BlueLink

Medical News & Updates

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CareFirst
Family of health care plans

Mandates and Legislation

- Reminder – Attest/Update Your Provider Data

Data and Privacy

- Help Us Protect Member Information
- Working Together to Improve Member Data and Documentation

Care Management

- Opioids and Your Practice: New Resources Available

Learning and Engagement

- Check Out the Recent Changes to the Learning and Engagement Center
- BlueCard Resources and Training Available
- Review the Latest Changes to the CareFirst Provider Manual
- Internet Explorer No Longer Supported on CareFirst Applications

Prior Authorization

- Genetic Testing Requires Prior Authorization
- Attended Sleep Studies Require Prior Authorization
- Medical Prior Authorization Helpful Hints
- Medications Added to Prior Authorization and Site of Care Management Lists – Effective June 1, 2022

Clinical Corner

- E-cigarettes and Gum Disease – Cheryl Lerner, D.M.D
- Diabetic Retinopathy – Kevin Schendel, M.D.

Claims and Billing

- New ClaimsXten® Edits Coming June 2022
- Payment Changes Coming for Select Lab Services
- CMS Adds Place of Service 10

Healthcare Policy

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

Quality

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

COVID-19 Resources

- Available Vaccine Resources

Mandates and Legislation

Reminder – Attest/Update Your Provider Data

In February, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively "CareFirst") informed you about changes we were making to the provider portal as it relates to the Consolidated Appropriations Act of 2021 (CAA).

As part of this mandate, providers are required to attest/update their directory information every 90 days. To support this process, CareFirst has developed a self-service tool, as well as training user guides.

You can find information about attesting/updating your data by going to our Update Practice Information web page.

Important Note: If you haven't already, register for CareFirst Direct as this will be the primary resource used to update and verify provider directory information. Refer to this user guide for assistance.

If you need additional assistance with attesting/updating your data:

- Review our Frequently Asked Questions document.
- Review the Provider Directory Updates and Attestation Course on the Learning and Engagement Center.
- Contact your Provider Relations Representative, specifically for questions with the CareFirst Direct Self Service Tool.
- Contact our Provider Information and Credentialing department, specifically for questions about your provider data at 877-269-9593.

Data and Privacy

Help Us Protect Member Information

As healthcare professionals, we are all stewards of personal health information (PHI) and other

confidential data in our jobs. In light of geopolitical tensions in Europe, the United States government has issued several advisories of heightened risk of cyberattacks. Healthcare organizations are often among the most targeted groups for attacks. Therefore, we want to call your attention to some best practices so we can work together to protect data and information technology in the communities we serve.

- Know and follow your organization's security policies and procedures.

- Work with your IT team to frequently update and run anti-virus software.

- Create and update complex passwords; consider enabling multifactor authentication on devices where possible.

- Be aware that cyber criminals sometimes send emails that can compromise your information systems. Be cautious about clicking embedded links or opening attachments from unknown senders. Do not forward suspicious emails to others.

- Protect patient data by monitoring and updating who has access to the CareFirst Provider Portal and CareFirst Direct on behalf of your organization. (Refer to this interactive course on how to conduct User Access Reviews).

- Each user must have their own user ID and password for the CareFirst Provider Portal. Do not share user IDs and passwords with coworkers.

- When emailing with CareFirst representatives, always send PHI and other sensitive information to us securely.

- Be sure to subscribe to our email notifications so you receive all updates in a timely manner. Communications will come from newslettereditor@carefirst.com or customerinsights@carefirst.com.

- Contact CareFirst's Help Desk at 877-526-8390 if you receive a potentially suspicious email from us.

- Contact Provider Service if you are asked to provide member information from an unknown source. They can help validate the request.

Note: In compliance with federal requirements, we work with several vendors each year to collect medical records and verify practice data. Key vendors for these efforts include FIGmd/MRO, Change Healthcare, Cognisight, Carewise and Atlas. Practices are alerted to these efforts via letter and BlueLink articles. You can also reach out to your Provider Relations Representative if you have questions about any of these initiatives.

