BlueLink

Medical News & Updates

June 2022 | Volume 24 | Issue 3

Quality

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

Mandates and Legislation

Reminder – Attest/Update Your Provider Data

Important Reminder: Updating your data in CAQH doesn't 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 doesn't satisfy mandate requirements.

--

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. 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

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 CareFirst is addressing administrative burden

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.
- **Coordinating escalated requests** through a single, trusted CareFirst point of contact to the extent possible once the request is elevated to us from the contracted vendor.
- **Investing in electronic solutions,** specifically with FIGmd. We are working to enroll in 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 you can make this process easier

- **Assign someone** within your office to be responsible for championing and responding to medical record requests.
- Have this person **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 communications 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.

We are committed to continuing to improve our business partnership. Other ideas on how CareFirst can reduce the burden associated with record requests can be sent to learning@carefirst.com.

Prior Authorization

Referral Reminders for Federal Employee Program (FEP) and Skilled Nursing Facility (SNF)

At CareFirst, we are working to expedite Care Management (CM) enrollment, including transition times, for our FEP members who require care in a SNF. While our systems have changed, the process for submitting a referral for SNF for FEP PPO members hasn't. Following the process, outlined below, will help your referral be processed in a timely manner and avoid potential delays.

- If you are a provider and are submitting a referral of an FEP member for a SNF, please call the FEP CM intake line at 800-360-7654 and press Option 1. You may also call 202-479-6444, Option 1.
  - Select Option 1 when the request is for FEP CM services, Care Coordination (SNF authorizations) and prior authorization for home hospice. The other options mentioned in the voicemail are NOT directed to the FEP CM Department.

You may also submit your referral via secure email at FEPCaseMgmtUCP@carefirst.com and may include clinical information for review.

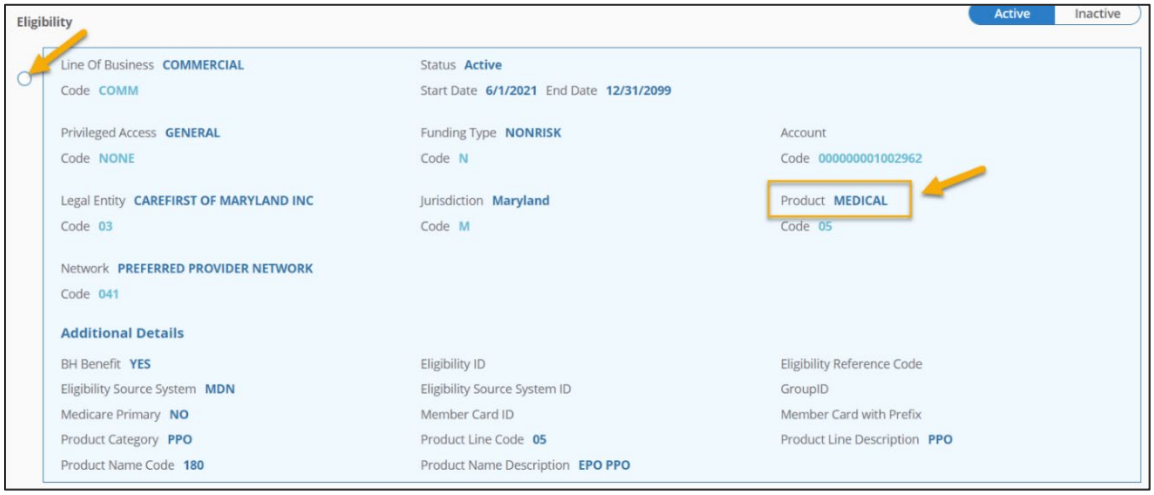
As a reminder, member enrollment in the FEP CM Program is a requirement for all SNF authorizations.

