

BLUELINK

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Administrative Support

Need to Find a Phone Number?

Do you have a question for provider service but don't know the number to call? Check out the [Provider Quick Reference Guide](#), which includes contact information for Individual and Group Medicare Advantage. You can find this guide and others at carefirst.com/providerguides.

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. Group Hospitalization and Medical Services, Inc., and First Care, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst BlueCross BlueShield, CareFirst MedPlus, and CareFirst Diversified Benefits are the business names of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The aforementioned legal entities (excepting First Care, Inc. of Maryland), CareFirst BlueChoice, Inc., and The Dental Network, Inc., are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. CareFirst of Maryland, Inc. CareFirst Community Partners, Inc. and The Dental Network, Inc. underwrite products in Maryland only.

Take Advantage of our Self-Service Tools for Common Requests

At CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively “CareFirst”), we understand that providers are busy and need answers quickly. You can find most of what you need online at CareFirst Direct, or by using our Interactive Voice Response (IVR), CareFirst on Call.

You can access the following information using self-service tools:

Function	CareFirst Direct	CareFirst on Call (IVR)	Applicable Training
Eligibility and Benefits	X	X	Checking Eligibility and Benefits in CareFirst Direct CareFirst on Call
Benefit Accumulations <i>(like maximums and deductibles)</i>	X	X	Checking Eligibility and Benefits in CareFirst Direct CareFirst on Call
Claims Status and Denial Reasons (line by line)	X	X	Checking Claim Status in CareFirst Direct CareFirst on Call
Claim Numbers	X	X	Checking Claim Status in CareFirst Direct CareFirst on Call
Ability to submit Claims Inquiries	X		Claims Inquiries in CareFirst Direct
View Remittances/NOPs <i>(requires access from your Portal Admin)</i>	X		How to Read NOPs for Medical Providers Electronic Remittance (835) for Medical Providers
View Membership ID Cards	X		Checking Eligibility and Benefits in CareFirst Direct
View PCP Information <i>(when available)</i>	X		Checking Eligibility and Benefits in CareFirst Direct

Function	CareFirst Direct	CareFirst on Call (IVR)	Applicable Training
Obtain Transaction IDs	X	X	CareFirst on Call <i>Note: Transaction IDs are available within CareFirst Direct for all actions performed.</i>
Receive Verification/Information via Fax		X	CareFirst on Call
View Fee Schedules (requires access from your Portal Admin)	X		Fee Schedules in CareFirst Direct

You can find additional training on our [Learning and Engagement Center](#). On this site, you have access 24/7 to on-demand modules about CareFirst Direct, Claims and more. Visit carefirst.com/learning to access the training on your time. In addition, you can access these Quick Reference Guides for CareFirst on Call (IVR) to assist with navigation – [CareFirst on Call: Professional Providers](#) and [CareFirst on Call: Institutional Providers](#).

If you are still having trouble finding what you are looking for, check out our [Looking For Support?](#) webpage. This page gathers common requests in one place, so you can easily find what you are looking for. Visit carefirst.com/providersupport for more information.

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Reminder: Review and Respond to Medical Retrieval Requests

Each year, CareFirst is required to participate in several medical record retrieval requests to report certain information about the health status of identified members. These members may not have been evaluated and/or treated during the past year.

The purpose of these requests is to provide the Centers for Medicare and Medicaid Services (CMS) with a better understanding of the data that they receive regarding disease prevalence, coding interpretation and variances across the country.

