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Administrative Support

Atlas Systems Outreach to Providers

As a reminder, CareFirst BlueCross BlueShield (collectively, "CareFirst") has contracted with Atlas Systems to assess the accuracy and completeness of our online provider directory. Some providers may receive a phone call from Atlas Systems, Inc., our third-party vendor, to help verify accuracy and completeness of your provider directory information available on our [Find a Doctor](#) tool.

If you receive a phone call from Atlas, we ask that you promptly respond, and work with an Atlas representative to update your directory information. **Important Note:** These calls are legitimate and not a scam.

Top Stories

New Strategy for ER Inpatient Admissions in Maryland Hospitals

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 (UM) team.

If you need assistance with entering inpatient authorizations, please access our interactive user guide [here](#) for step-by-step instructions.

Durable Medical Equipment (DME) Codes Added to Prior Authorization Requirement

CareFirst is continually working with healthcare delivery partners to optimize UM strategies to increase efficiencies and controls costs while ensuring members receive affordable, quality care. Prior Authorization helps balance access with appropriate utilization of high-cost durable medical equipment. In the [December 2022 BlueLink](#), we shared the updates made to the Prosthetics Medical Policy (1.04.001A – Prosthetics), specifically around prior authorization requirements. Effective March 1, 2023, the following DME procedure codes will require prior approval for BlueChoice HMO members:

- ☐ **K1014:** Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
- ☐ **K1022:** Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip

disarticulation, positional rotation unit, any type (Additional code identified from period review and update.)

For more information on prior authorizations, access our [Pre-Cert/Pre-Auth](#) page on [provider.carefirst.com](#). For step-by-step guidance on how to enter authorizations, please access our on-demand training available on the [Learning and Engagement Center](#).

New Policies Added to the Provider Payment Policy Database for March 1, 2023

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

As shared in 2022, CareFirst's new [Provider Payment Policy Database](#) for commercial lines of business is up and running.

The database initially launched with eight policies:

- DME Percent of Charge
- DME Supplier Eligible Codes
- MPPR Physical Therapy
- MPPR Diagnostic Imaging (Radiology)
- MPPR Cardiology
- MPPR Ophthalmology
- Modifier 59, XE, XS, XP and XU

Two new policies will be published no later than March 1, 2023 on the following topics:

- After-Hours Services
- Bundled Codes

Please visit the website to review those policies and determine how they may impact your practice.

Authorization Updates for Federal Employee Program and State of MD Members

As a reminder, effective January 1, 2023, the following therapies require prior approval for FEP members:

- Proton Beam Therapy
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy

To access a complete view of all 2023 changes for FEP Members, please click [here](#).

For State of MD (MYY prefix) members: In addition, on January 1, 2023, Physical Therapy (PT) no longer requires prior authorization until the member has completed 20 visits (per calendar year). In addition, prior authorization is not required for PT when provided in the same encounter with the outpatient surgery.

What is CareFirst BlueCross BlueShield Group Advantage PPO?

CareFirst BlueCross BlueShield Group Advantage PPO is a Group Medicare Advantage or EGWP plan offered to retirees of employer groups who contract with CareFirst to offer the plan.

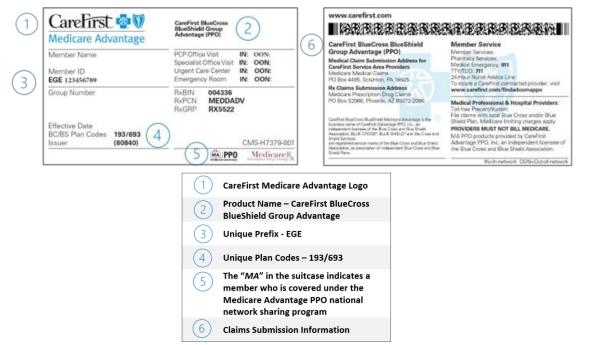### Can I see CareFirst BlueCross BlueShield Group Advantage PPO Members if I do not participate?