New Prior Authorization/Notification System Best Practices

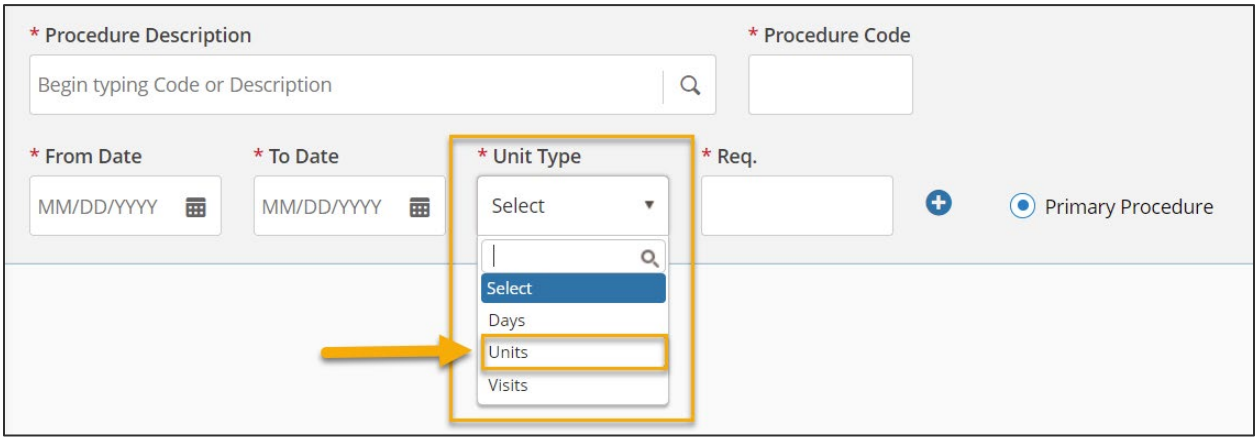
In the April 2021 BlueLink, we reminded you of a few best practices that will help expedite decisions for the authorizations you submit. Here is a recap of those best practices along with a few more to assist:

- **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 that you cannot find a specific code that you need, it could be because you did not select the 'Medical' product.



- **In-Patient Auto-Approval Rules for Days 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 three calendar days
  - **ER DRG:** Up to 10 calendar days
  - **In-Patient Behavioral Health:** Up to five calendar days
  - **Behavioral Health/Substance Use Residential Treatment Center:** Up to 30 days
- **Outpatient Authorizations - Select 'Units' for 'Unit Type' for ALL Outpatient Authorizations:** To ensure MCG auto approval guidelines are trigged for all outpatient authorizations, you should always select 'Units' as the 'Unit Type.' Selecting 'Days or Visits' will cause all authorizations to pend for review, ultimately delaying a decision.



  - **Note:** Auto approval decisions are based on the MCG guidelines for the authorization submitted and are not guaranteed to be granted.
- **Selecting Providers and Facilities Reminder:** When entering Provider and Facility information for

your authorizations, be sure you are selecting correctly based on the field. For example, be sure not to enter 'Facility' in the 'Rendering or Servicing Provider' fields and vice versa. Accurate entry of your authorization information will help avoid approval delays.

- **Submitting Retrospective Authorizations:** Authorizations must be submitted within three calendar days for outpatient requests and within seven calendar days for inpatient requests. The system will not allow you to enter an authorization outside of these guidelines.