Refer to our Provider Manual for more information on CareFirst's policies and procedures. Thank you for taking steps to safeguard shared data and technology.

Working Together to Improve Member Data and Documentation

Quality Audits

Overview

As a health insurer, CareFirst is required to audit member's medical records. The volume of requests and the number of distinct audit efforts has grown in recent years due to increased federal regulation and our entrance into government markets. We recognize the burden these mandatory requests place on your practice and are working to minimize our requests by streamlining processes.

Benefits

While record audits are a requirement, there are clear benefits to your engagement beyond simply remaining in compliance with your contract.

- Members' data will be **more accurate in CareFirst systems**, which allows us to better coordinate their care and identify resources or programs they are entitled to as part of their plan design.

- CareFirst can better report on and adjust for the complexity of our members. For those in value-based programs, this will translate into a **more accurate budget to care for your assigned population** and more actionable quality reporting from us to coordinate your patient's care.

- There will be **fewer gaps in quality data** and scoring tools: PCMH Quality Scorecard, CAHPS, HEDIS, Provider Profile Scores and Risk Adjustment performance will all benefit. **Better quality scores** can increase provider incentives, attract members to your practice and improve CareFirst health plan performance. This is not only for providers in value-based arrangements; we calculate a Provider Profile Score for nearly every practice in our commercial networks each year!

How we are addressing administrative burden/CareFirst's role

In order to do our part, we are taking the following steps over the coming months:

- **Publishing a calendar (coming soon)** of planned medical record audit efforts, vendors and timelines. The calendar will be updated and built out with more detail each quarter.

- **Continuing to mail a letter** to your practice prior to each record collection effort. Letters will detail the specific purpose and how records will be used, clear points of contact for record submission, and where to go if you have questions or concerns. This will help you understand which efforts apply to your practice, as not all will.

- To the extent possible, **coordinating escalated requests** through one single, trusted CareFirst point of contact once the request is elevated to us from the contracted vendor.

- **Investing in electronic solutions**, specifically with FIGmd and are working to enroll value-based practices before making them more broadly available. Once fully operational, FIGmd will serve as the single digital source for CareFirst to retrieve medical records from practices without disruption to staff dealing with multiple vendors.

- **Offering more transparent billing and quality guidance** online so that you can submit claims completely from the start, reducing the need for us to collect supplemental information.

How to make this process easier/your role

- **Assign someone** within the office responsible for championing and responding to medical record requests.

- Have the champion **review our calendar** (coming soon) of planned medical record request efforts, vendors and timelines.

- Consider the calendar when planning staffing resources. You may want to **build in additional staff** for weeks with multiple record request initiatives.

- **Provide remote electronic medical record access** to vendors and designated CareFirst associates to minimize administrative burden on your practice. If remote is not feasible, on-site access can be arranged. Refer to the details in the audit-specific letter you received to arrange.

- **Respond to timely requests in a timely manner**, within one to two weeks. This will eliminate disruptive follow-up calls and requests.

- **Ensure your practice's email address is up to date** with [BlueLink communications](#) and [CareFirst Contracting](#) to receive the latest news and updates on record collection efforts electronically.
- **Review our recent email communication** (also listed above) with information security tips to help us protect member data.

Thank you for your engagement. By working together, we can improve quality of care in the communities we serve.

If you have questions, reach out to your [Practice Consultant or Provider Relations Representative](#). We are committed to becoming a better business partner. Other ideas on how CareFirst can reduce the burden associated with record requests can be sent to learning@carefirst.com.

Care Management

Opioids and Your Practice: New Resources Available

If you help patients manage acute or chronic pain, you understand how important it is to balance pain management with potential side effects, like dependence or abuse. We're pleased to share new Opioid Support resources on the provider portal to help you help your patients. These resources include information on CareFirst's holistic approach to combat the opioid epidemic, strategies for preventing misuse and abuse, treatment options and educational support and services. Additionally, in the [Disease Management](#) section, we have updated materials to reflect new Substance Use treatment facilities and locations.

