted for three months with approximately 40,000 commercial members identified as being at risk for developing chronic kidney disease. Those with diabetes, high blood pressure or a family history of kidney disease are considered high risk.

Identified members will receive a letter telling them about this service. If they do not wish to participate, they will need to call Healthy.io directly. Otherwise, they will automatically receive their Kidney Check kit (with CareFirst branding on the box for better recognition) and educational materials to guide them through the process.

Review these [FAQs](#) to learn more.

CareFirst Implements New Care Management Platform

In our continued effort to better our member's experience, CareFirst Care Management will be moving to a new documentation platform before the end of the year. The new platform will provide increased efficiencies with National Committee for Quality Assurance-driven documentation and workflows. Searchlight data will continue to be accessible to providers in value-based arrangements; however, the system will no longer provide access to Member Health Record data. For more information, please contact your [Regional Care Director or Practice Consultant](#).

Oncology Care Management Overview and Referral Process

Oncology Care Management provides coordination of care to patients with Oncologic diagnoses in collaboration with the patient, primary care provider (PCP), Medical Oncologist, Radiation Oncologist and any ancillary support services required to ensure members' needs are met.

Oncology Care Management also coordinates the use of healthcare benefits to create a plan of care that maximizes benefits effectively without compromising the quality of care. Oncology care managers may work with the patient and their family to assess functional capabilities, social determinants of health and other medical and behavioral healthcare needs to avoid unnecessary hospitalizations, emergency department visits and optimize site of care whenever possible.

Care management interventions are appropriate for patients with:

- Newly diagnosed cancer
- Recurrent/advanced stage cancer diagnosis
- Repeat hospital admissions within a limited time period
- Complex oncologic needs

The care manager will assist the oncology team in coordinating all elements of the patient's healthcare,

follow up on all action steps and ensure the care plan is within the member's existing benefits.

Providers should refer patients who would benefit from these services as soon as they are identified. Please call the Care Management Referral Line at 800-245-7013.

Changes to Maryland Facilities: All Lines of Business

Utilization Management and Review Process

Effective January 1, 2022, there will be a change in the initial length of stay approvals for Maryland Med/Surg Hospitals and Maryland Behavioral Health hospitals. In an effort to have timely care coordination and member engagement, we will be conducting concurrent reviews earlier. Admissions and continued stay reviews should be based on medical necessity.

Upcoming Changes

- For **Maryland Med/Surg hospitals**, all inpatient emergency admissions will have an initial approval of **one day**.
- For **Maryland Behavioral Health hospitals**, all inpatient emergency admissions will have an initial approval of **five days**.
- **Elective med/surg admissions** will be given an initial length of stay based on the Milliman Care Guidelines (MCG) Goal: **length of stay**.

Current Length of Stays

At this time, the initial approval of days will remain the same for the following:

Facility	Length of Stay
Behavioral Health Residential Hospital	30 days
Detox	21 days
Skilled Nursing Facility	14 days
Acute Rehabilitation	10 days

Metabolic Monitoring for Children and Adolescents on Antipsychotics

Antipsychotic medication prescriptions for children and adolescents has increased rapidly in recent decades.^{2,3} These medications can increase a child's risk for developing serious metabolic health

² Patten, S.B., W. Waheed, L. Bresee. 2012. "A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents." *Canadian Journal of Psychiatry* 57:717-21.

³ Cooper, W.O., P.G. Arbogast, H. Ding, G.B. Hickson, D.C. Fuchs, and W.A. Ray. 2006. "Trends in prescribing of antipsychotic medications for US children." *Ambulatory Pediatrics* 6(2):79-83.

complications^{4,5} associated with poor cardiometabolic outcomes in adulthood.⁶ Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

Use the following best practices when treating your patients:

- Document patient's response to medication
- Document lab results and any required actions
- Use supplemental lab data when applicable
- Monitor fasting glucose and lipid panel annually
- Monitor changes in metabolic health to prevent weight gain and diabetes
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.

Networks

Launch of CareFirst BlueCross BlueShield Group Medicare Advantage Plan

In January 2022, CareFirst BlueCross BlueShield Medicare Advantage will offer a new CareFirst BlueCross BlueShield Group Advantage (PPO) plan across the CareFirst geographic service area. The CareFirst BlueCross BlueShield Group Advantage plan will be welcoming more than 5,000 new members at that time.

In the coming weeks, some of your current patients may be enrolled in the new plan through their employer's retiree plan, and some may become eligible during the plan year. They may reach out to you to learn if they can continue as a patient under their new plan.