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

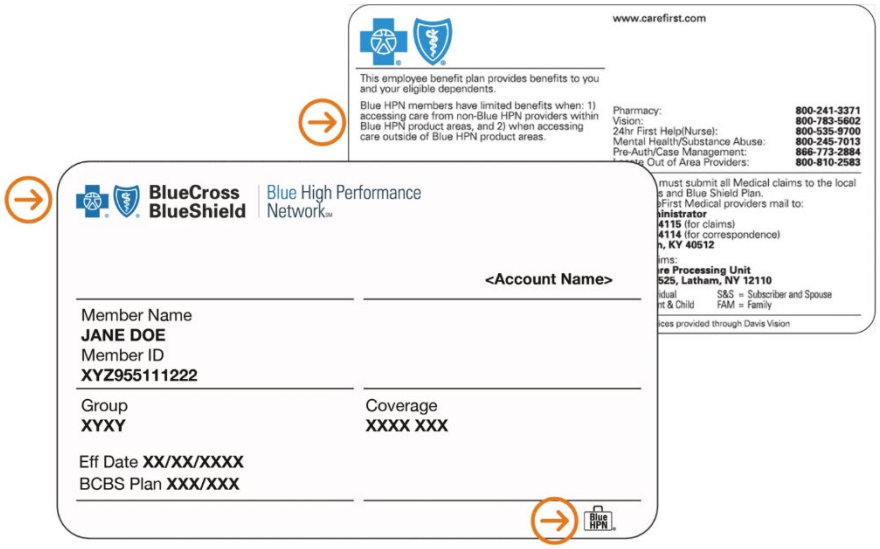
Claims and Billing Reminders

Submit Your Blue High Performance Network℠ (BlueHPN℠) Claims to CareFirst

If you are an in-network CareFirst provider and have a contract with BlueEssential, submit your claims directly to CareFirst. This will ensure that claims are filed and paid in a timely manner.

As a reminder:

- In CareFirst's service area, BlueHPN products are supported by the BlueEssential network.
- If you are a participating BlueEssential provider, you may see BlueHPN members as an in-network provider.
- A BlueHPN patient can easily be identified by their member ID card.
  - The card will feature use of the Association & Blue High Performance Network Logos.
  - "BlueHPN" will be stacked inside the suitcase in the bottom right-hand corner of the ID card.
  - The BlueHPN disclaimer will be on the back of the ID card.



Important Note: only certain providers are considered in-network for BlueHPN members. To find an in-network BlueHPN provider, visit carefirst.com/doctor.

You can find training on the BlueHPN product on our Learning and Engagement Center. Navigate to 'Courses by Topic' and select the 'Products' accordion or by clicking here.

BlueCard Contiguous Counties Claims Filing Reminder

A contiguous area is generally a border county that is one county over from CareFirst's service area. CareFirst can contract with healthcare providers in a contiguous area to serve its members residing or working in CareFirst's service area.

Why we do this?

We want to make sure that members who live in areas that are close to state lines can see healthcare providers that are convenient and accessible.

Claims Filing Guidance

- **Submit the claim to CareFirst** if you provide care to a member from a county bordering CareFirst's service area (MD, D.C. and Northern VA), and you do not contract with that member's Blues Plan.
- **Submit the claim to the Member's Blue Plan** if you provide care to a member of a Blues Plan in a county bordering CareFirst's service area and you contract with both CareFirst and the plan in the bordering area. Submit the claim to the plan in the bordering area.

The claims filing rules for contiguous area providers are based on the terms of the contiguous area contract, which may include:

- Provider location (i.e., which plan service area is the providers office located)
- Provider contract with two contiguous counties (i.e., is the provider contracted with only one or both service areas).
- The member's BCBS plan (i.e., is the member's BCBS plan in a county contiguous to the provider location).
- The member's location (i.e., does the member live or work in the service area covered by their BCBS plan).
- The location of where the services were received (i.e., did the member receive service from a provider located in a county contiguous to the member's BCBS plan).

For additional information on BlueCard, access our BlueCard 101 training or enroll in a live webinar here which 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 our BlueCard 101 training, we have a BlueCard Claims Filing guide to assist you when filing BlueCard claims. Both training resources are available on-demand on our Learning and Engagement Center, 24/7.

Learning and Engagement

Announcing New Course: LGBTQ+ Cultural Competency

CareFirst is committed to amplifying the voices of our diverse community members. As part of this focus, we are taking steps to enhance the quality of care for our LGBTQ+ members.

In honor of Pride Month, and to support these initiatives, CareFirst is proud to announce the release of our LGBTQ+ Cultural Competency course for our healthcare delivery partners. This course focuses on Health Equity and improving the quality of care of historically excluded populations.

Check out the Learning and Engagement Center for additional courses for you, our healthcare delivery partners.

Review the Latest Changes to the CareFirst Provider Manual

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

- Chapter 5: Clarified where PCMH Providers can find information about submitting CPT Category II code
- Chapter 7: Updated our section on clinical programs to show which programs are offered per our lines of business for 2022
- Chapter 10 and 11: Moved all clinical programs information to Chapter 7

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.