We recognize the burden these mandatory requests place on your practice and are working to minimize unexpected requests by streamlining processes. To start, we are providing you with a snapshot of each anticipated retrieval period, and you may receive outreach letters tied to the campaigns listed below:

Retrieval Period	Lines of Business	Retrieval Period	Vendor	CMS Submission Deadline
ACA 2022 Risk Adjustment retrospective	Commercial	January 2023–April 2023	Change Healthcare	May 1, 2023

Retrieval Period	Lines of Business	Retrieval Period	Vendor	CMS Submission Deadline
chart retrieval				
HEDIS Quality 2022 Measure chart retrieval	Commercial	January 2023–April 2023		June 15, 2023
DSNP 2021 risk adjustment chart retrieval	Medicare Advantage	October 2022–January 2023		July 31, 2023
MAPD 2021 risk adjustment chart retrieval	Medicare Advantage	October 2022–January 2023	Episource	July 31, 2023
HEDIS Quality 2022 Measure Chart Retrieval	Medicare Advantage Medicaid	February 2023–April 2023	CareFirst HEDIS team	June 15, 2023

Please send requested records directly to the contact information listed in the letter(s) you receive.

Due to CMS requirements, this information is extremely time-sensitive. Please respond within **15 days** of receiving the original request.

Refer to the [December 2022 email](#) for more information.

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Top Stories

Stay in Control of Your Data with our Self-Service Tool

Per Federal law, professional providers in our Commercial and Medicare Advantage networks are required to attest/update their directory information every 90 days. You can find information about attesting/updating your data by going to our [Update Practice Information](#) webpage.

Important Reminder: Updating your data in CAQH doesn't satisfy the requirement to update/attest your provider directory information. You must also attest/update your directory information directly with CareFirst.

Why do I need to keep my information updated?

Correct provider and practice information is essential to doing business with CareFirst. When you update and maintain accurate data in our system, it:

- Allows members to locate you (and your practice) more easily.
- Allows us to process your claims more quickly and accurately.

- Results in more accurate delivery of mail and email notifications.
- Satisfies your legal obligation to keep your data updated.
- Prevents your provider directory listing from being removed.

Is there an update to the self-service tool?

Earlier this month, CareFirst shared that we are delaying the launch of our new self-service tool as well as the previously planned downtime. You can continue to utilize the current self-service tool in the CareFirst Provider Portal to complete your provider directory updates and attestations.

While we await the launch of the new tool, please continue to keep your data accurate with us.

What should I do next?

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.

Important Reminder: Please be sure to update/attest your data **AFTER** you register for CareFirst Direct. Registering for our Provider Portal doesn't satisfy the 90-day requirement.

If you need additional assistance with attesting/updating your data, review the [Provider Directory Updates and Attestation Course](#) on the [Learning and Engagement Center](#).

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Transplant Codes Now Require Prior Authorization

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 utilization.

Effective July 1, the following transplant codes now require prior authorization:

- 38205
- 38207
- 38208
- 38209
- 38210
- 38211
- 38212
- 38213
- 38214
- 38215
- 38220
- 38221
- 38230
- 38240
- 38242
- 38243
- S2140
- S2142

This requirement applies to all commercial lines of business including the Federal Employee Program (FEP).

For more information on prior authorizations, access our [Pre-Cert/Pre-Auth](#) page on [provider.carefirst.com](#). For assistance submitting a prior authorization, check out our on-demand training modules on the 'CareFirst Essential' page on the [Learning and Engagement Center](#). Visit [carefirst.com/learning](#) for more information.

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Attended Sleep Study Prior Authorization Update

CareFirst is excited to announce that starting May 1, 2023, providers will have the opportunity to get real time decisions for prior authorization requests for attended sleep studies using MCG criteria upon submission of a prior authorization request.

Upon submission of the prior authorization request and completion of the criteria within the MCG user interface, providers will receive an instant prior authorization decision if medical necessity criteria for an attended sleep study is met. If medical necessity is not met, the prior authorization request will pend and need to be reviewed by the CareFirst Utilization Management team for decisioning.

Integrating the MCG criteria into the prior authorization request process will allow review of medically necessary attended sleep study prior authorization requests to occur in an expedited manner for both the provider and the member.

The following codes are impacted by this change:

- 95805
- 95807
- 95808
- 95810

To access on-demand training on how to navigate the MCG interface within Altruista, click [here](#). For additional training and resources available on Authorizations, please access our [Learning and Engagement Center's On-Demand Training](#) page.