If you are not part of the CareFirst BlueCross BlueShield Group Advantage PPO network, but you are eligible to be paid by Medicare (Medicare provider), then the answer is **yes**. You can treat and receive payment for patients who are enrolled in a CareFirst BlueCross BlueShield Group Advantage plan by billing

claims electronically to CareFirst in the same manner as you bill Traditional Medicare. CareFirst BlueCross BlueShield Group Advantage pays out-of-network providers according to the original Medicare fee schedule, less any applicable member cost-shares.

Here is some helpful information:

- Since the CareFirst Medicare Advantage BlueCross BlueShield Group Advantage (PPO) is a **Passive PPO**, members have the same level of benefits for both in-network and out-of-network services.
- Providers cannot balance bill CareFirst BlueCross BlueShield Group Advantage plan members.
- CareFirst BlueCross BlueShield Group Advantage will provide coverage for these members under a group (or an employer-sponsored) Medicare preferred provider organization (PPO) plan.
- Members of this plan are aware they can see out-of-network providers as long as the provider accepts Medicare and may bring information to you from CareFirst explaining the plan.

Identifying CareFirst BlueCross BlueShield Group Advantage plan members:

1	**CareFirst Medicare Advantage Logo**
2	**Product Name – CareFirst BlueCross BlueShield Group Advantage**
3	**Unique Prefix - EGE**
4	**Unique Plan Codes – 193/693**
5	**The "MA" in the suitcase indicates a member who is covered under the Medicare Advantage PPO national network sharing program**
6	**Claims Submission Information**

For more information about the CareFirst BlueCross BlueShield Group Advantage plan, access our on-demand training course here.

Connecting Maryland-Based Primary Care Providers to Free for-Credit Resources

CareFirst is committed to making tools easily accessible for our healthcare delivery partners to provide care that is tailored to the needs of the diverse population of patients that CareFirst serves. We understand the unique experience that the military community has and seek to offer our CareFirst providers with an opportunity to equip their office with resources that can help tailor care to our veteran members and their families.

CareFirst is excited to announce that the Learning and Engagement Center now connects you to a for-credit training, launched by the Maryland Governor's Challenge and Psycharmor, and designed to reduce suicides and increase lethal-means safety for service members and veterans.

The training (referred to as the [Trained Military Assistance Provider (TMAP) Program](#)) is **free to all Maryland-based primary care staff** and offers 3.5 hours of online training (over 10 self-paced courses on topics including:

- Military culture
- Safety planning
- Barriers to care
- Lethal means safety protocols
- Risk assessment tools

Participants are trained on mental health, suicide risk assessment and intervention. The curriculum helps providers better understand military and veteran culture and create a safety plan in a military-culturally competent way.

Once completed, providers will become "Trained Military Assistance Providers" and will receive a physical and a virtual toolkit with resources including gun locks, locking medicine bags, and other promotional materials.

CareFirst's [Learning and Engagement Center](#) connects you with access to free, for-credit webinars, online courses, and learning tracks designed by ACCME-accredited institutions for you and your clinical staff. Keep checking back for more for-credit learning opportunities as we expand our content throughout 2023!

Complete the Required Model of Care Training Course for 2023 Today!

Attention providers servicing MD Dual Special Needs Plan Members:

The Centers for Medicare and Medicaid Services (CMS) require all CareFirst Medicare Advantage and contracted medical providers to receive basic training about CareFirst Medicare Advantage Dual Special Needs Plan (DSNP) Model of Care Program.

The Model of Care (MOC) is the CareFirst BlueCross BlueShield Medicare Advantage (CareFirst Medicare Advantage) documentation of the CMS-directed plan for delivering coordinated care and case management to members within DSNP.

CareFirst offers a course to ensure that all employees and providers who work with our Special Needs Plan members have the specialized training this unique population requires. The course meets the regulatory requirements for Model of Care Training for Special Needs Plans.

Click on the link below today to complete the brief MOC Training course and attest your completion:

[CareFirst Dual-Special Needs Plan (DSNP)—Model of Care—Overview](#)

In the Spotlight

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

Coming Soon!