Networks

Use the Find a Doctor Tool to Determine Your Network Participation

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
- MA HMO Network
- MA PPO Network

We've also added the following language to the Find a Doctor tool to help you determine if you are a participating DNSP 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 or not 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)

Watch this video to learn how to check your networks using the Find a Doctor tool.

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.

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
▫ HMO—CareFirst BlueChoice Participating Provider Network ▫ PPO—CareFirst Regional Participating Provider Network (RPN) and CareFirst	▫ BlueEssential Participating Provider Network	▫ Medicare Advantage (MA) HMO Network ▫ Medicare Advantage (MA) Group PPO network (effective 1/1/2022)

Existing Networks	Network Expansion	Government Programs
Participating Provider Network		▫ CHPDC Medicaid ▫ CHPMD Medicaid and Medicare Advantage (MA DSNP)

Clinical Corner

Lower Back Pain Imaging—Kevin Schendel, M.D.

Lower back pain is the fifth most common reason for all physician visits.[1] One quarter of adults in the United States have had at least one day of back pain in the past three months.[2] In 2016, Americans spent approximately $380 billion on low back and neck pain, along with other musculoskeletal disorders[3].

Symptoms[4]

To evaluate your patients for lower back pain, look for the red flag symptoms, which may include:

- Progressive neurological deficits (including bladder and bowel control)
- Fever
- Trauma
- Symptoms of severe underlying conditions, like infection or malignancy

Make sure to also evaluate for non-spinal causes of low back pain. These causes may include:

- Pyelonephritis
- Pancreatitis
- Ulcer disease
- Osteoporosis fracture
- Pelvic disease

Treatment

For patients with radicular or neurological symptoms like weakness or numbness, most symptoms will resolve within a few weeks. Most disc herniations will regress in six to eight weeks, with conservative or no treatment.

When to order an image

As a general rule, imaging should be used when noninvasive and conservative measures have failed, and

[1] Choosing Wisely, American Academy of Family Practice, Imaging for Low Back Pain.
[2] NCQA, Use of Imaging Studies for Flow Back Pain, 2021.
[3] Low back and neck pain tops US health spending, 2020. < https://www.healthdata.org/news-release/low-back-and-neck-pain-tops-us-health-spending>
[4] Journal of Orthopedic and Sports Physical Therapy, Nov 2011. Vol 41, pages 838-846.

surgery or therapeutic injections are the next step.

Risks of early imaging

Early imaging in patients with low back pain, in general, does not improve outcomes. A meta-analysis by Chou et al. found no difference in the outcomes between those who had immediate lumbar imaging and those who did not receive early imaging.

Risks of early imaging include:

- Unnecessary radiation exposure, specifically from CT scans and X-rays
- Patient labeling, such as a worsened sense of well-being
- Elevated costs
- Increased surgeries, as documented by Webster et al.

Additional Information

For 2022, CareFirst has continued to support appropriate low back pain imaging as a quality measure in the PCMH program. You can find more information about this measure in the Program Description and Guidelines.

