



BLUELINK

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Administrative Support

Helpful Tips for Claims Submissions

To ensure claims are processed accurately, in a timely manner and to avoid retractions, please refrain from fragment billing.

What is Fragment Billing?

Fragment Billing consists of reporting services provided on the same date of service on multiple CMS 1500 claims submission forms.

What This Means for You

Historical claims auditing is performed to ensure that all services or procedures performed on the same date are edited together. Services or procedures performed by a provider on the same date should be reported together on the same claim form whether submitted electronically or on a paper form.

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Reminders About Global Surgical Care

As a reminder, global surgical care rules delineate the manner in which reimbursement is provided for surgical and select diagnostic procedures and related pre- and post-operative Evaluation and Management (E/M) visits when rendered by the same provider/group within a specific time frame and/or on the same date of service.

Please refer to Medical Policy 10.01.009A Global Surgical Care Rules for additional information.

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How to Bill for CPAP Supplies

In August 2022, CareFirst implemented the configuration of CPAP supply limitation to adhere to the guidance outlined in Medical Policy 2.01.018 Sleep Disorders. CareFirst is applying the supply limits based on the CPT HCPCS description.

Example – Supply X is allowed 2 units per month – i.e., 30 days. The next 2 units considered for payment must be billed after the 30th day (i.e., 31st day or later).

Additionally, submitting claims for multiple month date spans is not acceptable. Supplies should be billed within the designated month for the CPT/HCPCS description.

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Breaking News

Check Out the Latest Prior Authorization Entry Best Practices

We realize many of our healthcare delivery partners utilize our electronic prior authorization system within our CareFirst Provider Portal regularly to assist their patients with getting the care they need. Starting with this issue of BlueLink, we will be including a series of best practices to assist you in those efforts. Here are a few for you to take a look at today:

- **Submit clinical documentation with your request:** One way to assist in expediting decisions on your authorization requests is to submit all clinical documentation when you enter the authorization request online so that the CareFirst clinical team has what is needed to make an approval decision.

Failing to attach the clinical information when submitting your requests or faxing the documentation separately to CareFirst can slow down the process.

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

Refer to the [June BlueLink](#) for more information about how to include clinical documentation in your request.

- **Ensure you enter the request prior to the date of service:** To ensure there is ample time for your non-emergent authorization requests to be reviewed and decisioned prior to the date of service, be sure to enter your requests as far in advance as possible.
- **Include your contact information in the 'Add Note' section:** The CareFirst Clinical team often utilizes the 'Messaging' function within the electronic authorization system to reach out to users if they need additional information to decision an authorization. If you need help with how to use the 'Messaging' function, click [here](#) for a quick tutorial.

We encourage you to regularly check for messages but realize you may not be in the authorization system every day. Therefore, we also recommend adding your contact information in the 'Add Note' section when requesting a prior authorization.

Providers/Facilities must submit medical records with authorization requests.

Add Note

Begin typing

Add your contact information here along with your clinical notes. We recommend including a **Contact Name, Email Address and Phone Number.**

Submit Cancel

For additional information on Prior Authorizations, be sure to review these resources:

- [Medical Provider Manual: Chapter 7—Care Management](#)
- [Learning and Engagement Center](#)
 - You will find resources and training for Authorizations under the On-Demand Training Tab under 'CareFirst Essentials'
- [Authorizations Frequently Asked Questions](#)

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Review the Upcoming Addition to our Payment Policy Database

CareFirst will add the following Payment Policies to the database by November 1, 2023, effective January 1, 2023. Please be aware that these new Professional policies include pay percent reductions and will impact your reimbursement. The effective date listed on the policies is based on the earliest release of implementation for any one of CareFirst's claims processing platforms. You may see different outcomes for similar claims depending on the platform being used.

