BlueLink

Medical News & Updates

October 2022 | Volume 24 | Issue 5

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Mandates and Legislation

Maryland and D.C. Expand Affordability and Access for Members with Diabetes

In 2022, Maryland passed legislation aimed at offering benefits that decrease cost for diabetes treatment. Additionally, the Social Justice and Health Disparities Working Group to the District of Columbia Health Benefit Exchange Authority released guidance aimed at expanding diabetes benefit coverage for those with type 2 diabetes. These changes build upon CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc.'s (CareFirst) enhanced diabetes benefits.

Maryland Insulin Reduction Act

The Maryland Insulin Reduction Act sets a monthly member copay or coinsurance cap for a 30-day supply of insulin at $30. The cap will be applied regardless of the quantity or type of covered insulin used to fill the prescription. CareFirst is applying this change to our 51+ group medical and grandfathered plans. Therefore, CareFirst is updating these plans to have a copay or coinsurance of $30 for a 30-day supply of insulin regardless of the quantity or type. This change is effective starting January 1, 2023.

Note: CareFirst's Maryland ACA plans already meet this requirement. ACA catastrophic young adult plans are excluded.

D.C. Implements Type 2 Diabetic Benefit Changes for ACA Non-HSA Standard Plans

Effective January 1, 2023, all D.C. ACA Non-Health Savings Account (HSA) standard individual and small group plans will cover, at $0 cost-share, select diabetic medical services, labs, prescription drugs and supplies related to the prevention and management of type 2 diabetes.

To be eligible, the member must have a primary diagnosis of type 2 diabetes. The chart below details the covered services and labs. A full prescription and supplies list will be made available later this year.

Covered Services	Allowed Amount per Year
Primary Care Visits	Unlimited
Dilated Retinal Exam	1 visit
Diabetic Foot Exam	1 visit
Nutrition Counseling	Unlimited
Covered Labs	**Allowed Amount per Year**
Lipid Panel	1
Hemoglobin A1C	2
Microalbumin Urine Test	1
Basic Metabolic Panel	1
Liver Function Test	1

Virginia Mental Health Parity Mandate

Due to a recent Virginia mandate, please ensure you are submitting claims with the primary 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 MH/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. 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, 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.

Important Dates and Events

Mark your Calendars

Holiday Closings

- Friday, November 11 – Veterans Day (New for 2022)
- Thursday, November 24 – Thanksgiving Day

- Friday, November 25 – Day after Thanksgiving
- Monday, December 26 – Christmas Day (observed)

Upcoming Live Webinar Events

- Next Professional Quarterly Webinar – 10:00 a.m. on December 13
- Next Institutional Quarterly Webinar – 10:00 a.m. on December 6 and 1:00 p.m. on December 7

Coming Soon

- December 2022: CareFirst On Call updates are now coming in December (previously planned for November). Please review the email communication for more details.
- Early 2023: A new and improved interface for Provider Directory Updates and Attestations (commercial network only) is in development for an early 2023 release. More details and training will be made available as we get closer to the launch.

Administrative Support

Coming Soon—New Provider Payment Policy Database

Our mission at CareFirst is to make healthcare more affordable and accessible, and that includes being more transparent with our healthcare delivery partners.

Coming this November, CareFirst will be launching a new Provider Payment Policy Database on our website for commercial lines of business. You can find the provider payment policy in the same section as our medical policy.

The documented policies scheduled to be released later this year reflect current payment policies, and there are no changes to payment outcomes due to the documentation of these policies at this time. Where applicable, we will update the Medical Provider Manual with references to these policies on an as needed basis.

Please note that CareFirst is still building the payment policy database and additional policies will be added as applicable.

Looking for Support?

We know you are busy and want to find answers to your questions quickly. Our new "Looking for Support" page pulls together common requests from providers and shows you where you can get the information needed. Topics include:

- Credentialing,
- Updating Provider Data,
- CareFirst Direct Access,
- Eligibility, Benefits and Claims Status,
- Claims Questions,
- 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.

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 www.carefirst.com/providerlogin. Inquiries are informal and not subject to official state laws that govern appeals procedures.

How do I submit a Claim Inquiry?

For detailed instructions, access our Claim Inquiries in CareFirst Direct training. This course provides step-by-step instructions of the process highlighting the differences for FEP and Facets claims vs. NASCO and BlueCard claims.