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

Effective July 1, 2023, the medications below will be added to the list of drugs subject to our prior authorization and site of care management lists. 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 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.

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
Adstiladrin	Oncology
Altuviiio	Hemophilia
Briumvi	Multiple Sclerosis
Elahere	Oncology
Fylnetra	Neutropenia
Hemgenix	Hemophilia
Lamzede	Lysosomal Storage Disorder
Rolvedon	Neutropenia
Skyrizi	Autoimmune Disease
Skysona	Neurological Disorders
Spevigo	Psoriasis
Stimufend	Neutropenia
Tzield	Diabetes
Vegzelma	Oncology
Xenpozyme	Lysosomal Storage Disorder

Site of care management additions

Coverage for these medications in an outpatient hospital setting is approved when medical necessity criteria are met. If medical necessity is not met, members will have the opportunity to receive their infusion at a more cost-effective and convenient alternate site, including their home, an ambulatory infusion center or a physician's office.

Drug Name	Drug Class
Briumvi	Multiple Sclerosis
Lamzede	Lysosomal Storage Disorder
Xenpozyme	Lysosomal Storage Disorder

How to request prior authorization

Providers may submit a prior authorization online by logging into the Provider Portal at carefirst.com/provider 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

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Medical Preferred Drug Strategy Update: July 1, 2023

Effective July 1, 2023, the preferencing strategy for select medications covered under the medical benefit will be updated. When medically appropriate, the preferred medications listed in the chart below will need to be tried first before a non-preferred medication can be covered.

*Indicates update for July 1, 2023

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
<i>Acromegaly</i>	Signifor LAR Somavert	Sandostatin LAR Somatuline Depot
<i>Alpha-1 Antitrypsin Deficiency</i>	Aralast Glassia Zemaira	Prolastin-C
<i>Autoimmune Infused/Other</i>	Actemra Cimzia Orencia	Entyvio Illumya Simponi Aria Stelara
<i>Autoimmune Infused Infliximab</i>	Remicade Infliximab	Avsola Inflectra Renflexi
<i>Avastin/Biosimilars (Oncology)</i>	Avastin	Mvasi Zirabev
<i>Botulinum Toxins</i>	Myobloc	Botox Dysport Xeomin

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
<i>Breast Cancer- MAb</i>	Margenza	Enhertu Kadcyla Perjeta Phesgo
<i>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</i>	Epogen Mircera Procrit	Aranesp Retacrit
<i>Hemophilia – Factor VIII- Long Acting</i>	Esperoct	Adynovate Eloctate Jivi
<i>Hemophilia- Factor VIII Recombinant</i>	Recombinate	Advate Afstyla Kogenate Kovaltry Novoeight Nuwiq Xyntha
<i>Hemophilia – Factor IX Recombinant</i>	Benefix Ixinity Rixubis	Alprolix Idelvion Rebinyn
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Granix Leukine Neupogen	Nivestym Releuko Zarxio
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Neulasta syringe	Fulphila Nyvepria Udenyca Ziextenzo
<i>Hereditary Angioedema</i>	Berinert Amvuttra*	Ruconest
<i>Hereditary Transthyretin Amyloidosis</i>	Tegsedi	Onpattro
<i>Lysosomal Storage Disorders – Gaucher Disease</i>	Cerezyme VPRIV	Elelyso

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
<i>Multiple Myeloma Proteasome Inhibitors</i>	Kyprolis	Ninlaro Velcade
<i>Multiple Sclerosis (Infused)</i>	Lemtrada	Ocrevus Tysabri
<i>Paroxysmal Nocturnal Hemoglobinuria (PNH)</i>	Empaveli	Soliris Ultomiris
<i>Osteoarthritis, Viscosupplements – Single Injection</i>	Durolane Gel-One Synvisc-One	Monovisc
<i>Osteoarthritis, Viscosupplements – Multi Injection</i>	Gelsyn-3 GenVisc 850 Hyalgan Hymovis Supartz FX Synvisc TriVisc Visco-3	Euflexxa Orthovisc
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</i>	Camcevi* Lupron Depot Trelstar Zoladex	Eligard
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</i>	Firmagon*	
<i>Retinal Disorders Agents</i>	Eylea Lucentis	Avastin Byooviz
<i>Rituximab</i>	Rituxan Rituxan Hycela	Truxima Riabni Ruxience
<i>Severe Asthma</i>	Cinqair	Dupixent Fasenra Nucala Tezspire Xolair