- **Policy PP CO 400.05 – MPPR Well/Problem Visit E/M Pay Percent (Professional)**—This policy describes how CareFirst BCBS assigns pay percentages to eligible claim line(s) when a well-visit is billed with a problem-visit E/M procedure appended with modifier 25 on a single date of service by the same physician or qualified healthcare provider.
- **Policy PP CO 400.06 MPPR E/M with Global Days Pay Percent (Professional)**—This policy describes how CareFirst BCBS assigns pay percentages to eligible claim lines for problem visit Evaluation and Management (E/M) codes that are billed with the correct Place of Service (POS) codes for professional claims. CareFirst will not reimburse professional claims billed with the incorrect Place of Service (POS) code.
- **Policy PP CO 010.01 Place of Service (POS) E/M Services (Professional)**—This policy will address the reimbursement of Evaluation and Management (E/M) codes that are billed with the correct Place of Service (POS) codes for professional claims. CareFirst will not reimburse professional claims billed with the incorrect Place of Service (POS) code.

The following Payment Policies are related to information previously located in the Medical Provider Manual. There is no change to the information; however, it will now be in the Payment Policy Database.

- Policy PP CO 900.03 SNF
- Policy PP CO 020.01 Limited License Providers (Professional)

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Reminder for Skilled Nursing Facilities and Hospice Providers!

As a reminder, effective November 1, all prior authorization requests for Skilled Nursing Facilities and Hospice should be entered electronically using our prior authorization system available through the Provider Portal (CareFirst Direct)!

This system allows you to:

- Enter prior authorizations 24/7
- Receive immediate Auth ID numbers
- Attach clinicals to your requests
- Monitor the status of your authorizations online

Attend a Live Webinar to Learn More

There are still some opportunities available for you to register for a session to walk through the end-to-end process for entering authorizations online. Select the date and time that works best for your schedule below.

Note: Live webinars are scheduled to be approximately one hour in length.

- [October 31 at 10 a.m.](#)
- [November 2 at 11 a.m.](#)

Want to Learn How to Enter Authorizations Online Right Now?

Access our on-demand courses available 24/7 on the [Learning and Engagement Center](#). All the Authorizations courses can be found under the [On-Demand Training](#) heading within the [CareFirst Essentials](#) section. Here are direct links to a few courses we recommend to help you get started.

- [Accessing the Authorizations Home Page](#)
- [Authorization System Basics](#)
- [Entering Inpatient Authorizations](#)
- [Entering Outpatient Authorizations](#)

Don't Have a Provider Portal (CareFirst Direct) Account Set Up?

No problem. It's easy to set up an account to access our Provider Portal (CareFirst Direct) and begin entering your authorizations online. All you need is your Tax ID, Billing NPI and an email address. Once you have your account set up, you do not need any additional access to begin entering authorizations online.

Use the '[Accessing and Registering for CareFirst Direct](#)' user guide to walk you set-by-step through the process.

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Reminder: Genetic Testing Post Claim Clinical Appropriateness Review Has Been Removed

CareFirst has worked closely with Carelon Medical Benefits (formerly AIM Specialty Health) to provide a genetic testing prior authorization process since February 1, 2019. As a reminder, the Post Claims Clinical Appropriateness (PCCA) review process that Carelon conducted is no longer in effect for molecular genetic testing authorizations. Therefore, ordering providers must ensure they request prior authorization for their patient. In addition, laboratories performing the testing must ensure prior authorizations are on file prior to providing service. Claims submitted without prior authorization will result in a denial.

Ordering Participating Providers: Request Prior Authorization for Genetic Testing

Ordering participating providers or their staff are responsible for requesting prior authorization through Carelon for:

- Hereditary Cancer Testing
- Hereditary Cardiac Testing
- Neurogenetic and Neuromuscular Testing
- Prenatal Testing
- Pharmacogenomics and Thrombophilia Testing
- Rare Disease Testing
- Reproductive Carrier Screening
- Susceptibility Testing for Common Disease

- Tumor Markers categorized as Genetic Tests
- Whole Genome Sequencing

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](#).