We are excited to share that, in early April 2023, CareFirst will release a new and improved self-service tool for you to easily attest and update your provider directory information. Our goal is to provide you a "one-

stop shop" to manage your provider directory information, making it easier to do business with CareFirst.

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 regulatory requirement to keep your data updated.

☐ Prevents your provider directory listing from being removed.

What does this mean for you?

The CareFirst Provider Directory Updates and Attestations self-service tool is where you go, every 90 days, to ensure your data is up to date. With this new tool, you will experience:

☐ Easy navigation and transparency with your data.

☐ Real-time updates for office or administrative contact information changes.

☐ Confirmation of your update/attestation so you will know when your next 90-day update/attestation is due.

☐ Ability to upload requested documentation real-time in the tool when required versus having to email or fax.

  ☐ Automated email confirmation with tracking ID from CareFirst when making these changes, along with email confirmation when the changes have been completed.

☐ Future enhancements planned include real-time updates to most directory information changes, network effective dates along with a web-based interface to track the progress of your requests/applications.

Mark Your Calendar: System Downtime

Important: As we prepare to launch this new tool, there will be a period of time when you will not be able to complete any updates/attestations through the CareFirst Provider Portal.

- **The CareFirst Provider Directory Updates and Attestations tool will be unavailable from mid-March through early April.** This blackout period will **NOT** impact any other tools within the CareFirst Provider Portal.
- **In addition, new practitioners joining existing groups will not be able to complete applications on-line to join our network until the blackout period lifts in early April.**

Be on the lookout for more information about how to complete updates and submit applications manually during this time.

What about my information in CAQH ProView?

Council for Affordable Quality Healthcare (CAQH) ProView® is where you will continue to go to complete and submit new credentialing applications and regularly update your application information ensuring it is accurate. CareFirst will continue to use CAQH ProView for its credentialing and recredentialing processes; however, CareFirst does not use CAQH ProView for maintaining our Provider Directory information.

To ensure that your information is accurate in our directory, you must use the self-service tool on the CareFirst Provider Portal.

When do I use CareFirst's Self-Service Tool?	When do I use CAQH Proview?
□ Attest to your CareFirst Provider Directory information every 90 days. □ Make updates to your CareFirst Provider Directory data as soon as it changes.	□ Complete and submit new credentialing applications (must complete the CareFirst CAQH Questionnaire). □ Regularly update your credentialing application information ensuring accuracy.

Be on the lookout for more communication and training as we get closer to launching this exciting new tool.

Noteworthy

CareFirst's Care Management Updates-Effective January 1, 2023

CareFirst's Medical Directors and Regional Practitioners met on December 7, 2022, for the Annual Criteria Review. The panel, which included community physicians, reviewed and approved the following:

- □ CareFirst Medical Policy Reference Manual
- □ Milliman Care Guidelines (MCG), for Behavioral Health, Ambulatory Care, Inpatient & Surgical Care, Recovery Facility Care (Post-Acute), Home Care, and Medicare Compliance
- □ The American Society of Addiction Medicine (ASAM) Criteria and
- □ The Dental Clinical Criteria

CareFirst physician reviewers are available to discuss UM decisions. Physicians may call 410-528-7041 or 1-800-367-3387 x7041 to speak with a physician reviewer or to obtain a copy of any of the above-mentioned criteria. All cases are reviewed on an individual basis.

Important Note: CareFirst affirms that all UM decision-making is based only on appropriateness of care and service. Practitioners and/or other individuals are not rewarded for conducting utilization review for denials of coverage or service. Additionally, financial incentives for UM decision makers do not encourage decisions that result in underutilization of coverage or service.

Genetic Testing—AIM Changes Its Name

Effective March 1, 2023, AIM Specialty Health® (AIM) will change their legal name to Carelon Medical Benefits Management. This name change will not affect the pre-authorization process, nor how our members receive the timely and quality care that they deserve. Please note the following:

- Prior communications that referenced AIM Specialty Health will be updated to reflect Carelon Medical Benefits Management.
- Future communication and correspondence, where applicable, will reflect Carelon Medical Benefits Management and its logo.
- Providers will continue to have access to www.providerportal.com. The AIM logo will be replaced with a Carelon logo.
- All inbound phone numbers will remain the same.