Best Practices

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 under the CareFirst Direct heading.
  - 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, dispute, appeal, rereview or disagree. This language indicates you would like to appeal the decision vs. ask a question through the claims inquiry process. For more information on how to submit an appeal, please refer to Chapter 5 "Claims, Billing and Payments" in the Provider Manual.
- FEP Inquiries: 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 corrected claim or appeal instead. Training resources to help you determine which course of action is appropriate can be found here.

Updated BlueChoice Exception List

We've recently updated the BlueChoice Procedure Code Exception Charts list with two additional codes: 78430 and 78431. You can find the updated list at carefirst.com/providerguides and select Procedure Code Exception Charts.

New Utilization Management Form

Our Utilization Management team recently consolidated two forms into one form to make it easier for providers to request an authorization.

The Pre-Service Review Request for Authorization form and the Post-Acute Care form have been combined into one form titled Utilization Management Request for Authorization. The original two forms have been removed from the provider website. Please use the new Utilization Management form going forward. You can find it at carefirst.com/providerforms.

The provider manual has also been updated with this change, along with updating references of 'Hospital Transition Coordinator' to 'Utilization Management Specialist.'

CareFirst Provides Update on ClaimsXten® Edits

In the April 2022 BlueLink, CareFirst notified you about upcoming ClaimsXten edits that would be implemented in June. And in the August 2022 BlueLink, we notified you that certain claims for out-of-area members would continue to adhere to the post-payment claim audits.

As a reminder, all ClaimsXten edits communicated in the April 2022 BlueLink have been implemented 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.

For claims or member-specific questions, please contact Provider Service at the number listed on the back of the member's identification card.

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 Blues 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 provider's office located).
- Provider contract with two contiguous counties (i.e., is the provider contracted with only one or both service areas).
- The member's BlueCross BlueShield (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 BlueCard Claims Filing guide. Both resources are available on-demand on our Learning and Engagement Center, 24/7.

Prior Authorization

Medications Added to Prior Authorization and Site of Care Management Lists—Effective January 1, 2023

Effective January 1, 2023, 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 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.

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
Alymsys	Oncology
Amvuttra	Amyloidosis
Byooviz	Ocular
Camcevi	Hormonal Therapies
Cimerli	Ocular

Pemfexy	Oncology
Synojoynt	Osteoarthritis
Zynteglo	Gene therapy

Site of Care Management Additions

Coverage for these medications at an outpatient hospital setting will be approved only if medical necessity criteria are met at the time of prior authorization. Members have the option 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.

Drug Name	Drug Class
Amvuttra	Amyloidosis
Opdualag	Oncology

How to Request Prior Authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at www.carefirst.com/providerlogin and navigating to the Pre-Auth/Notifications tab. Training resources for entering prior authorizations are available on our Learning and Engagement Center.

As a reminder, the following specialties/scenarios are out-of-scope and do not require prior authorization for medications covered under the medical benefit:

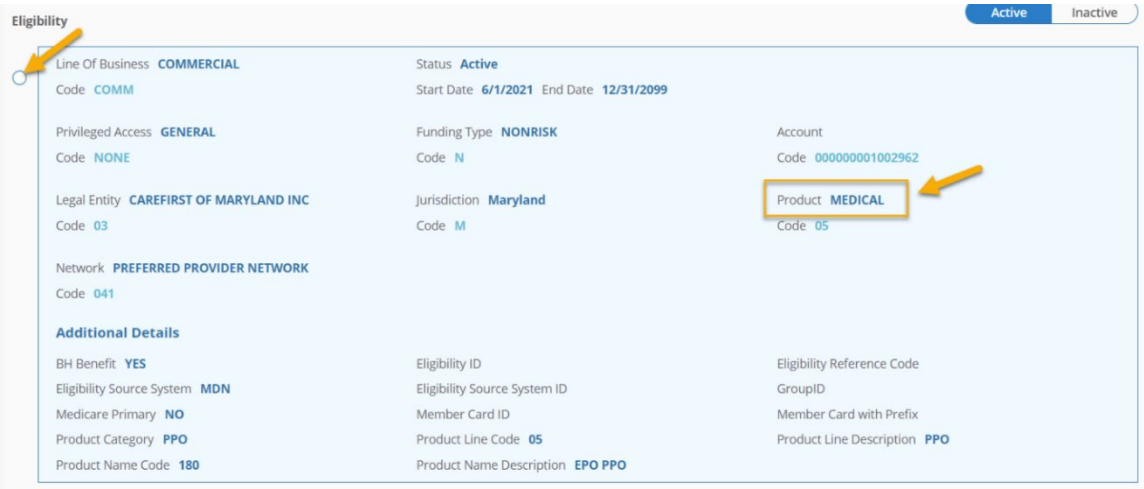
- Ambulatory Surgery Centers
- Birthing Centers
- Dialysis
- Emergency Room
- Home Health Agencies
- Hospice
- Lithotripsy
- Inpatient Hospital Stay
- Mental Health Facilities & Halfway Houses
- Outpatient Department during Surgery
- Patients in Observation
- Skilled Nursing Facilities