Outpatient Hospital and Independent Labs: Must Validate Prior Authorization is on File

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

- **Online:** Log into the CareFirst provider portal at <http://www.carefirst.com/provider> and navigate to the Prior-Auth/Notifications tab and select the Genetic Testing (Commercial) tile to view authorizations on file.
- **Phone:** You may call Carelon directly at 844-377-1277, Monday-Friday, 8 a.m. – 5 p.m. EST.

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Clarification: Update to BlueChoice Advantage Insurance Type Indicator in CareFirst Direct

Last month, we shared information in a [Provider News](#) email about a change to certain BlueChoice Advantage plans within CareFirst Direct. The change that was made only impacts what the 'Insurance Type' indicator displays on the 'Member Eligibility' screen within CareFirst Direct. All BlueChoice Advantage plans will now display as PPO in that field.

Eligibility / Benefits & Claims Status Remittance / NOP Fee Schedules

< Back **Eligibility Summary**

Date of Service 12/14/2022 [Update](#)

 DOB: Member ID:

Medical	Group	Insurance Type PPO	 Member ID: [redacted] Group: [redacted] Zoom In
Vision	Status Active Coverage 09/01/2022 - 08/31/2023	Plan Description BlueChoice Advantage	
	Relationship to Policy Holder Self	Renewal Month Contract: Every September Benefit: N/A	

This change was made to help eliminate any potential barriers for our members who reside outside of our service area to receiving the care they need from our BlueCard PPO providers.

Important Notes:

- Members in these plans who reside within our service area should continue to follow all applicable BlueChoice rules, even though the system will as show 'PPO'.
- This change DOES NOT have any impact on a provider's network participation or credentialing status.
- Members with BlueChoice Advantage with PPO Overlay will continue to have coverage for PPO labs and radiology facilities.

Additional Resources and Information

As always, remember to verify the member's eligibility and benefits in CareFirst Direct. If you need assistance, refer to our interactive guide "[Checking Eligibility and Benefits in CareFirst Direct](#)" on the [Learning and Engagement Center](#).

For more detailed information on key requirements of BlueChoice products, vendors of BlueChoice products, BlueChoice plans and their defining features, and member ID card examples for each BlueChoice product, access the [CareFirst Product: BlueChoice](#) on-demand training. You may also refer to our [Membership Identification Quick Reference Guide](#) for assistance review ID cards.

For more information, review our [frequently asked questions](#).

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**In the Spotlight****Need to Update your Tax ID, Practice Address, Phone Number, etc.? Here's How!**

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 how to attest/update 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 Training Available?

Yes! Our **Provider Directory Updates and Attestation** training is a 'Featured Course' available on the [Learning and Engagement Center](#) home page 24/7. Want to review it now? Here is a [direct link](#) to access.

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](#).

Is There an Update to the New Self-Service Tool Launch?

As efforts continue in preparation for the launch of our new self-service tool, you can continue to utilize the current self-service tool in the CareFirst Provider Portal to complete your provider directory updates and attestations. Please continue to keep your data accurate with us, and we will continue to keep you informed about when the new tool will launch.

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Noteworthy Stories

New Resources About Lower Back Pain Now Available

To help members manage their lower back pain, CareFirst has created some educational resources for members and providers to reference when discussing treatment options that don't include imaging tests. These materials are based on current clinical practice guidelines. These flyers will live in an upcoming provider training module, titled "[Disease Management: Lower Back Pain](#)" on the [Learning and Engagement Center](#). Refer to the [member](#) and [provider](#) flyer today.

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Check out the Learning and Engagement Center's New Resources

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 on the [Learning and Engagement Center](#).

Course Name	Description
Ambulatory Surgery Center Recorded Webinar	Watch the ASC Quarterly Webinar where we discuss ASC Contract, Appeals, Updates and Reminders, and more.