Learning and Engagement

Check Out the Recent Changes to the Learning and Engagement Center

In March, we notified you of changes coming to our Learning and Engagement Center. Here's what you will start to see throughout 2022:

- Development of additional on-demand courses and live webinars focusing on topics such as behavioral health and cultural competency
- Additional continuing education course offerings
- Incorporation of a survey tool to help you more easily access the content you need
- Specialized training based on provider type
- Health insurance basics to assist those who may be new to topics like insurance types, cost-sharing, claims and products

What's next?

We want to ensure that our Learning and Engagement Center meetings your needs, which means we want to hear from you. Send an email to learning@carefirst.com with your ideas and suggestions of what you would like to see on the site. Check out the site at carefirst.com/learning.

BlueCard Resources and Training Available

We are excited to announce that we have converted our semi-annual BlueCard 101 webinar into an on-demand training. This training, updated and refreshed for 2022, is available on CareFirst's Learning and Engagement Center.

BlueCard 101 provides an in-depth overview of the BlueCard program, including:

- The types of products supported
- How to identify members
- How to verify eligibility, submit claims and check claim status
- How to obtain prior authorization and medical policy
- The claims appeal and inquiry process
- Who to contact for questions

In addition to BlueCard 101;

- There is a BlueCard Claims Filing guide to assist when filing BlueCard claims. Both of these training resources are available on-demand on our Learning and Engagement Center, 24/7.
- We have also recently updated the messaging on our BlueCard Access Line – 800-676-BLUE (2583) to help ensure you are reaching the appropriate place. The new updated messaging states, "***Please check the listed carrier on the patient's insurance card, does your patient have insurance through a BlueCross BlueShield carrier that is not CareFirst?***" Callers should answer 'yes' to this question if they are calling about BlueCard.

Be on the lookout for additional BlueCard training in late 2022 that will cover topics such as:

- Contiguous Area claims filing
- Submitting claims for DME, Independent Clinical Lab, Specialty Pharmacy, Air Ambulance, and Telehealth
- Coordination of Benefits
- Medicare Advantage claims

If you have a suggestion for additional training or resources you would like to see on the Learning and Engagement Center, please send us an email at learning@carefirst.com. We would love to hear from you!

Review the Latest Changes to the CareFirst Provider Manual

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

- Chapter 5
  - Updated hyperlinks to the Learning and Engagement Center
- Chapter 7
  - Information about PrEP Medication and Ancillary Services Billing

- Updated hyperlinks to the Learning and Engagement Center
- Chapter 9
  - Adding Place of Service Code 10 to the Place of Service Code Assignments PDF
  - Clarifying which ClaimsXten® edits apply to professional providers or facilities

Internet Explorer No Longer Supported on CareFirst Applications

Recently, Microsoft announced that it will stop supporting the Microsoft 365 platform on Internet Explorer. This means that certain functionality will not work in Internet Explorer when you view our on-demand training modules, or when you access CareFirst Direct.

Going forward, please use another browser that supports Microsoft when working with CareFirst, such as Microsoft Edge or Google Chrome.

Prior Authorization

Genetic Testing Requires Prior Authorization

Effective February 1, 2019, providers were notified that, together with AIM Specialty Health® (AIM), prior authorizations were needed for genetic testing.

As part of this process, ordering providers and/or their staff need to obtain a prior authorization for molecular genetic testing up to 90 days prior to performing the test or no more than two days after the test is performed.

As a reminder, this requirement applies to the following genetic tests:

- Hereditary Cancer Testing
- Hereditary Cardiac Testing
- Neurogenetic and Neuromuscular Testing
- Prenatal Testing
- Pharmacogenomics and Thrombophilia Testing
- Rare Disease Testing
- Reproductive Carrier Screening
- Susceptibility Testing for Common Disease
- Tumor Markers categorized as genetic tests
- Whole Genome Sequencing

This process continues to help our members, your patients, receive evidence-based genetic test(s) while helping providers select the appropriate test. Additionally, the process is intended to lower the cost of genetic testing, while helping to ensure members receive all appropriate testing and to help you deliver appropriate care.

To request a prior authorization for genetic tests, log on to the CareFirst Provider Portal and navigate to the Prior Auth/Notifications tab.