New Prior Authorization/Notification System Best Practices

In the April, June, and August 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.

- **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.
    - ***To assist, the Medical product should now show up as the first option on all your requests.***

- 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.

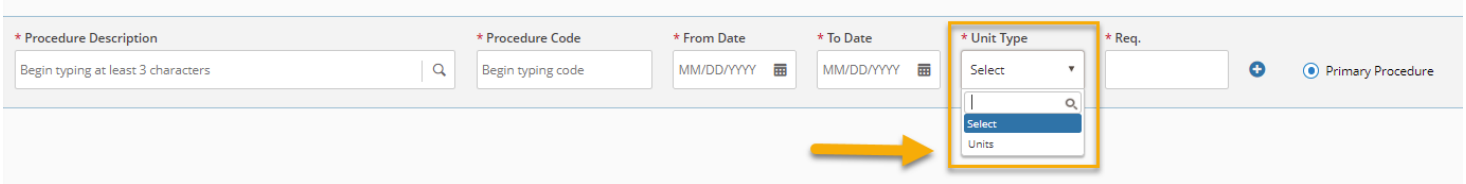


- **In-Patient Auto-Approval Rules for Days on Initial Request:** Following the rules outlined below for your initial patient admissions will trigger auto-approvals for your requests. Additional days can be added through the concurrent review process.

MD Hospital ER Admission	DRG Hospital ER Admission	In-Patient Behavioral Health Admission	Behavioral Health/Substance Use Residential Treatment Center
Up to three calendar days	Up to 10 calendar days	Up to five calendar days	Up to 30 calendar days

  - ***Important Note:*** *Any days added to your request above what is detailed here will cause your request to be placed in pending status, ultimately delaying a decision. Request review timelines may vary and are based on applicable NCQA, state and federal requirements.*

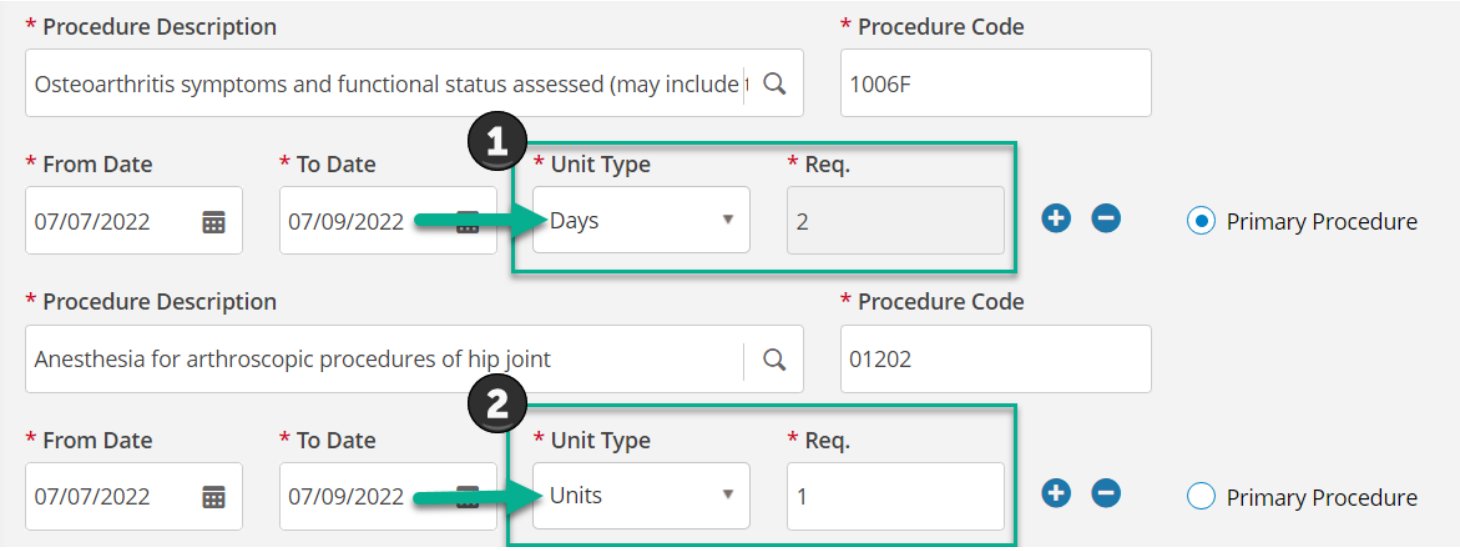
- **Outpatient Authorizations—Select 'Units' for 'Unit Type' for ALL Outpatient Authorizations:** To ensure MCG auto approval guidelines are triggered for all outpatient authorizations, you now only have the option to select 'Units' as the 'Unit Type.'
  - You should enter 'Units' based on your authorization type. For example, if you are entering an authorization for PT, OT or ST, the number of units you enter should be equivalent to the number of sessions or visits the patient needs.



