

# BLUELINK

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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.

## Administrative Support

### Review the Latest Timelines for Prior Authorizations

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, “CareFirst”) is continually working with healthcare delivery partners to optimize Utilization Management (UM) strategies to increase efficiencies and control costs while ensuring members receive affordable, quality care. Prior Authorization helps balance access with appropriate utilization of services.

That’s why we’ve clarified our prior authorization timelines.

Review the information below for the type of prior authorization submission and the timeframe associated with the submission.

Prior Authorizations and Notifications Timeframes			
Type of admission/service	Submission requirement	Response timeframe	Notes
Inpatient (routine)	15 days in advance of admission	Within 15 days of request for non-risk accounts. Within two days of request for risk accounts.	Notification is late if request is not received prior to the date of admission. Penalties may apply.
Emergency admissions	Within seven days of the emergency admission	Auto approvals via the authorization system for emergency admissions	Notification is late if not submitted within seven days after the emergency admission. Penalties may apply.
Outpatient hospital	15 days in advance of the procedure	Within 15 days of request for non-risk accounts. Within two days of request for risk accounts.	
PT/OT/ST	15 days in advance of the treatment	With 15 days of request for non-risk accounts. Within two days of request for risk accounts.	Notification is late if request is not received prior to the beginning of care. Penalties may apply.

You can find this chart in [Chapter 7](#) of the [Medical Provider Manual](#). For additional information on submitting authorizations, visit our [Learning and Engagement Center](#) website and click on “[CareFirst](#)

[Essentials.”](#)

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## Prior Authorization Best Practice—Attach Clinicals When Submitting Online Requests!

Identifying ways to streamline and simplify the prior authorization submission process is a high priority for both our members and healthcare delivery partners. One way to assist in expediting decisions on your authorization requests is to submit all clinical documentation when you enter the authorization request on-line.

Failing to attach the clinical information when submitting your requests or faxing the documentation separately to CareFirst can slow down the process because, often, that information is needed to make an approval decision.

**Important Reminder:** For authorizations in a pending status waiting for medical documentation, decisions cannot be made until that information is provided. **An authorization request cannot be decided until all necessary documentation is provided to CareFirst.**

### What clinical information is needed?

The Utilization Management team needs information to determine medical necessity for requested services that require authorization. Examples of documentation that is important to attach to your authorization requests include:

- Letters of medical necessity.
- Progress notes for reason/justification of the services being requested.
- Information on more conservative treatments attempted without success.
- Other medical records information that would be helpful to understand the patient's situation and need for requested services.

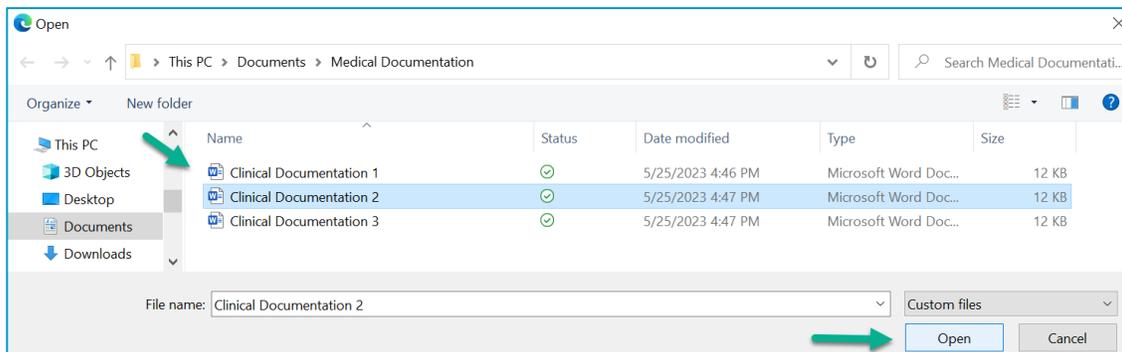
### How do I attach clinical documentation in the prior authorization system?