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta	Herzuma Kanjinti Trazimera Ogivri Ontruzant
<i>Spinal Muscular Atrophy</i>		Zolgensma

Why the change?

CareFirst's Medical Preferred Drug Strategy supports utilization of preferred medications which are equally safe and clinically effective as non-preferred medications and leverages lower drug costs associated with biosimilar therapies to manage cost.

What this means for impacted patients

- If a patient is taking a non-preferred medication, they can continue to take that medication until the current prior authorization expires.
- If a patient needs to continue medication therapy with the non-preferred medication, their doctor can submit a new prior authorization upon the expiration date of the current prior authorization.
- The new prior authorization may result in an approval for an alternative, preferred medication, which is as clinically effective and safe as the non-preferred medication.
- If their doctor believes the non-preferred medication must be continued, their doctor can submit information within the new prior authorization request to obtain a medical necessity exception.

How to request a prior authorization

Providers may submit a prior authorization by logging in to the Provider portal at carefirst.com/provider and navigating to the Pre-Auth/Notifications tab.

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Hypertension Virtual Care Pilot Ending May 31

On May 31, 2023, CareFirst will discontinue its Hypertension Virtual Care pilot. This program was available to select patients with a primary hypertension diagnosis.

Our vendor, Onduo, is contacting all CareFirst members with hypertension who were enrolled in the program. Pilot participants will be able to retain their blood pressure cuffs and have been advised to continue to see their regular physician and other members of their care team.

Effective immediately, patient's with uncontrolled hypertension who would benefit from care management may be sent to clinicalnursecoordinator@carefirst.com. Please make sure to include 'Onduo HTN' in the subject line.

CareFirst will continue to work with Onduo to support members with uncontrolled type 2 diabetes, through our Diabetes Virtual Care program.

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In the Spotlight

CAHPS® On-Demand Course Now Available

In [February](#), we shared some information with you about the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey that was sent out CareFirst members.

Many of the questions on the CAHPS survey focus on a member's experience with their personal doctor, which provides valuable insight into how your patients perceive the care they receive from you. This feedback can then be used to shape your organization's strategy to enhance the provider-patient relationship, expand access to needed care, and improve patient outcomes.

We are pleased to share that in addition to this [resource](#) provided in February that outlines a few quick and easy ways to make an immediate impact on your patients' experience and on their responses to the CAHPS survey, we now have a comprehensive on-demand course available for you to access as well.

Where can I access this course?

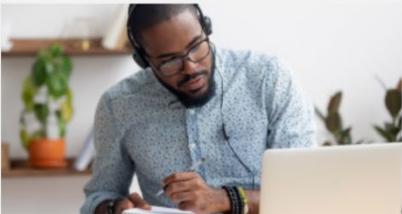
You can access the course on our [Learning and Engagement Center](#) website or directly [here](#). It only takes about 15 minutes to complete and covers an overview of the CAHPS survey with a focus on provider influenced CAHPS measures. We hope you will take advantage of this additional resource.

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Noteworthy

New Features Added to the Learning and Engagement Center

CareFirst has added new features to the Learning and Engagement Center home page that allow you to give feedback and request training directly from our team.