  - **Note:** Auto approval decisions are based on the MCG guidelines for the authorization submitted and are not guaranteed to be granted.

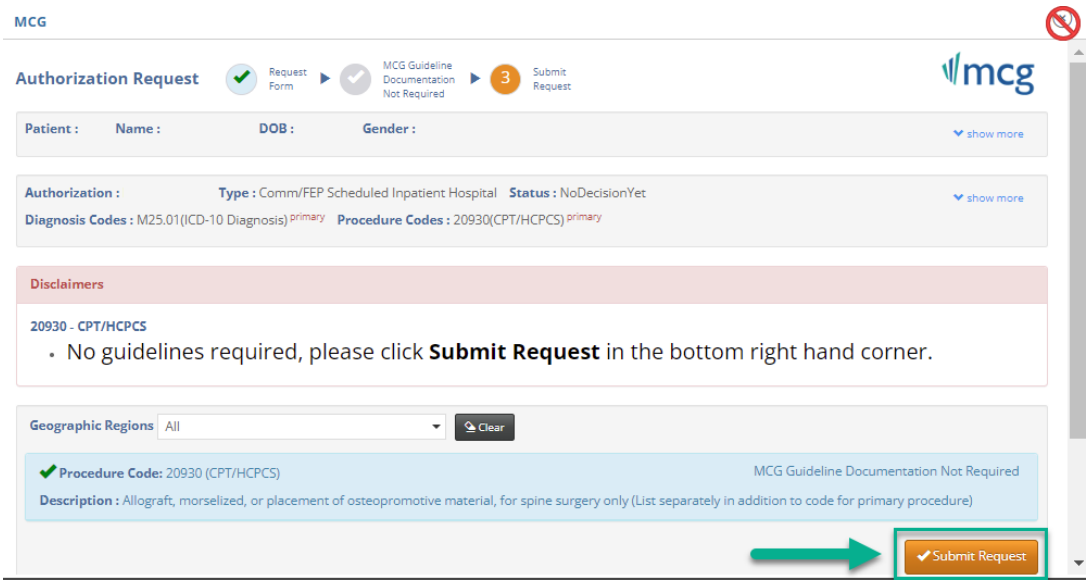
- **Inpatient Authorizations—'Unit Type' Guidelines:** 'Days' must be selected as the 'Unit Type' for the

first line of service (i.e., the first procedure code) for all inpatient authorizations. If you need to add additional procedure code lines, then you must 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.