Clinical documentation should be attached as part of the initial online request within the prior authorization system. When submitting your requests through the authorization portal, you will notice this step where you can add notes and attachments prior to submitting:

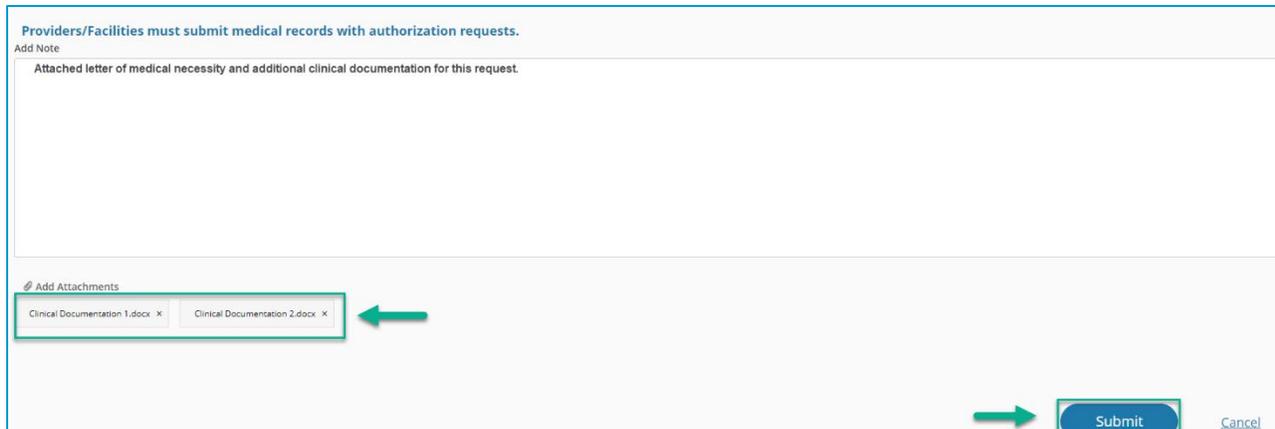
- Here you can document any notes you would like to add in the space provided and click on ‘Add Attachments’ to upload your clinical documentation.

The screenshot shows a web interface for adding notes and attachments. At the top, it says "Providers/Facilities must submit medical records with authorization requests." Below this is a section labeled "Add Note" with a text area containing the placeholder "Begin typing". At the bottom of the interface, there is a section labeled "Add Attachments" with a plus icon. In the bottom right corner, there are two buttons: "Submit" and "Cancel".

- When you select 'Add Attachments,' it will open your file folder so you can locate the documents you would like to upload. To do this, select the document(s) you would like to add and then select 'Open' to attach them to your request.



- You can select multiple documents to attach.
- Document size allowed per file is 25 MB and 100 MB per submission.
- Document types accepted are jpeg, png, jpg, pdf, doc, docx, txt, xlsx and xls.
- Unsupported special characters will be removed from the file name while saving.
- Once you have added any notes and clinical documentation to your authorization request, select 'Submit' to move forward.



## Need help entering authorizations?

You can access the following on-demand training courses 24/7 on our [Learning and Engagement Center](#) for more details on how to enter authorizations using our self-service prior authorization system:

- [Entering Inpatient Authorizations](#)
- [Entering Outpatient Authorizations](#)
- [Authorization Frequently Asked Questions](#)

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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 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 campaign listed below:

Retrieval Period	Lines of Business	Retrieval Period	Vendor	CMS Submission Deadline
ACA 2022 Risk Adjustment retrospective chart retrieval	Commercial	January 2023–April 2023	Change Healthcare	May 1, 2023
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 2022	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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## New Health Savings Account (HSA) Indicator Added to CareFirst Direct

When checking eligibility and benefits information for your patients in CareFirst Direct, you will now notice that a new indicator for HSA has been added. The indicator will reflect 'Yes' if the member has an HSA or 'N/A' if they do not.

### How is this indicator helpful?

This information is particularly helpful for our Behavioral Health Substance Use providers when trying to

identify members who are eligible for a waiver for [CareFirst's Behavioral Health Programs](#). Members with an HSA plan are eligible for the cost-share waiver for some programs once they have met the Internal Revenue Service (IRS) minimum deductible for an HSA plan. Review the following resource for more information:

- [The Substance Use Disorder Program](#)

## How does the HSA indicator appear in CareFirst Direct?

After searching for a member, you will find the HSA indicator on the Eligibility Summary screen within CareFirst Direct.