Here is some helpful information for you and your staff to respond to patient inquiries:

- CareFirst BlueCross BlueShield Group Advantage will provide coverage for this member under a group (or an employer-sponsored) Medicare employer preferred provider organization (PPO) plan.
- The member's in-network and out-of-network benefits and cost shares are the same under this plan. This means you can provide services to any member of this plan if you are a Medicare provider without concerns about a large out-of-network deductible or cost share.
- If you are not part of the CareFirst BlueCross BlueShield Group Advantage network but you are a Medicare provider, you can treat and receive payment for patients who are enrolled in a CareFirst BlueCross BlueShield Group Advantage plan.
- CareFirst BlueCross BlueShield Group Advantage pays providers according to the original Medicare fee schedule, less any applicable member cost-shares. Providers should not balance bill CareFirst BlueCross

⁴ Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." *Journal of the American Medical Association*

⁵ Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." *Pediatrics* 128(6):1135-41.

⁶ Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. "Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study." *Diabetes* 51(1):204-9.

BlueShield Group Advantage plan members.

[Training events](#) are planned for providers participating in the CareFirst BlueCross BlueShield Group Advantage network to answer questions about cost sharing, claims and more.

Please refer to the [Member Frequently Asked Questions document](#) or contact your Provider Relations Representative for additional questions. You can find your Provider Relations Representative at carefirst.com/providerrep.

Providers who have not yet joined the new CareFirst BlueCross BlueShield Group Advantage network and want to learn more about becoming a CareFirst BlueCross BlueShield Group Advantage contracted provider should reach out to provider services at **1-855-290-5744**.

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 Participating Provider Network (RPN) and CareFirst Participating Provider Network 	<ul style="list-style-type: none"> Blue High Performance NetworkSM (BlueHPNSM) BlueEssential Participating Provider Network 	<ul style="list-style-type: none"> Medicare Advantage (MA) HMO Network Medicare Advantage (MA) Group PPO network (effective 1/1/2022) CHPDC Medicaid CHPMD Medicaid and Medicare Advantage (MA DSNP)

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
- Medicare Advantage (MA) HMO Network
- Medicare Advantage (MA) Group PPO

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

Onduo – A Physician’s Perspective by Dr. Kevin Schendel, PCMH Medical Advisor

Currently, there are over 200,000 CareFirst members with diabetes. Many patients’ conditions remain uncontrolled and require more intense therapy and monitoring. In fact, \$1 out of every \$4 in US healthcare costs is spent on caring for people with diabetes.⁷

CareFirst, along with Onduo, is offering a virtual care program that benefits our members with Type 2 diabetes. Onduo is a national service that brings together connected devices and a virtual care team to help members proactively manage their condition.

Members receive support via a mobile app, which allows them to chat securely with their personal care manager to monitor blood sugar levels and set goals. Additionally, patients using Onduo have the opportunity to engage with certified diabetes educators, share data with their primary care provider (PCP) and schedule telemedicine visits with an endocrinologist. Plus, qualified patients have unlimited access to a connected blood glucose monitoring device and diabetic supplies, including test strips or a continuous glucose monitor and supplies.

CareFirst currently has over 4,400 members enrolled in the program. The data from Onduo shows that 64% of participating patients remain engaged at the one-year mark. Outcome data shows that the average HBA1c reduction is 1.7 points. For patients using continuous glucose monitoring patients, the average HBA1c reduction is 2.6 points.

I have had a number of patients from my practice enrolled, and my patients appreciate the extra support this program provides, especially the covered supplies. This program is a great benefit for our patients with diabetes, with impressive results.

⁷ <https://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm>

If you have a patient who could benefit from our diabetes virtual care program, please contact your local care manager or visit Onduo.com/CareFirstRefer.

Healthcare Policy

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

Our Healthcare Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services.