For additional help submitting prior authorizations through AIM, refer to the soon to be released Genetic Testing Prior Authorizations on-demand course and frequently asked questions.

Attended Sleep Studies Require Prior Authorization

In 2016, CareFirst introduced a sleep management program to promote the most clinically appropriate setting for sleep studies for our members, your patients. Unattended sleep studies have a number of benefits for patients including:

- Completing the test from comfort and convenience of their own bed
- Likelihood of sleeping more and/or providing more data since they are sleeping in a familiar environment
- A cost-effective option, eliminating the need for an overnight hospital or sleep lab stay

While there are situations where an attended sleep study could be considered a medical necessity for your patients, we remind you that all attended sleep study requests need to be submitted for prior authorization. You can access our medical policy here to review additional information (Sleep Disorders Policy 2.01.018). Reimbursement is not provided for attended sleep studies unless a prior authorization has been obtained, and your patients cannot be balanced billed for unauthorized sleep studies.

All unattended sleep studies do not require prior authorization.

Where do I go to submit a prior authorization?

- Log in at www.carefirst.com/providerlogin and click the Prior Authorization/Notifications tab to begin your request.
- For on-demand resources on how to access and utilize CareFirst's Prior Authorization/Notification system, click here or visit carefirst.com/learning and click on Authorizations in our Featured Courses.

Note: Medicare Primary, MD Medicaid and DSNP are out-of-scope for this requirement.

Medical Prior Authorization Helpful Hints

To assist in ensuring the prior authorizations you are entering for your patients are reviewed and decisioned timely and accurately, we wanted to share a few reminders:

- **Select the Medical Product**: When entering your authorizations, you will notice for members who have drug, vision, and/or dental benefits with CareFirst, those products will appear as you scroll through the eligibility section of the prior auth/notifications system in addition to their medical benefit.
  - You will want to ensure you are selecting the 'Medical' product for your authorizations (see the example below). Selecting a product other than 'Medical' will result in your submission being cancelled and you will need to submit a new authorization.
  - Selecting a product other than 'Medical' in error could also impact the diagnosis and procedure codes that display. If you notice you cannot find a specific code you need, it could be because you did not select the 'Medical' product.

- **Select the Appropriate Auth Priority:** Selecting an inappropriate auth priority for your patient could result in your submission being cancelled and require you to submit a new authorization. To help avoid this, here is some guidance regarding the options you have under 'Auth Priority':
  - Non-Urgent Pre-Service Decision: This is the most used option and is for routine pre-service requests.
  - Urgent Pre-Service Decision: This should ONLY be used when the request made is supported by a physician, prescribing physician or other prescriber who indicates applying the standard timeframe could seriously jeopardize the life or health of the member or the member's ability regain maximum function.
  - Concurrent Review: This should be used for a continued stay review while the patient is still hospitalized.
- **Inpatient Auto-Approval Rules on Initial Request:** Following the rules outlined below for your initial patient admissions will trigger auto-approvals for your requests. Any days added to your request above what is detailed below will cause your case to be placed in pending status ultimately delaying a decision. Additional days can be added through the concurrent review process.
  - *Note: Maryland hospitals are considered Per Diem*
  - ER Per Diem: Up to 3 calendar days
  - ER DRG: Up to 10 calendar days
  - Inpatient Behavioral Health: Up to 5 calendar days
  - Behavioral Health/Substance Use Residential Treatment Center: Up to 30 days

In addition to these reminders, we want to make sure you are aware that CareFirst claims processing areas have controls and measures in place for reviewing claims submitted that require prior authorization. In the unlikely event that you receive a denial for lack of prior authorization in error, please contact Provider Services at 800-842-5975 or 202-479-6560.

For additional resources and training, please access our Frequently Asked Questions as well as our Prior Authorizations/Notifications on-demand training here.

Medications Added to Prior Authorization and Site of Care Management Lists – Effective June 1, 2022

Effective June 1, 2022, 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.

The Specialty Drug List includes all medications covered under the medical benefit subject to prior authorization and/or site of care management. This list is updated monthly.

Why the change?