**Note:** This indicator only applies to members who have an HSA through BlueFund.

### Example of a member who has an HSA:

The screenshot shows the 'Eligibility Summary' screen for a member. The member's name is redacted. The 'HSA Eligible' field is highlighted with a green box and a green arrow pointing to it, showing the value 'Yes'. Other fields include Group Name, Insurance Type (PPO), Plan Description (BluePreferred PPO), Status (Active Coverage 01/01/2022 - N/A), Relationship to Policy Holder (Self), Renewal Month (Every January), Contract (Every January), and Benefit (Every January). The 'Benefits' section on the right includes 'General Health Benefits', 'Search for Different Benefit', 'Manage Benefit Favorites', 'I would like to', 'View Claims', 'Prior Auth/Notifications', and 'New Member Search'.

### Example of a member who does not have an HSA:

The screenshot shows the 'Eligibility Summary' screen for a member. The member's name is redacted. The 'HSA Eligible' field is highlighted with a green box and a green arrow pointing to it, showing the value 'N/A'. Other fields include Group Name, Insurance Type (PPO), Plan Description (BluePreferred PPO), Status (Active Coverage 01/01/2022 - N/A), Relationship to Policy Holder (Self), Renewal Month (Every January), Contract (Every January), and Benefit (Every January). The 'Benefits' section on the right includes 'General Health Benefits', 'Search for Different Benefit', 'Manage Benefit Favorites', 'I would like to', 'View Claims', 'Prior Auth/Notifications', and 'New Member Search'.

## Is there training available for how to use CareFirst Direct?

Yes, you have access to several on-demand resources for how to utilize CareFirst Direct on the [Learning and Engagement Center](#). You will find all CareFirst Direct related user guides under the [On-Demand Training](#) heading within the [CareFirst Essential](#) section.

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## Reminder: Use the Correct Billing Code for Assistant Surgeons

When billing for assistant surgeons, please use the correct modifier. Modifiers 80, 81 and 82 are used to indicate when a physician provides assistant-at-surgery services. Non-physician providers assisting with surgery should use modifier AS.

Remember to use the following best practices when submitting your claims:

- If the assistant surgeon has a provider number and NPI, you should bill with the provider number.
- Submit all documentation needed with the original billing (e.g., invoices, descriptions for Not Otherwise Classified codes, etc.).

This will ensure that claims are processed correctly without having to be rejected and adjusted.

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## Top Stories

### Register Your Patients for Case Management

Case Management services can improve your patient's overall healthcare experience with an organized, comprehensive and holistic approach to your needs. Our goal is to reduce the frustration of complex care when your patients are facing significant health challenges.

Case Managers provide resources for our adult and pediatric populations across the nation with acute, complex and/or catastrophic conditions.

Recognizing the need to assist members with specific acute and complex conditions, CareFirst has developed specialized Case Management for the following needs:

- Adult and Pediatric Oncology
- Acute/Complex Medical
- Special Needs/Complex Pediatrics
- High Risk Obstetrics
- Hospice/Palliative
- HIV/AIDS

Case Management takes an interdisciplinary team approach to identify both clinical and non-clinical interventions to help members regain optimum health or improved functional capability. The team includes Registered Nurse Case Managers, Non-clinical Care Coordinators, Social Workers and Pharmacists who have community demographic resource awareness and can help connect patients to resources to meet their individual needs.

For more information, or to enroll your patient(s) in Case Management, call 888-264-8648, Option #4.

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### Direct Scheduling and Care Coordination for Drug and Alcohol Treatment

CareFirst is dedicated to improving access for substance use disorder (SUD) treatment for members and

their families. Commercial members seeking evaluation and treatment for SUD have access to 24/7/365 support by calling the mental health and substance use phone number on the back of their insurance card. Medicare Advantage members may also access this support through their general customer service phone number.

A licensed behavioral health clinician with expertise in SUD helps members understand treatment options and schedule an evaluation on demand in a same-day or next-day timeframe. Once placed in a treatment program, the clinician follows and supports the member for up to six months through any transitions of care and helps them troubleshoot rough patches on the way to recovery.

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## Review the Upcoming Addition to our Payment Policy Database

CareFirst will add the following Payment Policy to the database on July 1, 2023, effective September 1, 2023: Modifier 90 and 91—Professional (PP CO 600.02).

Under certain circumstances, a provider may need to indicate that a lab procedure or test was completed by a separate lab and appended with Modifier 90, or that repeat testing was applicable and appended with Modifier 91.

CareFirst does not allow pass-through billing for laboratory services, and claim lines appended with Modifier 90 will be denied.

