BlueLink

Medical News & Updates

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Administrative Support

Updates to Professional Credentialing Webpage

Do you know someone trying to credential with us? Do they find the process confusing? CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, "CareFirst") recently updated the "Professional Credentialing Overview" webpage.

We reviewed our existing content about credentialing application submission to make it more clear for providers. Specifically, we:

- Removed duplicative and outdated information
- Clarified where to find FAQs, training and other important information on the Council for Affordable Quality Healthcare's (CAQH's) website
- Simplified where to find information regarding updating and attesting your data as part of the Consolidation Appropriations Act (CAA) mandate

To view the changes, go to carefirst.com/credentialing.

Looking for Support?

We know you are busy and want to find answers to your questions quickly. That's why we've pulled together a new webpage titled "[Looking for Support?](#)"

This page pulls together common requests from providers and shows providers where they can get the information they need. Topics include:

- Credentialing
- Updating provider data
- CareFirst Direct access
- Eligibility, benefits and claims status
- Fee schedules
- Medical policy
- Electronic capabilities
- Training and resources
- Escalated issues and more

You can find the "Looking for Support?" page at carefirst.com/providersupport. Be sure to bookmark this page and check back regularly for updates.

Prior Authorizations

Prior Authorization/Notification System Best Practices

In the [April](#), [June](#), [August](#), and [October](#) 2022 issues of BlueLink, we reminded you of a few best practices that will help expedite decisions for the authorizations you submit. Here is a recap of those best practices, along with a few more to assist you.

- **MCG Interface Guidance—Ensure you select 'Submit Request' on ALL authorizations:** When completing the MCG interface information for your authorizations, be sure to select 'Submit Request' after you save any guidelines selected to ensure the information is transferred to Utilization Management. If no guidelines are required, you will see a 'Disclaimer' and a reminder to click, 'Submit Request.' Keep in mind, you may have to scroll down to see the 'Submit Request' button.

- **Do Not Click the 'X' on the MCG Interface:** If you close the MCG interface using the 'X' in the upper right corner and select 'Yes—continue' when the message indicated below is populated, your authorization will automatically pend for review and any information selected within MCG could be lost

causing decision delays.

- **Need additional guidance for the MCG Interface?** Click here for a step-by-step walk through.
- **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 Authorization/Notifications system, in addition to their medical benefit.
  - You will want to ensure you are electing the 'Medical' product for your authorization (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.
    - To assist, the 'Medical' product should now show up as the first option on all your requests.

- **Inpatient Authorizations—'Unit Type' Guidelines**: 'Days' must be selected as the 'Unit Type' for the first line of service (i.e., the first procedure code) for all inpatient authorizations. If you need to add additional procedure code lines you must then select 'Units' as the 'Unit Type.' Only the first line of service can have a 'Unit Type' of 'Days.' Following this guidance will help reduce decision delays and increase the potential for your authorization to auto approve when appropriate guidelines are met.
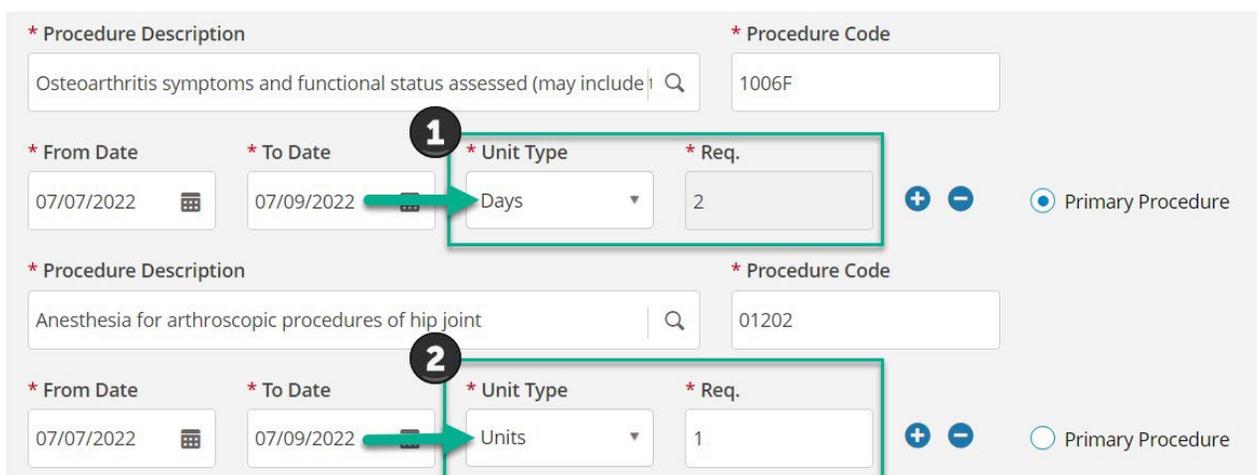
- **Note:** Procedure codes displayed here are for example purposes only.