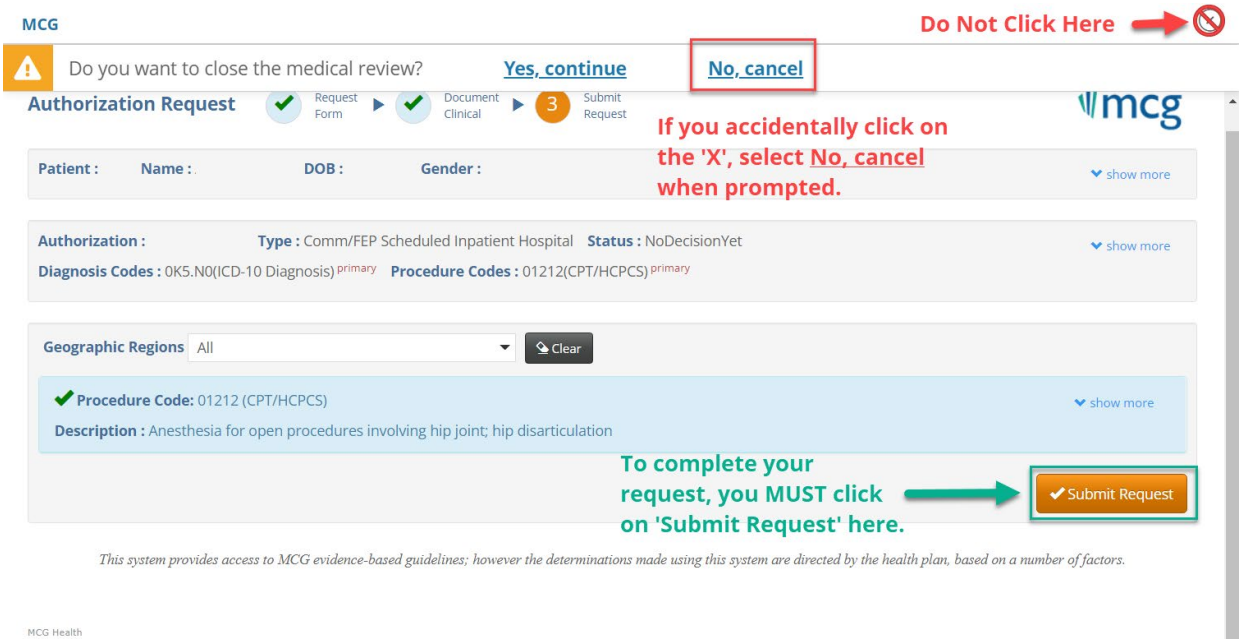


- **Note:** Procedure codes displayed here are for example purposes only.

- **MCG Interface Guidance—Ensure you select 'Submit Request':** 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.

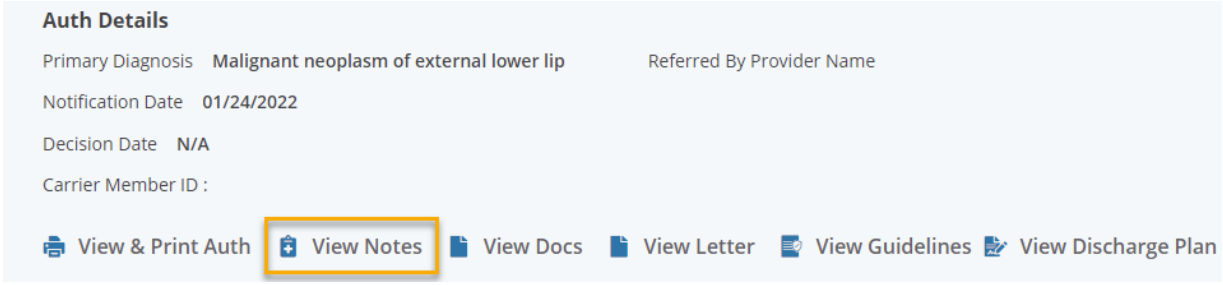


- **Do Not Click the X on the MCG Interface:** If you close the MCG interface using the 'X' in the upper right corner and select 'Yes—continue' when the message indicated below is populated, your authorization will automatically pend for review and any information selected within MCG could be lost, causing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