Laboratory services should be submitted directly to CareFirst by the provider or laboratory that performed the test. Reimbursement will be made directly to the provider or laboratory that performed the test.

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## Quick Tips for Accurate Claims Submission

In an effort to assist our healthcare delivery partners with efficient and effective claims submission, we want to share tips to avoid the **top 5 reasons for claims rejections** from our CareFirst Claims area.

- **Indicate the Billing & Rendering NPI** in the correct box/location on the claim form. Sometimes this information is missing or entered in the incorrect field (i.e. Rendering NPI is entered in the Billing NPI field) causing claims to reject.
- **Ensure Accurate Provider Data**—Accurate provider data is essential for claims submission. When the information submitted on the claim does not match what is on file with CareFirst, claims reject.
  - Commercial and Medicare Advantage Providers included in the CareFirst Provider Directory can utilize the CareFirst Provider Portal Self-Service tool within CareFirst Direct to update their data as needed and attest that their information is accurate at least every 90 days.
  - For more information, access the [Update your Practice Information](#) web page.
  - For step-by-step instructions on how to access and utilize the Provider Updates and Attestations Self-Service tool, launch on-demand training [here](#).
- **Add New Providers in Your Group Practice to CareFirst**—When a new provider joins your group, you must have them added with CareFirst. For more information, go to the [Join our Networks](#) web page.
- **Use Correct Billing NPI for the Tax ID**—Often Provider Groups have multiple locations or practices with different billing NPIs. Be sure you are submitting the correct billing NPI on the claim for the group

practice where the services were rendered.

- **Use the Supervising Physician's Name for Services performed by a Physician Assistant (PA)**—  
When a PA performs a service, please ensure the supervising physician's name is indicated on the claim.

For more information and best practices on claims submission and claims status, access the following on-demand training resources available on the Learning and Engagement Center:

- [Claims 101](#)
- [Submitting Claims for Medical Providers](#)
- [Corrected Claims, Inquiries and Appeals](#)
- [BlueCard Claims Filing](#)

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## In the Spotlight

### Provider Data Accuracy—Can your Current and Future Patients Find You?

Did you know that close to 150,000 CareFirst Members access our Provider Directory (Find a Doctor) every month in an effort to locate our in-network providers?

The [CareFirst Provider Directory](#) is the single most used resource available to our CareFirst members. It is where they go to find a doctor to meet their healthcare needs. It is important to you and your patients (future and current) that your information in our directory is accurate. If not, patients get very frustrated trying to find a doctor in their time of need.

#### Why do I need to validate my data?

It is federal law that providers keep their directory information up to date with insurance companies. You are required to validate that your data is accurate at least every 90 days and make changes as they occur. This can be done directly with CareFirst through our Provider Updates and Attestation Self-Service tool available online through our [Provider Portal](#) (CareFirst Direct).

**Important Note:** CareFirst is required to suppress your information from our directory if you do not validate.

Please take the time to validate every 90 days. Your cooperation is key to you being visible in our directory that members use every day.

#### Provider Directory Accuracy Checklist

We recommend you go to our [Provider Directory \(Find a Doctor\)](#) yourself to see the information that is displayed. What you will see is the information that is currently on file with CareFirst. We need you to confirm that it's accurate.

*Need help accessing the Find a Doctor tool, click [here](#) for a brief tutorial.*

## How do I update and validate my data?

Commercial and Medicare Advantage Providers included in the CareFirst Provider Directory can utilize the CareFirst Provider Portal Self-Service tool to update their data as needed and attest that their information is accurate at least every 90 days.

- For detailed steps on how to update your information, access the [Update your Practice Information](#) web page.
- For step-by-step instructions on how to access and utilize the Provider Updates and Attestations Self-Service tool, launch our on-demand training [here](#).

## Where else do I need to make sure my data is accurate?

In addition, we would like to remind you to review your National Provider Identifier data in the National Plan & Provider Enumeration System (NPPES) on an on-going basis. As you may be aware, providers are also legally required to keep their NPPES data current. If you have any questions pertaining to NPPES, you may reference [NPPES Help](#).

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

If you don't update and attest your data, you may receive a phone call from Atlas. We ask that you promptly respond and work with Atlas representatives to update your directory information.

**Important Note:** These calls are legitimate and not a scam.

## Is there an update on the launch of the new Self-Service tool?

Yes. We are getting closer to launching our new Provider Updates and Attestation tool in the coming months. As we continue to prepare for the launch of our new tool, there will be scheduled downtime where the tool is unavailable beginning in mid-July. We will send a separate communication with everything you need to know in advance of the new planned outage.