CareFirst is continually working with healthcare delivery partners to optimize utilization management strategies to increase efficiencies and control costs while ensuring members receive affordable, quality care. Prior authorization helps balance access with 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 and member's out of pocket costs without compromising quality of care. The outpatient hospital setting is generally recognized as one of the most expensive options for specialty infusions with costs up to three times higher compared to non-hospital settings. Certain infused therapies can be safely and effectively administered in alternate, less costly settings, such as the home or a provider's office.

Prior authorization 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
Cortrophin	Seizure disorders
desmopressin	Hemophilia
Mozobil	Hematopoietics
Ryplazim	Enzyme deficiency
Jelmyto **Mylotarg** **Temozolomide (Temodar)** **Tivdak**	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. If medical necessity is not met, members will have the opportunity to receive their infusion at a more cost-effective and convenient alternate site including their home, an ambulatory infusion center or a physician's office.

New to the site of care program for June 1 is the addition of oncology medications. The goal is to support

members' treatment plans and minimize disruption while steering them to a lower-cost infusion setting when appropriate. Members will only be identified for redirection after their first six months of therapy is completed. We understand the importance of continuity of care, so we will not require members to change oncologists.

Drug Name	Drug Class
Bavencio **Imfinzi** **Jemperli** **Keytruda** **Libtayo** **Opdivo** **Tecentriq** **Yervoy**	Oncology*
Krystexxa	Gout
Lemtrada **Tysabri**	Multiple Sclerosis

*Site of care management will not apply to members with pharmacy and medical benefits through CareFirst when requests are submitted electronically.

How to request prior authorization

Providers may submit a medication prior authorization online by logging in to the Provider Portal at www.carefirst.com/providerlogin, navigating to the Pre-Auth/Notifications tab and clicking 'Start Now' under the Pharmacy section. Click here to access the Medications Authorizations course for step-by-step instructions.

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

Clinical Corner

E-Cigarettes and Periodontal Disease – Cheryl Lerner, D.M.D.

Despite popular opinion that e-cigarettes are a safer alternative to regular cigarettes, recent studies show that patients who use e-cigarettes increase their risk of severe periodontal disease. According to the Mayo

Clinic, "Periodontal disease can lead to tooth loss and has some clinical associations with other systemic chronic diseases, such as cardiovascular disease, diabetes and other inflammatory and auto-immune diseases."[1] Oral health is important to the overall health and wellness of your patients, our members. The next time your patients come in for an appointment, remind them of the risks that e-cigarettes have on their oral health along with their physical health.

Diabetic Retinopathy – Kevin Schendel, M.D.

Recommended annually for patients with diabetes, the diabetic eye exam looks for diabetic retinopathy and has been a quality measure on the CareFirst PCMH quality scorecard for three years and remains so in 2022. Diabetic retinopathy is a condition that weakens the blood vessels in the retina in the back of the eye. "Diabetic retinopathy has remained the most frequent cause of new cases of blindness in adults aged 20-74. In the first two decades of having diabetes, nearly all patients with type 1 diabetes (juvenile onset diabetes) and > 60% of patients with type 2 diabetes will develop retinopathy. The Wisconsin Epidemiological Study of Diabetic Retinopathy showed that 3.6% of type 1 diabetics and 1.6% of type 2 diabetics were legally blind."[2]

Diabetic retinopathy is classified as two types, starting as the non-proliferative type and progressing to proliferative retinopathy. In the early disease stage, also known as non-proliferative retinopathy, the blood vessels leak in the retina. Eventually, these leaky blood vessels close, causing ischemia or poor blood flow. As the disease progresses the abnormal blood vessels grow, known as proliferative retinopathy, which can result in severe vision loss.[3]

The risk factors for diabetic retinopathy include the duration of having diabetes, poor blood sugar control, high blood pressure and high cholesterol levels. Thus, the cornerstone of treatment is good hypertension and cholesterol control, along with good preventative care: the annual diabetic eye exam. Once a patient has diabetic retinopathy, intravitreal eye injections, laser treatments and surgery are the most common treatments.[4]

Unfortunately, diabetic retinopathy has few visual symptoms until vision loss develops, which only reinforces the importance of the annual eye exam. Patients with type 1 and 2 diabetes should have a dilated and comprehensive eye exam annually. CareFirst supports the importance of this vision-saving screening exam.