		
<p style="text-align: center;">Give Feedback</p> <p>Please let us know if you have any ideas for training or ideas how to improve the Learning and Engagement Center.</p> <p style="text-align: center;">Give Feedback</p>	<p style="text-align: center;">Create a Personalized Training Plan</p> <p>Want a customized course roadmap? We've got you covered. Select the button below and take our quiz to generate your personalized course list.</p> <p style="text-align: center;">Create Training Plan</p>	<p style="text-align: center;">Request Training</p> <p>Need in-depth training on specific topics? Our team is here to help you.</p> <p style="text-align: center;">Request Training</p>

Head to carefirst.com/learning and scroll to the bottom of the page. Use the '[Give Feedback](#)' link to suggest new ideas or request in-depth training from our team using the '[Request Training](#)' option.

We have also updated our [course generator](#), so you are able to create an updated, personalized training plan that includes all our newest courses!

Check out the latest courses.

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:

Course Name	Description
Behavioral Health Webinar: Substance Use Disorder in Adolescents	Learn how some therapeutic models could prove useful and effective for treating your adolescent patients
Behavioral Health Webinar: Trauma Informed Care	Learn about the link between trauma and substance use disorders, and how to create evidence-based practices that support the healing process for patients who have been impacted by trauma and substance use disorder.
CareFirst Administrators (CFA)	Describes who CFA is, how it operates in the Third-Party Administrator space, the services it provides, how to identify its members and file claims and the CFA BlueChoice Advantage Hybrid product
CareFirst Direct for PCMH Providers	An overview of utilizing CareFirst Direct as a PCMH Provider
Clinical Quality Scorecard: Adult	An overview of the Adult Clinical Quality Scorecard (QSC)
Core 10: An Overview	An introduction to the Core 10 measures found within the Adult PCMH Program
Core 10: Population Health Measures	A deep dive into the population health measures found within the Adult Core 10 measures
Core 10: Event-Based Measures	A deep dive into the event-based measures found within the Adult Core 10 measures
Core 10: Risk Adjusted Measures	A deep dive into the risk adjusted measures found within the Adult Core 10 measures
Core 10: Survey Measures	A deep dive into the survey measures found within the Adult Core 10 measures
Improving Patient Care for Northeast and Southeast Asian Patients	Learn how to provide culturally aware mental and behavioral health care for your Northeast and Southeast Asian patients
Insurance 101	An overview of health insurance claims and what happens when a claim is submitted
Introduction to Care Coordination	A high-level review of care coordination and the resources available for PCMH/ACO providers

Course Name	Description
Introduction to Medicaid	An overview of Medicaid, Medicaid programs, and CareFirst Medicaid Managed Care Organizations (MCOs)
Medicare and Medicare Coordination	An overview of Medicare, Medicare coordination, and the Medicare crossover process
Multifactor Authentication in CareFirst Direct	A guide to setting up and changing multifactor authentication methods in CareFirst Direct
PCMH Program Updates	Current-year changes to the PCMH Program for participating providers
Skilled Nursing Facilities	An overview of information skilled nursing facilities need to work with CareFirst
Telehealth	Guidelines on telehealth usage and claims procedures
Third-Party Administrators	This course will introduce providers to Third Party Administrators.

Be sure to check the site frequently as we continue to add more resources to the Learning and Engagement Center.

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Important Reminders for BlueChoice Advantage with PPO Overlay Members

Members who have a BlueChoice Advantage product can access care from both in- and out-of-network providers. When a BlueChoice Advantage member has a PPO overlay included in their benefits, it gives them the flexibility to utilize PPO labs and radiology providers without the restrictions of the BlueChoice product.

Do these members have to utilize LabCorp like other BlueChoice members?

If a BlueChoice Advantage member has the **PPO overlay** as part of their plan, they are **NOT** required to utilize LabCorp. Please check CareFirst Direct to verify eligibility and benefits.

How to identify these members?