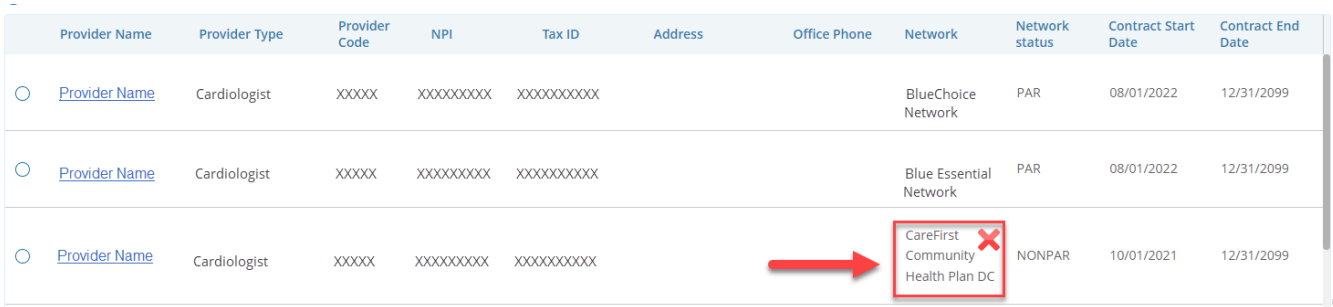


- Need additional guidance for the MCG Interface? Click here for a step-by-step walk through.

- **Is your authorization in a pending status?**
  - Be sure to check the 'View Notes' section of the authorization for additional information from the Utilization Management team.



  - Click on the Messaging function to check if additional information is being requested. If you need help, access our Viewing and Responding to Messages course.
  - **Refrain from Selecting CFCHP DC Medicaid Provider for Commercial Members**:
  - When searching for providers to add to your authorization requests for Commercial Members, please double check to make sure you are not selecting the CareFirst Community Health Plan DC Medicaid network Providers. You can confirm this in the Advanced Search under the Network heading. These providers should only be selected for DC Medicaid Members.



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

Learning and Engagement

It's Here! The Newly Redesigned On-Demand Training Webpage

Have you seen our redesigned on-demand training webpage? This page was redesigned to be more reflective of provider types and specializations. You can now find eight different course suites that focus on the following topics:

- CareFirst Essentials
- Insurance Basics
- Practice & Payment Transformation
- Quality Improvement
- Institutional (Coming soon)
- Professional (Coming soon)
- Ancillary
- Dental

Visit carefirst.com/learning to review the changes.

Register for Provider Profile Score Training

CareFirst will be hosting two training webinars to help you learn more about the Provider Profile Score. Register for one of the sessions listed below. Both sessions will cover the same content. In the meantime, review our Provider Profile Score Methodology document.

- Noon on Nov. 1
- Noon on Nov. 17

Like Us? Follow Us on Social Media

Did you know that CareFirst has a social media presence? When you follow us, you will learn about different care management programs, ways we are promoting health equity, training and more. Give us a follow!

You can find us at the following channels: Facebook, LinkedIn, Instagram and Twitter

Networks

Are you In Network? Use the Find a Doctor Tool to Find Out

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 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 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 (HMP-SNP)

Need Help?

Access the following courses on our Learning and Engagement Center for assistance:

- CareFirst Networks (All about our networks for medical products)
- How to Determine Which CareFirst Networks You Are In

Clinical Corner

A PCMH Perspective on Attention Deficit/Hyperactivity Disorder—Kevin Schendel, M.D.

Attention Deficit/Hyperactivity Disorder (ADHD) is a mental health disorder that includes a combination of persistent problems such as difficulty paying attention, hyperactivity and impulsive behavior.[1] ADHD affects 4-5% of adults. Adults with ADHD often have trouble paying attention to details and are unorganized at work and at home. They often have problems finishing and staying on tasks. Every adult who has ADHD had it as a child.[2] These symptoms usually appear before age 12.

Physicians should diagnose adult patients by conducting a good physical exam and reviewing the patient's medical history. There are several rating scales to help diagnose ADHD. Many physicians use the Adult-ADHD-RS-IV with Adult Prompts to screen. This is an 18-item scale based on the DSM-IV TR criteria for ADHD.

There are several medical conditions that can mimic ADHD, including thyroid disease, mood disorders, anxiety, bipolar depression and substance use disorders. Certain medications, including steroids, antihistamines, anticonvulsants, and caffeine can also produce symptoms that mimic ADHD.

While researchers do not fully understand the cause of ADHD, we do know that genetics are often a factor. Patients who have ADHD may also have the following common co-morbidities: depression, anxiety and substance use disorder.

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[1] NIH 2021 ADHD in Adults
[2] WebMD 2021 Attention Deficit Disorder in Adults, Cleveland Clinics, ADHD 2021 Update

Treatment for ADHD includes medications such as stimulants, antidepressants and atomoxetine. Cognitive therapy can help, as well. Prescribing stimulants requires monitoring for patient misuse or diversion. Physicians should use a controlled substance agreement, random urine testing, and even pill counts to monitor stimulant use.