What is New on the Learning and Engagement Center?

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

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

- MCG User Interface Walk-Through
- Courses for Ancillary Providers
  - Durable Home/Medical Equipment
  - Air Ambulance
  - Dialysis Facilities
  - Hospice
  - Home Health
  - Home Infusion Therapy
  - Ambulatory Surgical Centers
  - Behavioral Health Substance Use Disorder – Provider and Facilities

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

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

Stay Connected with the Latest Information from CareFirst

Are your staff and colleagues receiving CareFirst Provider News and our BlueLink Newsletter via email? If not, take a minute and sign up here. CareFirst is also collecting your preferences to design and deliver a more personalized newsletter experience in the future.

Evaluation and Management Services in Conjunction with Immunizations

As a reminder, it is important to append modifier 25 to the E&M code when performing an additional service and an immunization. Please refer to the newly updated content in Chapter 9 of the Provider Manual for more information.

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

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

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

Follow these best practices when submitting a claim inquiry:

- Submit inquiries within 180 days (6 months) from the date of the Explanation of Benefits.
- Allow 30 days for a response to an inquiry.
  - Responses for FEP/Facets claims can be found within the '*Claims Inquiry*' link.
  - Responses for NASCO/BlueCard will be a written response.
- Confirm the claim source system prior to submitting an inquiry (FEP, Facets, NASCO or BlueCard).
- Inquiries may include issues pertaining to authorizations, correct frequency, ICD-10, medical records, procedures/codes or referrals.
- Refrain from using words such as "reconsider," "appeal," "re-review" or "I disagree,"
- FEP Inquiries are accepted for denial codes 535 and 565 requesting medical records. Inquiries should ask for clarification on what specific information is being requested. Please submit an appeal for all other FEP denials.

Depending on the circumstances, providers may wish to file a correct claim or appeal instead. Training resources to help you determine which course of action is appropriate can be found here.