BlueChoice Advantage Open Access with PPO overlay members carry Member ID cards that look like these:

- 1 **CareFirst BlueChoice Logo**
- 2 **Preferred Provider Option Indicator** (*this indicates the member has the PPO Overlay*)
- 3 **BlueChoice Advantage Product Indicator** (*when you see this, please verify the Insurance Type in CareFirst Direct to determine if the PPO overlay applies – see below for more details.*)

The most effective way to determine if a member has this plan is by completing an Eligibility and Benefits search in CareFirst Direct. BlueChoice Advantage members who have the PPO overlay option will show **PPO** in the 'Insurance Type' field and will note BlueChoice Advantage in the 'Plan Description' field.

Note: BlueChoice Advantage members who DO NOT have the PPO overlay option will display as 'HMO' for Insurance Type.

For more information about how to verify eligibility and benefits in CareFirst Direct or on our BlueChoice products, please visit the on-demand courses available on the [Learning and Engagement Center](#) or select a link below for direct access:

- [CareFirst Direct: Verifying Eligibility and Benefits](#)
- [CareFirst Products: BlueChoice](#)

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Reminder: UM Strategy for MD ER Admissions Effective May 1, 2023

Early identification of our members' care needs is imperative. For this reason, we will be implementing a change to our utilization management strategy for emergency inpatient admissions in Maryland hospitals. Effective May 1, 2023, CareFirst will review all emergency inpatient admissions to Maryland hospitals on

day one of the admission. This timely review will assist with necessary care coordination, reduce barriers to discharge, ensure the length of stay is appropriate, and help our members discharge to the most appropriate care setting.

Does this change how I enter these requests?

The way that you currently enter emergency inpatient admissions within our authorization portal will not change. You should continue to request one day for these notifications, and upon submission, the request will pend for review by the Utilization Management team. If you need assistance with entering inpatient authorizations, please access our interactive user guide [here](#) for step-by-step instructions.

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Important Reminder: Genetic Testing Requires Prior Authorization by Ordering Physicians

As a reminder, CareFirst is working with Carelon Medical Benefits (formerly AIM Specialty Health) to provide a genetic testing prior authorization process. Carelon offers clinical solutions that drive appropriate, safe and affordable care. Carelon also promotes care using evidence-based clinical guidelines and real-time decision support for both providers and their patients on the clinically appropriate use of genetic testing.

Who should request prior authorization for Genetic Testing?

Ordering providers or their staff are responsible for requesting prior authorization through Carelon for all genetic tests except for:

- Cologuard®
- Human Leukocyte Antigen (HLA) Testing
- Preimplantation Genetic Testing (This includes ANY genetic test done on an embryo.)
- Circulating Tumor Cell Testing
- Inpatient Genetic Testing

Please note: HLA testing and preimplantation genetic testing related to invitro fertilization may require authorization through CareFirst and can be managed directly in CareFirst's provider portal under the Medical Prior Authorization section.

Is training available?

On-demand training on how to submit Genetic Testing Prior Authorization requests can be accessed on the [Learning and Engagement Center](#) or directly [here](#).

Impacts to outpatient hospital and independent labs

Please keep the following information in mind when submitting authorizations:

- The claim payment for genetic tests that are performed **before** a prior authorization is received may be denied.
- Laboratories should receive a prior authorization confirmation number before administering lab work for all affected CareFirst members. If the confirmation number is not included, laboratory personnel may:
 - Check the status via the CareFirst provider portal (see instructions below)

- Contact the ordering physician

Note: Only ordering providers and their staff, not laboratories, may order genetic tests for affected CareFirst members.

How to validate prior authorization

You can confirm prior authorization for genetic tests in two ways – online and by calling Carelon directly.

- **Phone:** You may call AIM directly at 844-377-1277, Monday-Friday, 8 a.m. – 5 p.m. EST.
- **Online:** Log in to the CareFirst provider portal at carefirst.com/provider and navigate to the Prior-Auth/Notifications tab and select the Genetic Testing (Commercial) tile.

Note: Ordering providers may request prior authorization up to 90 days before the test is performed.

Other important information

In addition, emergency room and inpatient hospital admissions will continue to follow the existing CareFirst process.