The table below is designed to provide updates on changes to existing or new local policies and procedures during 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 in the following table 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
1.01.010 Transcutaneous Electrical Nerve Stimulators (TENS)	Updated Description section. Under Policy Guidelines, added an updated 2021 rationale statement. Updated Benefit Application section. Updated Provider Guidelines section. 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 09/01/21
2.01.017 Allergy Immunotherapy	Under Policy Guidelines, added an updated 2021 rationale statement. Report service using appropriate category I CPT® code. Updated References. Refer to policy for details.	Periodic review and update. Effective 09/01/21
2.01.058 Monitoring of Regional Cerebral Blood Flow Using Implanted Thermal Infusion Probe	Updated Description section. Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 09/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.077 Repository Corticotropin Injection	Report service using appropriate HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 09/01/21
2.02.007 Mobile Outpatient Cardiovascular Telemetry	Under Policy Guidelines, added an updated 2021 rationale statement and PMA statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 09/01/21
3.01.014 Psychological Testing	Under Policy Guidelines, added an updated 2021 rationale statement. Updated Cross References to Related Policies section. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 09/01/21
4.02.003A Multifetal Pregnancy Reduction	Updated Policy section. Updated Description section. 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 09/01/21
7.01.041 Treatments for Urinary Incontinence	Under Policy Guidelines, updated policy statement, added 2021 rational statement. Report service using appropriate category I CPT and HCPCS code. References updated. Refer to policy for details.	Periodic review and update Effective 09/01/21
7.01.141 Intraoperative Neurophysiologic Monitoring	New policy developed per request from the CareFirst Medical Director.	New Policy Effective 09/01/21
10.01.013A Medical Record Documentation Standards	Updated Policy section. Updated Description section. Updated Provider Guidelines. Updated Cross References to Related Policies section. References updated. Refer to policy for details.	Periodic review and update Effective 09/01/21
11.01.037 Serum Biomarker Panels for Assessment of Hepatic Fibrosis	Under Policy Guidelines, updated 2021 rationale statement. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update Effective 09/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
11.01.073 Genetic Testing	Updated Policy section. Under Policy Guidelines added Rationale for Genomind®, added 2021 update statement. Updated References. Refer to policy for details.	Periodic review and update Effective 09/01/21
1.01.011 Continuous Passive Motion (CPM) Device	Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update Effective 10/01/21
2.01.024 Sensory Stimulation for Coma Patients	Updated Description section. Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Updated Cross Reference to Related Policies and Procedures section. Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update Effective 10/01/21
2.01.072A Telemedicine (Unified Communications)	Updated Description section. Updated Benefit Application section. Updated Policy Guidelines. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Revision Effective 07/01/21
2.01.005 Intravenous or Subcutaneous Histamine Therapy	Updated Description section. Under Policy Guidelines, added TEC criteria and updated 2021 rationale statement. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update Effective 10/01/21
2.01.050 Professional Nutritional Counseling	Updated Policy section. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Revision and update Effective 10/01/21
2.01.056 Wireless Aneurysm Sac Pressure Monitoring	Updated 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 10/01/21
3.01.013 Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric / Neurologic Disorders	Updated Policy section. Under Policy Guidelines, updated 2021 rationale and PMA statements. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update Effective 10/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
5.01.043 Aducanumab (Aduhelm)	New policy developed based on decision of Medical Directors at Technology Assessment Committee meeting on July 16, 2021.	New Policy Effective 08/01/21
6.01.024 Ultrasound (Echography) of the Spinal Canal and Contents	Updated Description section. 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 10/01/21
7.01.036 Surgical Treatment of Obesity and Morbid Obesity	Under Policy Guidelines, 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 10/01/21
2.01.007 Phototherapy	Report service using appropriate HCPCS code. Refer to policy for details.	Revision Effective 10/01/21
4.01.010 Lactation Consultations	Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	Revision Effective 10/01/21
6.01.007 Transcranial Doppler Ultrasound	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21
6.01.032 Positron Emission Tomography (PET)	Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	Revision Effective 10/01/21
7.01.030 Therapeutic Apheresis	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21
7.01.107 Neurosurgical Interventions for Cervicogenic Headache / Occipital Neuralgia	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.124 Minimally Invasive Sacroiliac Joint Fusion	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21
7.01.140 Intraosseous Basivertebral Nerve Ablation	Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	Revision Effective 10/01/21
7.03.003 High Dose Chemotherapy/Radiation Therapy with Allogeneic Stem Cell Support	Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	Revision Effective 10/01/21
7.03.005 Donor Lymphocyte Infusion for Malignancies Treated with an Allogeneic Hematopoietic Stem-Cell Transplant	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21
7.03.006 Nonmyeloablative Allogeneic Hemopoietic Stem Cell Transplantation for Hematologic Malignancies	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21
10.01.011A Emergency Services: Auto Codes	Report service using appropriate category I CPT code. Refer to policy for details.	Revision Effective 10/01/21

October 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 National Account Service Corporation (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
Aduhelm™ (aducanumab)	Amyloid-beta directed antibody administered intravenously. This was approved by the FDA through the accelerated approval pathway.	Experimental/investigational
Developmental Relationship Based Intervention	A family-based behavioral treatment which addresses the core symptoms of autism.	Medically necessary
Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder	A non-invasive procedure that might enhance an individual's response to behavioral treatment for obsessive compulsive disorder.	Experimental/investigational
Pylarify (piflufolastat F18) radioligand injection	A radioligand for use with positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer.	Medically necessary

Prior Authorization

New Authorization System Launching for Commercial and Federal Employee Plan (FEP) Members

CareFirst is excited to be launching its new authorization system for Commercial and FEP members in the coming weeks. This system is fully integrated within the CareFirst Provider Portal and does not require 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, we are hosting several live webinars to walk through the new system step-by-step. If you have not had the opportunity to join a webinar, please enroll [here](#). You can also take advantage of our on-demand training by clicking [here](#).