In the meantime, 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.

Be on the lookout for additional communication that will include details on the new launch timeline along with a step-by-step user guide.

### Once at the Directory, use this checklist to help identify any updates you need to make:

- ✓ Check all locations listed—are they accurate?
- ✓ Is your Address and Phone number correct at the offices you see patients?
- ✓ Are you accepting new patients?
- ✓ If you are not accepting new patients, please review the ['Are You Accepting New Patients...or Not?'](#) article about this topic for important information.
- ✓ What hospitals do you have admitting privileges—do we have it right?
- ✓ Is your specialty correct?
- ✓ Are the languages you speak displayed?

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## Noteworthy

### Check out the New Resources 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.

Course Name	Description
<a href="#">Behavioral Health Webinar: Autism Awareness and Diagnosis Overview</a>	Learn about autism characteristics and best practices for supporting autistic children and their families.
<a href="#">Behavioral Health Webinar: Pediatric Care and LGBTQ+ Youth</a>	Gain a better understanding of the LGBTQ+ youth community and develop strategies to create affirming environments in your practices.
<a href="#">Behavioral Health Webinar: Treatment Resistant Depression</a>	Learn about treatment-resistant depression and how to manage it, transcranial magnetic stimulation, and Spravato (esketamine) and ketamine.
<a href="#">Behavioral Health Webinar: What is Virtual Withdrawal Management?</a>	Learn about the innovative telehealth care delivery system and understand the different kinds of treatment available for patients in need of withdrawal management.
<a href="#">Clinical Documentation Improvement: Major Depressive Disorder</a>	A deep dive into disease states of Major Depressive Disorder, specific coding and documentation.
<a href="#">Clinical Quality Scorecard: Pediatric</a>	An overview of the Pediatric Clinical Quality Scorecard (QSC).
<a href="#">Genetic Testing Prior Authorization</a>	Review how to submit a prior authorization for genetic testing.
<a href="#">Individual Medicare Advantage (HMO)</a>	Check out information on our Medicare Advantage HMO plans.

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### Are You Looking for Training Support?

Have you completed an on-demand course on our Learning and Engagement Center, but still have some questions or need help? CareFirst has added a new feature that allows you to request training directly from our team.

Head to [carefirst.com/learning](https://carefirst.com/learning) and scroll to the bottom of the page. From there, you can submit a request for more in-depth training from our team using the '[Request Training](#)' option.



#### Request Training

Need in-depth training on specific topics?  
Our team is here to help you.

[Request Training](#)

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

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## Review Changes to the CareFirst Provider Manual

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

- [Chapter 2](#)
  - Updated the Novologix link
  - Updated the expiration date for the Maryland Preserve Telehealth Act
  - Clarified the process for requesting an Advance Benefit Determination
- [Chapter 3](#)
  - Clarified language surrounding fee schedules
  - Organized and updated information about office-based drug reimbursement methodology and medical injectables
- [Chapter 4](#)
  - Moved information about office injectable drugs to Chapter 3
- [Chapter 7](#)
  - Added a new section on Prior Authorization and Notifications timelines
- [Chapter 7](#) and [Chapter 8](#)
  - Clarified prior authorization information for genetic testing
  - Updated login links to the CareFirst provider portal
- [Chapter 9](#)
  - Updated the expiration date for the Maryland Preserve Telehealth Act
- [Chapter 10](#)
  - Clarified the service area for Medicare Advantage

- Clarified definition of prior authorization

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## Stay Connected with the Latest Information with CareFirst

Are you and your staff 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.

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## Are You Accepting New Patients...or Not?

Our members (your patients) rely on the information we have about you and your practice in our print and online provider directories. They use these resources to find new physicians, determine plan participation and contact providers to schedule an appointment.

### If you aren't accepting new patients or are only accepting patients under certain circumstances

If you are a practitioner who is not accepting new patients, we need that information from you as soon as possible to ensure your data is accurate. It is also important to notify us if you are only accepting certain new patients (e.g. referrals). In those situations, your status is considered "Not Accepting New Patients" and will need to be updated in our provider directories.

Important Note: "Accepting New Patients" status is listed and updated at the practitioner level. Individual practitioners will need to ensure their status is correct.