Covered molecular genetic tests

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

Impacted and excluded members:

Impacted members include:	At this time, the following members are excluded:
Members with a plan under the Affordable Care Act	Federal Employee Program [®] members with a preferred provider plan (PPO)
Grandfathered individuals or group members	Medicare Advantage members
Fully-insured	Members who receive their plan from CareFirst Administrators
Administrative Services Only employers and their employees	Non-CareFirst BlueCard plan members
Federal Employee Health Benefits Plan (HMO plans)	Medicaid members
University plan members (plans offered to students by higher learning organizations)	DSNP members
CareFirst members outside of the service area	

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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 dates of service processed on and after that date.

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.055A – Vaporizer	Updated Medical Policy Operating Procedure name. Updated Description section. Updated Policy section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Periodic review and update. Effective 04/01/2023
1.02.002 – Amino Acid-Based Elemental Formulas for Treatment of Malabsorption Disorders	Updated Benefit Applications 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.	Revision. Effective 03/01/2023
1.02.023A – ARCHIVED Antiseptic Solutions	Updated Medical Policy Operating Procedure name. Updated Description section. Updated Policy section. Updated Benefit Applications section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 04/01/2023
1.02.025 – Probiotics	Updated Benefit Applications 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.	Revision. Effective 03/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.010 – Quantitative Electroencephalogram / Topographic Brain Mapping	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated References. Refer to policy for details.	Periodic review and update. Effective 07/01/2023
2.01.015 – Vision Therapy (Orthoptics/Pleoptics)	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 03/01/2023
2.01.018 – Sleep Disorders	Updated Policy Guidelines section. Updated Provider Guidelines section. 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.	Revision. Effective 06/01/2023
2.01.026 – Medical Foods for Treatment of Inherited Metabolic Disorders	Updated Description section. Updated Benefit Applications 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.	Revision. Effective 03/01/2023
2.01.035 – Biofeedback	Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. 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 04/01/2023
2.01.045 – Continuous or Short-term Monitoring of Glucose in Interstitial Fluid	Updated Medical Policy Name. 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, 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 07/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.046A – ARCHIVED Infant Hearing Screening (MD, VA, and DC Mandates)	Updated Medical Policy Operating Procedure Name. Updated Description section. Updated Policy section. Updated Policy Guidelines section. 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 04/01/2023
2.01.048A – ARCHIVED Acupuncture	Updated Medical Policy Operating Procedure Name. Updated Description section. Updated Policy section. Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated References. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
2.01.076 – Hospice Services	Added Policy Guidelines section. Added Provider Guidelines section. Report service using appropriate category I CPT, HCPCS 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 04/01/2023
2.03.004 – Hyperthermia in the Treatment of Cancer	Updated Description section. Updated Policy Guidelines 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. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
3.01.009 – Attention Deficit Disorder (ADD) with or without Hyperactivity	Updated Medical Policy Reference Manual type. Updated Description section. Updated Policy section. Updated the Policy Guidelines 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. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
3.01.011A – Autism Spectrum Disorders (Virginia Mandate)	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. Refer to policy for details.	Revision. Effective 03/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
3.01.015 – Autism Spectrum Disorders	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. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
6.01.005 – Radioimmunosциigraphy Imaging (Monoclonal Antibody Imaging)	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
6.01.023 – ARCHIVED Single Photon Emission Computed Tomography (SPECT) Scan	Added 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. Refer to policy for details.	Revision. Effective 03/01/2023
6.01.025 – Scintimammography	Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision. Effective 03/01/2023
7.01.018 – Foot Care Services	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 06/01/2023
7.01.020A – ARCHIVED Surgical Correction of Refractive Errors	Updated Medical Policy Operating Procedure Name. Updated Description section. Updated Policy section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 04/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.036 – Surgical Treatment of Obesity and Morbid Obesity	Updated Policy section. Updated Policy Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision. Effective 03/01/2023
7.01.110 – Filtration Surgeries for Open Angle Glaucoma	Updated Description section. Updated Policy Guidelines 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. Updated References section. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
7.01.113 – Saturation Biopsy of the Prostate	Updated Description section. Updated Policy Guidelines section. Updated Provider Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated References section. Refer to policy for details.	Periodic review and update. Effective 04/01/2023
8.01.001 – Physical Therapy	Updated Description section. Updated Policy Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated References section. Refer to policy for details.	Revision. Effective 03/01/2023
8.01.003 – Spinal Manipulation and Related Services	Report service using appropriate category I CPT and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Refer to policy for details.	Revision. Effective 03/01/2023
8.01.005 – Speech Therapy	Updated Policy 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. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
8.01.013A – Vertebral Axial Decompression	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Refer to policy for details.	Periodic review and update. Effective 04/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
9.01.001A – ARCHIVED Anesthesia Services	Updated Medical Policy Operating Procedure Name. Updated Description section. Updated Policy section. Updated Policy Guidelines 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. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
9.01.002A – Intravenous Patient- Controlled Analgesia	Updated Description section. Report service using appropriate category I CPT and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References section. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
9.01.004A – ARCHIVED Anesthesia Consultation	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision. Effective 03/01/2023
10.01.006 – ARCHIVED Care of the Normal Newborn	Updated Medical Policy Name. Report service using appropriate category I CPT and ICD-10 code. Updated References section. Refer to policy for details.	Periodic review and update. Effective 03/01/2023
11.01.023 – ARCHIVED Identification of Microorganisms Using Nucleic Acid Probes	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision. Effective 03/01/2023
11.01.073 – Genetic Testing	Updated Policy section. Updated Policy Guidelines section. Updated References section.	Revision. Effective 03/01/2023