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

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

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

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

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
1.01.001 - Durable Medical Equipment with Attached Companion Table	Report service using appropriate HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
1.01.004 - Archived Blood Glucose Monitors (Glucometers)	Updated Title. Updated Description section. Updated Policy Guidelines section. Added Benefit Applications 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. Refer to policy for details.	Periodic Review and Update Effective 01/01/2023
1.01.007 - Home Apnea Monitoring for Infants	Report service using appropriate category I CPT®, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
1.01.012 - Oscillatory Devices for the Treatment of Respiratory Diseases	Report service using appropriate HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
1.01.018 - Neuromuscular Electrical Stimulation (NMES) Devices	Report service using appropriate HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
1.02.019A – Archived Helmets	Updated Title. Updated Description section. Report service using appropriate HCPCS and ICD-10 code. Updated Cross References to Related Policy and Procedure section. Updated References. Policy Archived. Refer to policy for details.	Periodic Review and Update Effective 01/01/2023
2.01.004 - Hyperbaric Oxygen Therapy	Report service using appropriate category I CPT HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
2.01.010 - Quantitative Electroencephalogram/Topographic Brain Mapping	Report service using appropriate category I CPT HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
2.01.038A - Diagnostic Eye Procedures	Updated Title. Updated Description section. Added 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 01/01/2023
2.01.045 - Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Updated Benefit Applications sections, Report service using appropriate category I CPT, HCPCS and ICD-10 code. Updated References. Refer to policy for details.	Revision Effective 01/01/2023
2.01.053 - Implantable Hormone Replacement Pellets	Updated Description section. Updated Policy section. Updated Policy Guidelines section. Added Provider 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 01/01/2023
2.02.017 - Myocardial Strain imaging	Updated Policy section. Updated Policy Guidelines section. Added Benefit Applications section. Provider Guidelines section. Report service using appropriate category I CPT and ICD-10 code. Added Cross References to Related Policy section. Updated References. Refer to policy for details.	Revision Effective 02/01/2023
3.01.012 - Electroconvulsive Therapy	Updated Title. 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 and ICD-10 code. Updated Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic Review and Update Effective 01/01/2023
3.01.013 - Transcranial Magnetic Stimulation for Treatment of Depression and Other Psychiatric/Neurologic Disorders	Updated Description section. Updated Policy section. Added Policy Guidelines section. Updated Benefit Applications 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 01/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
4.01.006A - Global Maternity Care	Updated Policy section. Added Policy Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
4.02.001 - Assisted Reproductive Technology (ART) Procedures: In Vitro Fertilization (IVF); Gamete Intrafallopian Transfer (GIFT); Zygote Intrafallopian Transfer (ZIFT)	Updated Policy Guidelines section. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
4.02.009 - Assisted Reproductive Technology (ART): Artificial Insemination (AI)/Intrauterine Insemination (IUI)	Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
5.01.014A (C) Mifepristone (e.g., Mifeprex™, RU 486)	Updated Description section. Updated Benefit Applications section. Updated Provider Guidelines section. Report service using appropriate HCPCS and ICD-10 code. Updated References. Refer to policy for details.	Periodic Review and Update. Effective 01/01/2023
5.01.017 - Human Papillomavirus (HPV) Recombinant Vaccines	Updated Benefit Applications sections. Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
5.01.025 - Intravenous Immune Globulin (IVIG) Therapy	Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
5.01.044 Lutetium vivopitide tetraxetan (Pluvicto™)	New policy based on a decision of the Medical Directors at Technology Assessment Committee on July 28, 2022. Refer to policy for details.	New Policy Effective date 08/01/2022
6.01.007 - Transcranial Doppler Ultrasound	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
6.01.026 – ARCHIVED Whole Body Computed Tomography Scan as a Screening Test	Updated Description section. Updated Policy Guidelines section. Added Benefit Application section. Updated Provider Guidelines section. Report service using appropriate CPT, HCPCS and ICD-10 code. Updated References. Refer to policy for details. Policy Archived.	Periodic Review and Update. Effective 01/01/2023
6.01.032 - Positron Emission Tomography (PET)	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 05/01/2023
6.01.035 - Cardiac Computed Tomography (CT) and Coronary CT Angiography (CTA)	Updated Policy Guidelines section. Report service using appropriate category I CPT and ICD-10 code. Under Cross References to Related Policies and Procedures section. Updated References. Refer to policy for details.	Periodic Review and Update. Effective 01/01/2023
7.01.030 - Therapeutic Apheresis	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
7.01.076 - Wireless Capsule Endoscopy (Enteral Camera)	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. Updated References. Policy Archived. Refer to policy for details.	Periodic Review and Update. Effective 01/01/2023
7.01.087 - Automatic Implantable Cardioverter Defibrillator (AICD)	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.01.088 - Vertebral Disc Replacement/Lumbar Disc Prosthesis	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
7.01.101 - Percutaneous Intervertebral Thermal Annuloplasty Procedures for Low Back Pain	Updated Description section. Updated Policy Guidelines 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 01/01/2023
7.01.115 - Shoulder Resurfacing Arthroplasty	Updated Description section. Updated Policy Guidelines Section. Added Benefit Applications 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 01/01/2023
7.01.130 - Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	Updated Description section. Updated Policy section. Updated Policy Guidelines 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 01/01/2023
7.01.136 Oral-Facial Trauma/Accidental Injury	Updated Description section. Updated Policy section. Updated Benefit Applications section. Updated Provider Guidelines, 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 01/01/2023
7.01.141 - Intraoperative Neurophysiologic Monitoring	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
7.01.142 - Waterjet Tissue Ablation of the Prostate	Updated Policy Section. Updated Policy Guidelines section. Report service using appropriate category I CPT code and ICD-10 code. Refer to policy for details.	Periodic Review and Update and Revision. Effective 08/01/2022