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[1] "Oral health: A window to your overall health." Mayo Clinic, https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475

[2] Retinopathy in diabetics, Diabetes care. 2004;27(supplement1) pages 84-87

[3] "Diabetic retinopathy" Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/diabetic-retinopathy/symptoms-causes/syc-20371611

[4] "Diabetic Retinopathy: What You Should Know," National Institutes of Health, https://www.nei.nih.gov/sites/default/files/health-pdfs/diabeticretino.pdf

Claims and Billing

New ClaimsXten® Edits Coming June 2022

CareFirst is committed to making healthcare more affordable for the communities we service. We have a fiduciary duty to our members to ensure their resources are used wisely.

Consistent with that aim, in 2019, CareFirst notified providers about implementing National Correct Coding Initiative (NCCI) guidelines to promote national coding methodologies and reduce paid claim errors from improper coding and inappropriate payments. At that time, we implemented claim edits for facilities across all jurisdictions.

Starting June 2022, CareFirst will be implementing the NCCI edits prospectively rather than retrospectively. This means that the edits will be applied in our claim systems rather than through retrospective post-payment claim audits.

Note: Impacted providers may still be contacted by one of our third-party vendors regarding additional claim edits not listed below.

What Does This Mean for You?

In recent satisfaction surveys, we heard you want more transparent billing guidance and upfront feedback on claims. Responsive to the feedback, implementing the NCCI edits prospectively means you are less likely to be surprised by post-payment audits and retractions.

Effective in June, you may notice rejection/remark codes after you submit your claim for the following claim edits:

- Add-on Codes Without Base
- Medically Unlikely Edits (MUE)
- Procedure to Procedure
- Duplicate Claim Lines

Impacted providers may receive a letter from CareFirst explaining these changes, with rejection/remark code descriptions for NASCO, Facets and Federal Employee Claim (FEP) claim systems. **Note:** FEP descriptions differ from NASCO and Facets.

You can find descriptions of these edits in the ClaimsXten section in Chapter 9 of the provider manual at carefirst.com/providermanual.

For claims or member-specific questions or rejections, contact Provider Service at the number listed on the back of the member's identification card. If you have more general questions about these changes, reach out to your Provider Relations Representative. Thank you for your continued partnership. We appreciate all that you do to serve our members.

Payment Changes Coming for Select Lab Services

In an effort to be transparent about decisions that could impact your practice, we wanted to make you aware of a change to our payments for select lab services. Effective July 1, 2022, CareFirst will be adjusting the rates for services where the appropriate geographic differentials were not being applied correctly.

Impact will be minimal and is limited to a subset of Laboratory and Pathology services for providers with primary locations within our Baltimore Metro and Rural regions. Our analysis shows that impacted most groups will have an impact no greater than +/- .05%. Those with any greater impact will be notified. Changes will be made prospectively only –no recoupments will occur from prior payments.

CMS Adds Place of Service 10

The Centers for Medicare and Medicaid Services (CMS) recently added Place of Service (POS) 10, Telehealth Provided in Patient's Home, to their Place of Service Code Set. The patient is located in their home or private residence when receiving health services or health related services through telecommunication technology. This location is different than a hospital or facility.

CareFirst will accept both POS 10 and 02 for telehealth services conducted in a member's home. You may continue to bill using 02 or you may use 10.

Healthcare Policy

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

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

The table below is designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from non-local accounts, such as NASCO and Federal Employee Program (FEP), may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through CareFirst on Call (Professional and Institutional) or CareFirst Direct.