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

Important Dates and Reminders

Check Out What's New

- **December 2022:** CareFirst On Call updates are available. Please review the email communication for more details.

- **Early 2023:** Release of a new and improved interface for Provider Directory Updates and Attestations (commercial only). More details and training to come as we get close to launching.

Mark Your Calendars

- Monday, December 26—Christmas Day (observed)

- Monday, January 2—New Year's Day (observed)

- Monday, January 16—Martin Luther King, Jr. Day

- Monday, February 20—President's Day

Claims and Billing

Have a Question About Your Claim? Here is How to Get Answers

Providers may submit claim inquiries online by logging in to the Provider Portal at carefirst.com/providerlogin. Inquiries are informal and not subject to official state laws that govern appeals procedures.

For Federal Employee Program (FEP) or Facets claims, navigate to the 'Claims Inquiry' link under the 'CareFirst Direct' heading. For NASCO and BlueCard claims, navigate to the 'Submit Claim Inquiry' link found on the Claim Summary screen. Training resources for submitting claim inquiries are available on our Learning and Engagement Center or click here.

Follow these best practices when submitting a claim inquiry:

- Submit inquiries within 180 days (6 months) from the date of the Explanation of Benefits.

- Allow 30 days for a response to an inquiry.

  - Responses for FEP/Facets claims can be found within the 'Claims Inquiry' link.

  - Responses for NASCO/BlueCard will be a written response.

- Confirm the claim source system prior to submitting an inquiry (FEP, Facets, NASCO or BlueCard).

- Inquiries may include issues pertaining to authorizations, correct frequency, ICD-10, medical records, procedures/codes or referrals.

- Refrain from using words such as "reconsider," "appeal," "re-review" or "I disagree."

- FEP Inquiries are accepted for denial codes 535 and 565 requesting medical records. Inquiries should ask for clarification on what specific information is being requested. Please submit an appeal for all other FEP denials.

Depending on the circumstances, providers may wish to file a correct claim or appeal instead. Training

resources to help you determine which course of action is appropriate can be found [here](#).

Learning and Engagement

Review the Latest Changes to the CareFirst Provider Manual

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

- [Chapter 5](#): Removed information about DME Percent of Charge, which can now be found in the Provider Payment Policy Database.

- [Chapter 7](#) and [Chapter 10](#): Updated clinical guidelines used for medical necessity decisions. We use Milliman Care Guidelines for all medical decisions. We have discontinued use of Modified AEP and Apollo criteria for medical necessity decisions. Substance Use Disorder reviews continue to utilize ASAM criteria.

- [Chapter 9](#): Added additional information regarding the new Provider Payment Policy Database.

Remember to Ask Your Patients for Their New Member ID Cards

2022 is coming to an end, and that could mean new insurance cards for your patients. Your patients' member ID card identifies them as a CareFirst member and gives you important information about their covered benefits.