Medical Policy and/or Procedure	Actions, Comments and Reporting Guidelines	Policy Status and Effective Date
7.03.003 - High Dose Chemotherapy/Radiation Therapy with Allogeneic Stem Cell Support	Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
8.01.004 - Occupational Therapy	Updated Policy Guidelines section. Updated References. Refer to policy for details.	Revision Effective 01/01/2023
8.01.011A - Habilitative Services (MD and DC Mandates)	Report service using appropriate category I CPT, HCPCS and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
10.01.011A - Emergency Services: Auto Codes	Report service using appropriate category I CPT and ICD-10 code. Refer to policy for details.	Revision Effective 01/01/2023
11.01.082 - Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing	New policy based on a decision of the Medical Directors at Technology Assessment Committee on July 28, 2022. Refer to policy for details	New Policy Effective 04/01/2023

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

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

This brief refresher will:

- Cover our referral policy for MA HMO members
- Demonstrate how to identify other MA HMO in-network providers.

Please access this course directly here. You will also find the course on our Learning and Engagement Center.

CareFirst's Engagement Center is Now Available for Your Patients

CareFirst has served the Baltimore area as a not-for-profit healthcare company for more than 80 years. The CareFirst Engagement Center (CEC), now open in the Canton neighborhood of Baltimore, connects our local community to the insurance services and wellness support they need.

- ◻ CareFirst members can get in-person help with billing, benefits, enrollment, eligibility, claims processing and other questions.
- ◻ People considering CareFirst can get information about the CareFirst plan that best meets their needs and learn how to connect to a CareFirst broker.
- ◻ Everyone can enjoy CEC offerings like wellness resources, classes, health literacy seminars and community partner events. CEC events are open to all at no cost. You can find our February events calendar here.

A great resource for your CareFirst patients, the CEC is located at 1501 South Clinton Street Baltimore, MD 21224, and is open from 10 a.m. – 6 p.m. Monday through Friday. For additional details, visit carefirst.com/cec.

Neighbor Ride—Driving Our Howard County Community

After suffering a heart attack four years ago, P. Wes Moores of Columbia, MD was no longer able to safely drive a vehicle and needed to find a reliable and affordable way to get to medical appointments and church services. His sister suggested that he reach out to Neighbor Ride, a local nonprofit that utilizes a team of over 300 volunteer drivers to provide door-to-door transportation for Howard County residents, age 60 and over.

Today, Wes is so glad that he made that call. Beyond the access to medical care and other resources that using Neighbor Ride's service offers him, Wes feels that his life has been genuinely enriched by laughter and friendship shared with the many volunteer drivers he has met along the way.

Founded in 2004, Neighbor Ride decreases isolation and improves the quality of life for older adults by providing volunteer-driven transportation for medical appointments, shopping, social outings, wellness activities and other needs. To date, volunteers have provided over 214,000 trips for local seniors— giving them the "wheels" they need to stay active, independent and connected to the community.

Using Neighbor Ride is easy. Howard County residents who are age 60 and over and ambulatory are eligible to register for the service. Once registered, passengers or their family members may call or use Neighbor Ride's online portal to request up to 12 rides per month to destinations within 35 miles of their homes. Transportation is available 7 days a week, including holidays. To provide the time needed to match rides with volunteer drivers, at least 3 days of advance notice is required for requests. Modest roundtrip fees ranging from $10 to $36 are charged, with subsidies available for low-income individuals and Veterans.

For more information, visit Neighbor Ride or contact the Neighbor Ride office at (410) 884-7433 to request a ride or partner as a community volunteer. You may also download a one-page Neighbor Ride information sheet for your patients.

Events

Register Now

- ◻ **Professional Quarterly Live Webinars** (click link to register now for your preferred date/time)
  - ◻ March 8 at 10 a.m.

- □ [March 9 at 1 p.m.](#)
- □ **Hospital Quarterly Live Webinars** (click link to register now for your preferred date/time)
  - □ [March 14 at 10 a.m.](#)
  - □ [March 15 at 1 p.m.](#)

Holiday Closing

Monday, February 20—President's Day