### Benefits of updating your status

- You remain compliant with your contractual requirements, specifically in the event CareFirst or a third party audits your data.
- You will likely receive less calls to your office from potential patients you have to turn away.
- Our members have access to the most accurate provider data in our directories and spend less time trying to navigate the healthcare system.

### Member outreach to CareFirst

When our members hear comments from provider offices like, "We are unable to get you an appointment until several months from now," or "Our schedule is not open for new patients right now," they assume our directory is not correct and contact us to tell us that the provider they selected is not accepting new patients.

It is important that, if you are accepting new patients, you reinforce that fact with our members, even if you can't schedule an immediate appointment. This provides a better experience for members and reduces calls from CareFirst to follow up on reported directory inaccuracies unnecessarily.

### How to update your status?

Use the CareFirst Provider Portal self-service tool to update your data as needed and attest you're your information is accurate at least every 90 days.

Refer to the information listed in the ['Provider Data Accuracy'](#) article on how to update your data.

**Note:** Requests will be reviewed to ensure contractual requirements are met. If you have any questions about your status, please contact our Provider Information and Credentialing Department at 877-269-9593 or 410-872-3500.

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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 technologies, procedures and services.

You can review the [Healthcare Policy Updates for June](#) on our [Medical Policy](#) webpage.

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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
<b>CareFirst's Quality Improvement Program</b> Includes processes, goals and outcomes	<a href="https://carefirst.com/qualityimprovement">carefirst.com/qualityimprovement</a>
<b>Clinical Practice Guidelines</b> Includes evidence-based clinical practice guidelines for medical and behavioral conditions	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Clinical Practice Guidelines</i>
<b>Preventive Health Guidelines</b> Includes evidence-based preventive health guidelines for perinatal care, children, adolescents and adults	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Preventive Health Guidelines</i>
<b>Accessibility and Availability of Appointments</b> Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments and after-hours care	<a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> > <i>Practitioner Office Standards</i>
Care Management Programs	
Topic	Website Link

<p><b>Access to Care Management</b> Includes instructions for making referrals for both medical and behavioral health. Or you can call 800-245-7013</p>	<p><a href="https://carefirst.com/providermanualsandguides">carefirst.com/providermanualsandguides</a></p>
<p><b>Practitioner Referrals for Disease Management</b> Includes information on how to use services, how a member becomes eligible and how to opt in or opt out</p>	<p><a href="https://carefirst.com/clinicalresources">carefirst.com/clinicalresources</a> &gt; <i>Disease Management</i></p>
<p><b>Pharmaceutical Management</b></p>	
<p><b>Topic</b></p>	<p><b>Website Link</b></p>
<p><b>Pharmaceutical Management</b> Includes the formularies, restrictions/preferences, guidelines/policies and procedures</p>	<p><a href="https://carefirst.com/rx">carefirst.com/rx</a></p>
<p><b>Utilization Procedures</b></p>	
<p><b>Topic</b></p>	<p><b>Website Link</b></p>
<p><b>Utilization Management Criteria</b> Includes information on how to obtain utilization management criteria for both medical and behavioral health</p>	<p><a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> &gt; <i>February 2023</i></p>
<p><b>Physician Reviewer</b> Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health</p>	<p><a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> &gt; <i>February 2023</i></p>
<p><b>Decisions about Medical and Mental Health, and Pharmacy</b> Includes affirmative statement for anyone making decisions regarding utilization management</p>	<p><a href="https://carefirst.com/bluelink">carefirst.com/bluelink</a> &gt; <i>February 2023</i></p>
<p><b>Member Related Resources</b></p>	
<p><b>Topic</b></p>	<p><b>Website Link</b></p>
<p><b>Quality of Care Complaints</b> Includes policies and procedures for complaints involving medical issues or services given by a provider in our network</p>	<p><a href="https://carefirst.com/qoc">carefirst.com/qoc</a> &gt; <i>General Inquiries &gt; Quality of Care Complaints</i></p>

<p><b>How to File an Appeal</b> Includes policies and procedures for members to request an appeal of a claim payment decision</p>	<p><a href="https://carefirst.com/appeals">carefirst.com/appeals</a></p>
<p><b>Member’s Privacy Policy</b> Includes a description of our privacy policy and how we protect our members’ health information</p>	<p><a href="https://carefirst.com/privacy">carefirst.com/privacy</a> &gt; <i>Notice of Privacy Practices</i></p>
<p><b>Member’s Rights and Responsibilities Statement</b> Outlines responsibilities to our members</p>	<p><a href="https://carefirst.com/myrights">carefirst.com/myrights</a></p>