Make sure to always ask your patients for the newest version of their ID cards when providing services. It's important to note that even if members don't have their physical card, they can download it as a PDF and send it to you via their smartphone through CareFirst's *My Account* application. Your office can also access your patients' newest member ID cards through [CareFirst Direct.](#) Access this [resource](#) for more information.

New Resources from the Learning and Engagement Center

We are excited to offer some new and exciting resources for you and your staff that make doing business with CareFirst easy and efficient.

Here are the latest resources that have been added for you to access:

- [CareFirst and the BCBSA](#)
- [Clinical Data Sharing](#)
- [Hospital Quarterly Video](#)
- [Professional Quarterly Video](#)
- [Protecting Your Patients](#)

We encourage you to use these resources at your convenience. Your feedback is welcomed within the course surveys.

To ensure that our Learning and Engagement Center meets your needs, we want to hear from you. Send an email to learning@carefirst.com with suggestions of what you would like to see on the site.

Networks

Medicare Advantage HMO Providers—Are You Referring In-Network?

At CareFirst, we are committed to continuously improving our member and provider experience. If you are a Medicare Advantage (MA) HMO in-network provider, it is important that you are referring your MA HMO patients to other in-network providers. To assist you, we've created a brief on-demand course that walks you through the referral policy as it relates to Medicare Advantage HMO provider referrals.

This brief refresher will:
- Review our referral policy for MA HMO members
- Demonstrate how to identify other MA HMO in-network providers

You will find the course on our Learning and Engagement Center, as well as linked directly here.

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 in which you are participating. Your awareness will make sure that CareFirst members are informed about any potential network-related out-of-pocket costs.

Our current networks:

Existing Networks	Network Expansion	Government Programs
• HMO—CareFirst BlueChoice Participating Provider Network • PPO—CareFirst Regional Participating Provider Network (RPN) and CareFirst Participating Provider Network	• BlueEssential Participating Provider Network	• Medicare Advantage (MA) HMO Network • Medicare Advantage (MA) Group PPO network (effective 1/1/2022) • CHPDC Medicaid • CHPMD Medicaid and Medicare Advantage (MA DSNP)

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

Use the *Find a Doctor* Tool

Did you know that you can use our *Find a Doctor* tool to determine which networks you participate in at CareFirst?

Our *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
- BlueEssential Participating Provider Network
- Medicare Advantage (MA) HMO Network
- Medicare Advantage (MA) PPO Network

We've also added the following language listed below to the *Find a Doctor* tool to help you determine if you are a participating DSNP and/or Medicaid provider.

> **Note:** This provider directory only reflects providers that participate in CareFirst's Commercial, Federal Employee Program and Medicare Advantage (Individual and Group networks). If you are looking to confirm whether a provider participates in our Medicaid or Dual Eligible Special Needs Plan network, please navigate to the following:
>
> - [CareFirst BlueCross BlueShield Community Health Plan Maryland](#)
> - [CareFirst BlueCross BlueShield Community Health Plan District of Columbia](#)
> - [CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)](#)

Finally, watch [this video](#) to learn how to check your networks using the *Find a Doctor* tool.

Mandates & Legislation

Virginia Mental Health Parity Mandate

Due to a recent Virginia mandate, please ensure you are submitting claims with the primary diagnosis (Dx) code associated with the main reason for the visit, specifically when the scheduled visit involves Mental Health or Substance Use Disorders (MH/SUD).

Below are a couple of examples:

- If a patient visits their PCP for MH/SUD medication management, the claim should include the appropriate MD/SUD Dx code as the primary code.
- When a patient sees their PCP for a routine visit, such as a wellness exam, and the visit results in a MH/SUD encounter, then the provider should submit the MH/SUD Dx code on the claim as the primary code.

Reminder—Attest/Update Your Provider Data

Important Reminder: Updating your data in CAQH does not satisfy the requirement for the mandate to update/attest your provider directory information. You must also attest/update your directory information directly with CareFirst. Also, please be sure to update/attest your data AFTER you register for CareFirst Direct. Registering for our Provider Portal does not satisfy mandate requirements.