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
1.01.012 - Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders	Updated Policy section. Under Policy Guidelines added 2022 rationale statement. Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.070A - Breast Pumps and Related Supplies	Updated Description section. Report service using appropriate HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22
1.02.015 - Therapeutic Shoes for Individuals with Diabetes	Updated Description section. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22
1.02.025 - Probiotics	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 09/01/22
2.01.051- Extracorporeal Photopheresis	Updated Policy Guidelines. Added Benefit Application section. Added 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 05/01/22
2.02.007 - Mobile Outpatient Cardiovascular Telemetry	Updated Policy Guidelines section. Added Benefit Application 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.	Revision Effective 09/01/22
2.02.008 - Correlated Audio-Electric Cardiography	Updated Description section. Updated Policy Guidelines. Added Benefit Application section. Added 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 05/01/22
6.01.014 - Ultrasound for the Evaluation of Paranasal Sinuses	Updated Description section. Updated Policy Guidelines section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
6.01.033 - Focused Ultrasound Ablation of Uterine Fibroids	Updated Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22
6.01.037 - Radioembolization for Primary and Secondary Malignant Hepatic Tumors	Updated Description section. Updated Policy section. Updated Policy Guidelines. Added 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 05/01/22
7.01.042 - Percutaneous Intracranial Angioplasty With or Without Stent Insertion	Updated Description section. Updated Policy Guidelines section. Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22
7.01.045 - Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	Updated Policy Guidelines section. Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update. Effective 09/01/22
7.01.104 - Percutaneous Ablation of Malignant Tumors of the Lung	Updated Description section. Updated Policy Guidelines section. Added Benefit Application section. Added 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 05/01/22
7.01.109 - Surgical Treatment of Femoroacetabular Impingement	Updated Policy Guidelines section. Added Benefit Application section. Report service using appropriate category I CPT code. Added Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/22
10.01.001A - Clinical Trial Mandates, Maryland and Virginia	Updated Policy section. Added Policy Guidelines section. Updated Benefit Application section. Added Provider Guidelines section. Updated References. Refer to policy for details.	Periodic review and update. Effective 05/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
10.01.011A - Emergency Services: Auto Codes	Updated Description section. Updated Policy section. Updated Policy Guidelines. Updated Provider Guidelines section. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update. Effective 05/01/22
1.01.025A - Cervical Pillow	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 06/01/22
7.01.007 - Electrical Bone Growth Stimulation	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 06/01/22
7.01.032 - Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty	Updated Description section. Updated Policy section. Updated Policy Guidelines 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 09/01/22
7.01.087 - Automatic Implantable Cardioverter Defibrillator (AICD)	Updated Description section. Updated Policy section. Updated Policy Guidelines. Added Provider Guidelines section. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update. Effective 09/01/22
7.01.088 - Vertebral Disc Replacement / Lumbar Disc	Updated Description section. Updated Policy section. Updated Policy Guidelines 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 09/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.091 - Minimally Invasive Intervertebral Disc Decompression Procedures Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)	Updated Policy Guidelines. Added 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 09/01/22
7.01.092 - Interspinous Vertebral Decompression Implantation for Spinal Stenosis	Updated Policy Guidelines. 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 09/01/22
7.01.100 - Cervical Vertebral Disc Replacement	Updated Description section. Updated Policy section. Updated Policy Guidelines. 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 09/01/22
7.01.106A - Robotic-Assisted Surgery	Updated Description section. Updated Provider Guidelines section. Updated Benefit Application section. Updated Provider Guidelines section. Report service using appropriate HCPCS code. Added Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic review and update. Effective 06/01/22
7.01.107 - Neurosurgical Interventions for Cervicogenic Headache / Occipital Neuralgia	Updated Policy Guidelines. Added Provider Guidelines section. Report service using appropriate category I CPT code. Refer to policy for details.	Periodic review and update. Effective 06/01/22
7.01.108 - Platelet Rich Plasma Injection for Musculoskeletal and Orthopedic Surgical Applications	Updated Policy Guidelines. Added Benefit Applications section. Added Provider Guidelines. Report service using appropriate category I CPT and HCPCS code. Updated References. Refer to policy for details.	Periodic review and update. Effective 06/01/22
7.01.146 Genicular Nerve Blocks and Radiofrequency Ablation	Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	New Policy Effective 09/01/22

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.03.005 - Donor Lymphocyte Infusion for Malignancies Treated with an Allogeneic Hematopoietic Stem-Cell Transplant	Updated Policy Guidelines. Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate category I CPT code. Updated References. Refer to policy for details.	Periodic review and update. Effective 06/01/22
8.01.011A - Habilitative Services	Updated Title. Updated Description section. Updated Policy section. Added Policy Guidelines. 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 09/01/22
8.01.017 - Low Level Laser Therapy for Musculoskeletal and Neuromuscular Conditions	Updated Description section. Updated Policy section. Updated Policy Guidelines. 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 06/01/22
11.01.043 - Systems Pathology for Prediction of Recurrence of Prostate Cancer	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. 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 06/01/22
2.01.072A - Telemedicine (Unified Communications)	Updated Provider Guidelines section. Report service using appropriate category I CPT and HCPCS code. Refer to policy for details.	Revision. Effective 06/01/22

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**

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.