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## Government Programs Corner

### Updates on Prior Authorization for Outpatient Services for CareFirst CHPMD

On June 1, 2023, CareFirst Community Health Plan Maryland (CareFirst CHMD) will no longer require prior authorization for Physical Therapy, Occupational Therapy and Speech Therapy outpatient services. This will allow providers to follow the treatment plan. For more information, please contact the Provider Services Department at [ProviderMD@carefirst.com](mailto:ProviderMD@carefirst.com) or by phone at 410-779-9395.

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### Review the Latest Maternal Health Benefits for CareFirst CHPMD

Maryland Medicaid has developed programs to address severe maternal morbidity and child health outcomes. The table below provides an overview of the programs available to your patients.

OVERVIEW OF MCH PROGRAMS						
Program	Description	Who are these services for?	Must beneficiaries enroll while pregnant?	For MCO and/or FFS Beneficiaries?	Where are these services available? (Note: Available providers will vary based on each MCO's in-network providers)	When do beneficiaries receive these services?
Doula Birth Workers	Doula Birth Workers are trained professionals who provide emotional and physical support throughout the perinatal period.	Pregnant people and recent parents, focusing on the pregnant person	No	Both	Statewide	Prenatal, during labor and delivery, and up to 180 days postpartum
Home Visiting Services - NFP	Home Visiting Services (HVS) provides evidence-based home visiting services for high risk pregnant individuals and children aged 0-2 or 3 through one of two models: Nurse-Family Partnership (NFP, age 0-2) and Healthy Families America (HFA, age 0-3).	First time parents with no prior live births, focusing on the dyad	Yes, by 28 weeks gestation*	Both	Baltimore City	Prenatal, and up to 2 years postpartum
Home Visiting Services - HFA		High risk pregnant people and infants, focusing on the dyad	No, may be enrolled up to 90 days postpartum*	Both	Allegheny, Baltimore City, Baltimore County, Calvert, Caroline, Dorchester, Frederick, Garrett, Harford, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, Worcester	Prenatal, and up to 3 years postpartum
Centering Pregnancy	CenteringPregnancy is a group prenatal care program for expectant parents of similar gestation which allows for increased time with the provider, as well as group discussion, education and support.	Low to moderate risk pregnancies, focusing on the pregnant person	Yes	Both	Statewide	Prenatal, and up to 60 days postpartum
MOM Model	Maternal Opioid Misuse (MOM) Model provides enhanced case management services to MCO-enrolled pregnant people with an opioid use disorder (OUD) and continues for one year postpartum.	Pregnant people with an OUD	Yes	MCO only	Statewide	prenatal, and up to 1 year postpartum
Healthy Steps	HealthySteps is a national program that places trained child development specialists in pediatric offices to offer screenings and referrals to needed resources.	All infants 0-3 years old, focusing on the child	No	Both	Statewide	Up to 3 years of age

\*HVS providers should follow national HFA and NFP guidance for determining eligibility of infants or children on a case by case basis during transitions of care periods.

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## 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](#)

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## Events

### Register Now for Upcoming Live Webinars

- **Professional Quarterly Live Webinars** *(click the link to register for your preferred date/time)*
  - [September 20 at 10 a.m.](#)
  - [September 21 at 1 p.m.](#)
- **Hospital Quarterly Live Webinars** *(click the link to register for your preferred date/time)*
  - [September 26 at 10 a.m.](#)
  - [September 27 at 1 p.m.](#)
- **BlueCard 101 Live Webinars** *(click the link to register now for your preferred date/time)*
  - [August 15 at 10 a.m.](#)
  - [October 5 at 1 p.m.](#)

### What will be covered in the BlueCard webinars?

An in-depth overview of the BlueCard program, including:

- Types of products BlueCard supports
- How to identify BlueCard members
- Verifying eligibility, submitting claims and checking claim status for BlueCard
- Obtaining prior authorization and medical policy for BlueCard members
- Claims appeal and inquiry process for BlueCard

- Contact information for BlueCard questions

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## Holiday Closings

### CareFirst Office Holiday Closings

We will be closed on Tuesday, July 4—Independence Day

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