Medications Added to Prior Authorization and Site of Care Management Lists – Effective 12/01/21

Effective December 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, visit the [Specialty Drug List](#). This list is updated monthly.

Why the change?

Prior authorization helps ensure appropriate and safe use 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	Drug Name	Drug Class
Rylaze	Oncology	Asparlas	Oncology
Saphnelo	Systemic Lupus Erythematosus	Margenza	Oncology
Nexviazyme	Lysosomal Storage Disorders and Related Disorders		

Site of Care Management Additions

Coverage for these medications at an outpatient hospital setting is 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
Saphnelo	Systemic Lupus Erythematosus
Nexviazyme	Lysosomal Storage Disorders and Related 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/scenarios are out-of-scope and do not require prior authorization for medications covered under the medical benefit.

- Ambulatory Surgery Centers
- Mental Health Facilities and Halfway Houses
- Birthing Centers
- Dialysis
- Lithotripsy
- Skilled Nursing Facilities
- Home Health Agencies
- Hospice
- Emergency Room
- Inpatient Hospital Stay
- Patients in Observation
- Outpatient Department during Surgery

Enhancements to National Comprehensive Cancer Network (NCCN) Supported Regimen-level Review – Effective 12/01/21

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

- Squamous cell carcinoma
- Uveal melanoma

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 before 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

Remind Your Patients to Schedule Dental Appointments

During the global pandemic, many routine health appointments were canceled. Remind your patients to schedule their preventive dental visits for cleanings and exams. Dental offices follow the most current CDC infection control guidelines to provide a very safe environment for patients from a COVID-19 perspective.⁸

Dental issues should not be neglected—including routine care which reduces the amount of inflammation in the mouth and body. Numerous studies have shown improved overall health and lowered costs associated with proper dental care.^{9,10,11} Plus, routine preventive dental care is usually 100% covered in our plans.

Remind Your Patients with Diabetes to Schedule Annual Comprehensive Eye Exams

Encourage your patients with diabetes to schedule a comprehensive eye exam, including a retinal screening, with their ophthalmologist or optometrist. According to a [2020 CDC report](#), 34.2 million Americans (just over 1 in 10) have diabetes.¹² The leading cause of blindness in diabetic patients is diabetic retinopathy, a serious complication for both Type 1 and Type 2 diabetes. Early detection and treatment can stop or reduce the potential for significant vision loss.

⁸ <https://www.ada.org/en/publications/ada-news/2021-archive/june/ada-tells-white-house-no-grave-danger-of-being-exposed-to-covid-19-in-dental-settings>

⁹ [https://www.ajpmonline.org/article/S0749-3797\(14\)00153-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(14)00153-6/fulltext)

¹⁰ <https://santafegroup.org/news/medicare/first-comprehensive-study-on-preventive-dental-care-and-medicaid-costs/>

¹¹ <https://www.chcs.org/refining-oregons-medicaid-transformation-strategy-through-cco-2-o-a-qa-with-the-oregon-health-authority/>

¹² <https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html>

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 offer valuable, timesaving tools. You can 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>
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults.	carefirst.com/clinicalresources > <i>Preventive Health Guidelines</i>
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 > <i>Practitioner Office Standards</i>
Care Management Programs	
Topic	Website Link
Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or you can, call 800-245-7013.	carefirst.com/providermanualsandguides
Practitioner Referrals for Disease Management	carefirst.com/clinicalresources > <i>Disease Management</i>

Includes information on how to use services, how a member becomes eligible and how to opt in or opt out.	
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 > <i>February 2021</i>
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 > <i>February 2021</i>
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management.	carefirst.com/bluelink > <i>February 2021</i>
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 > <i>General Inquiries > Quality of Care Complaints</i>
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 > <i>Notice of Privacy Practices</i>
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.

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-19 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-19 vaccine
- [Reaching the 65+ Community](#): Guidance on addressing barriers and communicating with the 65+ older community to get the COVID-19 vaccine
- [Vaccine Call Script](#): Guidance on speaking with patients who are hesitant about receiving the COVID-19 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](#).