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 Federal Employee Program, 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.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.002 - Air Fluidized Beds	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. Updated References. Refer to policy for details.	Periodic Review and Update. Effective 09/01/2022
1.01.005 - ARCHIVED H-Wave Electrical Stimulation Devices for Home Use	Updated Title. Updated Description section. Updated Policy Guidelines section. Added Provider 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 01/01/2023
1.01.029A – ARCHIVED Dehumidifier / Humidifier	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Policy archived. Refer to policy for details.	Periodic Review and Update. Effective 09/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.035A – ARCHIVED Lumbar Roll Cushion	Updated Title. Updated Description section. Report service using appropriate HCPCS 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 09/01/2022
1.01.051A – Seat Lift Mechanisms	Updated Description section. Updated Policy section. Updated Benefit Applications section. Updated Provider Guidelines. Report service using appropriate HCPCS and ICD-10 code. Added References section. Policy Archived. Refer to policy for details.	Periodic Review and Update. Effective 09/01/2022
1.02.009A – ARCHIVED Casting and Splinting Supplies	Updated Title. Updated Description section. Updated Policy section. Report service using appropriate HCPCS and ICD-10 code. Added Updated Cross References to Related Policies and Procedures section. Updated References. Policy archived. Refer to policy for details.	Periodic Review and Update. Effective 09/01/2022
2.01.001 - ARCHIVED Idiopathic Environmental Intolerances	Updated Title. Updated Description section. Updated Policy Guidelines section. Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate HCPCS 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 09/01/2022
2.01.009 - Tilt Table Test	Updated Description section. Updated Policy Guidelines section. Added Benefit Applications 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 09/01/2022
2.01.050A - Professional Nutritional Counseling	Updated Title. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Report service using appropriate CPT and ICD-10 code. Refer to policy for details.	Revision Effective 09/01/2022
3.01.011A - Autism Spectrum Disorders (Virginia Mandate)	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated References. Refer to policy for details.	Periodic Review and Update.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
		Effective 09/01/2022
7.01.140 - Intraosseous Basivertebral Nerve Ablation (Intracept)	Updated Policy Guidelines section. Added Benefit Application section. Added Provider Guidelines section. Report service using appropriate category I CPT and ICD-10 code Updated References. Refer to policy for details.	Periodic Review and Update. Effective 09/01/2022
10.01.008A - Surgical Assistants	Updated Description section. Updated Policy section. Updated Provider Guidelines section. Updated Benefit Application 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. Refer to policy for details.	Periodic Review and Update. Effective 09/01/2022
1.01.007 - Home Apnea Monitoring for Infants	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Provider Guidelines section. Report service using appropriate category I CPT code and ICD-10 code. Updated Cross References. Updated References. Refer to policy for details.	Periodic Review and Update. Effective 10/01/2022
1.01.031 - ARCHIVED Fracture / Traction Frames and Associated Equipment	Updated Title. Updated Description section. Report service using appropriate HCPCS 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 10/01/2022
1.01.032A - ARCHIVED Heating Pad	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS 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 10/01/2022
1.01.036A - ARCHIVED Massage Devices	Updated Title. Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS 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 10/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.047A - ARCHIVED Sphygmomanometer and Stethoscope	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 10/01/2022
1.02.017A – ARCHIVED Protective Wear	Updated Title. Updated Description section. Updated Policy 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 10/01/2022
1.02.021A – ARCHIVED Exercise Equipment	Updated Title. Updated Description section. Updated Policy section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Added Reference section. Policy archived. Refer to policy for details.	Periodic Review and Update. Effective 10/01/2022
2.02.014 - Long Term Wireless Ambulatory Cardiac Rhythm Monitoring	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision. Effective 10/01/2022
6.01.002 - Bone Mineral Density Studies	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision. Effective 10/01/2022
7.01.080 – ARCHIVED Transpupillary Thermotherapy	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Benefit Applications section. Added 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 10/01/2022
8.01.015 - ARCHIVED Monochromatic Infrared Energy (MIRE) Therapy	Updated Title. Updated Description section. Updated Policy Guidelines section. Updated Provider Guidelines. Report service using appropriate Category I CPT, 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 10/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
10.01.007A - Private Room	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Provider Guidelines section. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic Review and Update. Effective 10/01/2022

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**
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