In February, 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.

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To support this process, CareFirst has developed a self-service tool with 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, we encourage you to register for CareFirst Direct. 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 our Provider Information and Credentialing department, specifically for questions about your provider data at 877-269-9593.

Healthcare Policy

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

At CareFirst, 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 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 dates of service processed on or after that date.

1.01.027A – Archived Cold Pad/ Cold Pressure Therapy	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
1.01.049A – Archived Restraints	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
1.01.052A – Archived Sitz Bath	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
1.01.054A – Archived Urinal / Bedpan	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
1.01.073A – Archived Mechanical Lifts	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
1.01.075A – Archived Enuresis Alarm	Updated title. Updated Description section. Updated Policy section. Report service using appropriate HCPCS and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
2.01.061 – Ocular Photoscreening by Primary Physicians to Detect Amblyogenic Disorders	Updated Description section. Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Added cross references to Related Policies and Procedures section. Updated references. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
2.02.001 – External / Extracorporeal Counterpulsation (ECP or EECP)	Updated Description section. Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Added cross references to Related Policies and Procedures section. Updated references. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
7.03.004 – Archived Placental and Umbilical Cord Blood as a Source of Stem Cells	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT®, HCPCS and ICD-10	Periodic Review and Update Effective 11/01/2022

	code. Policy archived. Updated references. Refer to policy for details.	
9.01.005A – Archived Epidural / Intrathecal Analgesia, Post-Operative or Non-Surgical	Updated title. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
9.01.007A – General Anesthesia for Dental Care (Maryland and Virginia Mandates)	Updated title. Updated Policy section. Updated Policy Guidelines section. Updated Provider Guidelines section. Report service using appropriate category I CPT® and/or CDT and ICD-10 code. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 11/01/2022
1.04.001A – Prosthetics	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated cross references to Related Policies and Procedures section. Updated references. Refer to policy for details.	Periodic Review and Update Effective 01/01/2023
2.01.021 – Temporomandibular Joint (TMJ) Dysfunction	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT®, CDT and/or HCPCS and ICD-10 code. Updated references. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
2.01.029 – Archived Carbogen Therapy for Idiopathic Sudden Hearing Loss	Updated title. Updated Description section. Updated Policy Guidelines section. Updated Benefit Application section. Report service using appropriate category I CPT® and ICD-10 code. Added cross references to Related Policies and Procedures section. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
2.01.054A – Total Body Photography for Melanoma Risk Monitoring	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Updated cross references to Related Policies and Procedures section. Updated references. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
3.01.004 – Archived Intellectual Disability	Updated title. Updated Description section. Updated Provider Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Updated cross references to Related Policies and Procedures section. Updated references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
6.01.034 – Magnetic Resonance Spectroscopy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT® code and ICD-10 code. Added cross references to	Periodic Review and Update Effective 12/01/2022

	Related Policies and Procedures section Updated references. Refer to policy for details.	
7.01.084 – Spinal Manipulation Under Anesthesia	Updated Description section. Updated Policy Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Updated cross references to Related Policies and Procedures section. Updated references. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
7.01.137 – Oral–Facial Pathology	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate category I CPT® and/or HCPCS and ICD-10 code. Updated cross references to Related Policies and Procedures section. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
8.01.001 – Physical Therapy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications 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 12/01/2022
9.01.003A – Archived Moderate (Conscious) Sedation	Updated title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT® code and ICD-10 code. Updated cross references to Related Policies and Procedures section. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
10.01.002A – Archived Attendance at Delivery	Updated title. Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I CPT® and ICD-10 code. Updated cross references to Related Policies and Procedures section. Added References section. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022
11.01.020 – Archived Salivary Estriol for Assessment of Risk for Preterm Labor	Updated title. Updated Description section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated cross references to Related Policies and Procedures section. Added references. Policy archived. Refer to policy for details.	Periodic Review and Update Effective 12/01/2022

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
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**

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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

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