Course Name	Description
Away from Home Care Program	Learn about the Away from Home Care Program, who qualifies for it and how claims are processed.
Behavioral Health Strategies	Review the strategies for success in managing behavioral health.
Behavioral Health Webinar: Powering Chronic Care for Substance Use and Pain	Learn about Medication Therapy Management (MTM) and working with patients across the spectrum of care to tailor their therapy to their individual needs.
Behavioral Health Webinar: What to Know About the Risks of Fentanyl	Learn about Fentanyl, how it differs from other opiates/opioids and what makes it so dangerous.
Disease Management: Lower Back Pain	Check out this quick resource to review best practices for managing patients with lower back pain.
Documentation and Coding: Vascular Disease	Review specific disease states and the little changes that could result in significantly different revenue, the importance of coding and the need for appropriate documentation.
Entering Electronic Authorizations (SNF and Hospice) Recorded Webinar	Watch the Electronic Authorizations Webinar specific to SNF and Hospice Providers.

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Review the Latest Changes to the Medical 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 3](#)
 - Added reference to Limited License Provider payment policy—Payment Policy PP CO 020.01. This policy includes the information from the Physician Assistants, Anesthesia Assistants, Assistant Behavior Analysts and Registered Behavior Technicians section.
 - Added appointment wait times for Commercial and Medicare Advantage plans.
- [Chapter 4](#)
 - Added reference to Skilled Nursing Facility payment policy—Payment Policy PP CO 900.03.
- [Chapter 9](#)
 - Clarified “co-surgeon” definition.
 - Added payment policy clarifications to CPT Modifiers 55 and 56.

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Stay Connected with the Latest Information from 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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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.

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

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Are You Up to Date with 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 patients' care:

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

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

How to File an Appeal Includes policies and procedures for members to request an appeal of a claim payment decision	carefirst.com/appeals
Member's Privacy Policy Includes a description of our privacy policy and how we protect our members' health information	carefirst.com/privacy > <i>Member's Privacy Policy</i>
Member's Rights and Responsibilities Statement Outlines responsibilities to our members	carefirst.com/myrights



Government Programs

Pharmacy Prior Authorization Updates

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) is continually working with healthcare delivery partners to optimize Utilization Management (UM) strategies to increase efficiencies and control costs while ensuring members received affordable, quality care. Prior authorization helps balance access with appropriate and safe utilization of high-cost medications. Effective 12/15/23, the following medications will be added to the list of medications subject to prior approval: [Pharmacy J Codes](#).

For more information on Pharmacy J Code prior authorizations, access the [Authorization Guidelines](#) on our "For Provider Page" on carefirstchpmd.com.

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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 (MOC) Program.

The MOC Program 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 MOC 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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Stay in Control of Your Data – Need to Update Your Address, Phone Number, NPI, etc.?

As a MD Medicaid and DSNP Provider, correct provider and practice information is essential to doing business with CareFirst. When you update and maintain accurate data with us, 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.

Providers **must inform CareFirst of any changes** to their address, telephone number and/or group affiliation as well as additional practitioners joining their practice to ensure accurate data is published in provider directories and accurate claims payment information.

Where Do I Send My Updates?

Please send updated demographic information as changes occur to MDMCcredentialing@carefirst.com.

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Mark Your Calendars

Events

Register now by clicking on your preferred date and time.

- **Skilled Nursing Facilities and Hospice Providers – Entering Electronic Authorizations Webinar**
 - [October 31 at 10 a.m.](#)
 - [November 2 at 11 a.m.](#)
- **CareFirst CHPMD and DSNP Quarterly Webinar**
 - [November 29 at 2 p.m.](#)
 - [November 30 at 10 a.m.](#)
- **Hospital Quarterly Webinar**
 - [December 5 at 10 a.m.](#)
 - [December 6 at 1 p.m.](#)
- **Professional Quarterly Webinar**
 - [December 12 at 10 a.m.](#)
 - [December 13 at 1 p.m.](#)

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Holiday Closings

- Veterans Day (Observed)—Friday, November 10
- Thanksgiving Day—Thursday, November 23
- Day after Thanksgiving—Friday, November 24