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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 > <i>Clinical Practice Guidelines</i>
Preventive Health Guidelines Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults	carefirst.com/clinicalresources > <i>Preventive Health Guidelines</i>
Accessibility and Availability of Appointments Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care	carefirst.com/clinicalresources > <i>Practitioner Office Standards</i>
Care Management Programs	
Topic	Website Link
Access to Care Management Includes instructions for making referrals for both medical and behavioral health. Or you can call 800-245-7013	carefirst.com/providermanualsandguides
Practitioner Referrals for Disease Management Includes information on how to use services, how a member becomes eligible and how to opt in or opt out	carefirst.com/clinicalresources > <i>Disease Management</i>
Pharmaceutical Management	
Topic	Website Link
Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies and procedures	carefirst.com/rx
Utilization Procedures	
Topic	Website Link

Utilization Management Criteria Includes information on how to obtain utilization management criteria for both medical and behavioral health	carefirst.com/bluelink > <i>February 2023</i>
Physician Reviewer Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health	carefirst.com/bluelink > <i>February 2023</i>
Decisions about Medical and Mental Health, and Pharmacy Includes affirmative statement for anyone making decisions regarding utilization management	carefirst.com/bluelink > <i>February 2023</i>
Member Related Resources	
Topic	Website Link
Quality of Care Complaints Includes policies and procedures for complaints involving medical issues or services given by a provider in our network	carefirst.com/qoc > <i>General Inquiries > Quality of Care Complaints</i>
How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision	carefirst.com/appeals
Member's Privacy Policy Includes a description of our privacy policy and how we protect our members' health information	carefirst.com/privacy > <i>Notice of Privacy Practices</i>
Member's Rights and Responsibilities Statement Outlines responsibilities to our members	carefirst.com/myrights

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Events

Register Now for Quarterly Webinars

- **Professional Quarterly Live Webinars** (*click link to register now for your preferred date/time*)
 - [May 17 at 10 a.m.](#)

- [May 18 at 1 p.m.](#)
- **Hospital Quarterly Live Webinars** (*click link to register now for your preferred date/time*)
 - [May 23 at 10 a.m.](#)
 - [May 24 at 1 p.m.](#)

CareFirst Office Holiday Closings

- May 29 – Memorial Day
- June 19 – Juneteeth

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