Note: The effective dates for the policies listed below represent claims with date of service processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.016A - Coverage for Hearing Aids (Maryland Mandate)	Updated Description section. Updated Policy section. Updated Benefit Applications section. Report service using appropriate category I CPT and HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 03/01/22

1.02.024A - Over-the-Counter Miscellaneous Supplies and Equipment	Updated Description section. Updated Policy section. Updated Benefit Applications section. Report service using appropriate category I CPT and HCPCS code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update. Effective 03/01/22
2.01.064 - Corneal Cross Linking for Treatment of Keratoconus and Corneal Ectasia	Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update. Effective 03/01/22
2.01.072A - Telemedicine (Unified Communications)	Updated Policy section. Updated Benefit Application section. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 03/01/22
2.01.073 - Autologous Stem Cell Therapy for Peripheral Artery Disease	Under Policy Guidelines, added an updated 2022 rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details	Periodic review and update. Effective 03/01/22
2.01.081 - Diabetes Prevention Program	Updated Description section. Under Policy Guidelines, added 2022 update rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update. Effective 03/01/22
2.02.015 - Implanted Pulmonary Artery Pressure Monitor for Congestive Heart Failure	Updated Description section. Under Policy Guidelines, added 2022 update rationale statement. Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update. Effective 03/01/22
2.03.015 - Sipuleucel-T Immunotherapy	Report service using appropriate category I CPT code. References updated. Refer to policy for details.	Periodic review and update. Effective 03/01/22
5.01.033 - Nusinersen (Spinraza®)	References updated. Refer to policy for details.	Periodic review and update. Effective 03/01/22
5.01.034 - Hematopoietic Growth Factors	Report service using appropriate category HCPCS code. Refer to policy for details.	Periodic review and update. Effective 03/01/22

7.01.036 - Surgical Treatment of Obesity and Morbid Obesity	Updated Description section. Updated Policy Guidelines section. Report service using appropriate category I CPT or HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated Reference section. Refer to policy for details.	Periodic review and update Effective 03/01/22
11.01.015 - Preconception Sex Selection Techniques	Updated Description section. Policy Guidelines updated. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update Effective 03/01/22
6.01.007 - Transcranial Doppler Ultrasound	Updated Description section. Under Policy Guidelines, updated 2022 Rationale Statement. Updated Benefit Application section. Updated Provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update Effective 04/01/22
6.01.025 - Scintimammography	Updated Description section. Under Policy sections. Under Policy Guidelines updated the 2022 rationale statement. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Periodic review and update Effective 04/01/22
6.01.048 - Proton Beam Therapy	Updated Description section. Under Policy sections. Under Policy Guidelines updated the 2022 rationale statement. Updated Provider Guidelines section. Report service using appropriate category I CPT and HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update Effective 04/01/22
7.01.083 - Percutaneous Lysis of Epidural Adhesions	Updated Policy Title. Updated Description section. Under Policy Guidelines, added updated 2022 rationale statement. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update Effective 04/01/22
7.01.098 - Cryosurgical Ablation of Renal Cell Carcinoma	Updated Description section. Under Policy Guidelines, added updated 2022 rationale statement. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate category I CPT code. Updated References. Refer to	Periodic review and update Effective 04/01/22

	policy for details.	

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. 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 > *Clinical Practice Guidelines*
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults	carefirst.com/clinicalresources > *Preventive Health Guidelines*
Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care	carefirst.com/clinicalresources > *Practitioner Office Standards*
Care Management Programs	
Topic	**Website Link**
Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or you can call 800-245-7013	carefirst.com/providermanualsandguides

Topic	Website Link
Practitioner Referrals for Disease Management Includes information on how to use services, how a member becomes eligible and how to opt in or opt out	carefirst.com/clinicalresources > *Disease Management*

Pharmaceutical Management

Topic	Website Link
Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies and procedures	carefirst.com/rx

Utilization Procedures

Topic	Website Link
Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health	carefirst.com/bluelink > *February 2022*
Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health	carefirst.com/bluelink > *February 2022*
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management	carefirst.com/bluelink > *February 2022*

Member Related Resources

Topic	Website Link
Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network	carefirst.com/qoc > *General Inquiries* > *Quality of Care Complaints*
How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision	carefirst.com/appeals
Member's Privacy Policy Includes a description of our privacy policy and how we protect our members' health information.	carefirst.com/privacy > *Notice of Privacy Practices*

Member's Rights and Responsibilities Statement Outlines responsibilities to our members	carefirst.com/myrights

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

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.

- 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 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.