



# CAREFIRST UPDATES AND REMINDERS

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*MD AAHAM*

NOVEMBER 2022

# AGENDA

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1. Authorization Updates
2. 2023 FEP Updates
3. Self-Service Options
4. Learning and Engagement Center
5. Quarterly Webinars
6. Other Updates and Reminders

# AUTHORIZATION UPDATES

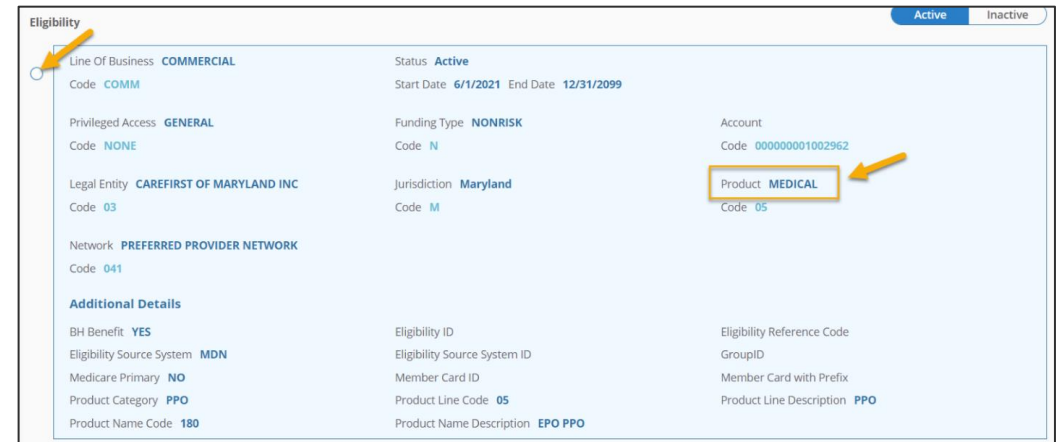
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# Authorizations: Best Practices

Select the 'Medical' product to avoid your submission being cancelled or impacts to diagnosis and procedure codes that appear.

When entering Provider information, be sure to select correctly based on the field. For example, be sure to not enter 'Facility' in the 'Rendering or Servicing Provider' fields.

In-patient auto-approval rules for initial request should not exceed the outlined per diem days.



The screenshot shows an 'Eligibility' form with the following fields and values:

Line Of Business: COMMERCIAL	Status: Active	Account Code: 000000001002962
Code: COMM	Start Date: 6/1/2021 End Date: 12/31/2099	Product: MEDICAL (highlighted)
Privileged Access: GENERAL	Funding Type: NONRISK	Code: 05
Code: NONE	Code: N	
Legal Entity: CAREFIRST OF MARYLAND INC	Jurisdiction: Maryland	
Code: 03	Code: M	
Network: PREFERRED PROVIDER NETWORK		
Code: 041		
<b>Additional Details</b>		
BH Benefit: YES	Eligibility ID	Eligibility Reference Code
Eligibility Source System: MDN	Eligibility Source System ID	GroupID
Medicare Primary: NO	Member Card ID	Member Card with Prefix
Product Category: PPO	Product Line Code: 05	Product Line Description: PPO
Product Name Code: 180	Product Name Description: EPO PPO	

## In-patient auto-approval rules on initial request:

- Maryland hospitals are considered Per Diem
- **ER Per Diem:** Up to 3 calendar days
- **ER DRG:** Up to 10 calendar days
- **In-Patient Behavioral Health:** Up to 5 calendar days
- **Behavioral Health/Substance Use Residential Treatment Center:** Up to 30 calendar days

# Authorizations: Best Practices

Retrospective authorizations must be submitted within three calendar days for outpatient requests and seven calendar days for inpatient requests.

Inpatient Authorizations: 'Days' must be selected as the 'Unit Type' for the first line of service. For any additional procedure code lines, select 'Units'.

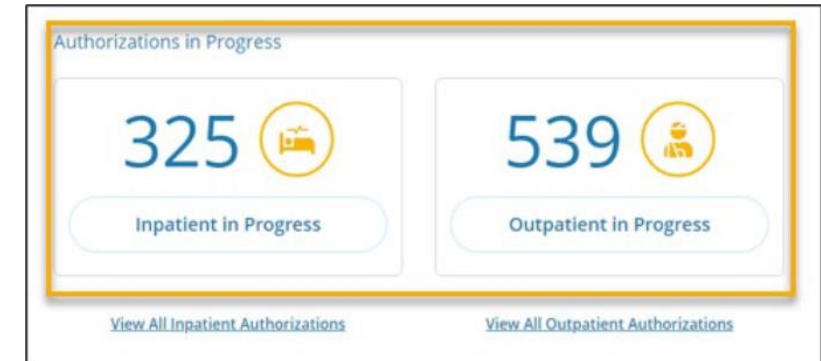
'Authorizations in Progress' reflects the total of both authorizations that have been decided but not yet closed **and** authorizations that have not been decided.

\* Procedure Description: Osteoarthritis symptoms and functional status assessed (may include... | Q | \* Procedure Code: 1006F

\* From Date: 07/07/2022 | \* To Date: 07/09/2022 | \* Unit Type: Days | \* Req.: 2 | Primary Procedure

\* Procedure Description: Anesthesia for arthroscopic procedures of hip joint | Q | \* Procedure Code: 01202

\* From Date: 07/07/2022 | \* To Date: 07/09/2022 | \* Unit Type: Units | \* Req.: 1 | Primary Procedure



# Authorizations: Best Practices

Check the 'View Notes' section in your authorizations for important information. Messages around why authorizations were canceled/voided will be included for you there. Pended authorizations may also include notes.

Outpatient Authorizations: Always select 'Units' for 'Unit Type' to trigger MCG auto approval guidelines\*. Enter 'Units' based on your authorization type. Ex. PT visits should be equivalent to the number of sessions a patient needs.

Authorization ID	Created Date	Member Name	Plan Type	Admission Date	Type
	Jan 14, 2022		COMMERCIAL	Jan 14, 2022	Comm/FEP Emergent Inpatient Hospital

**Auth Details**  
Primary Diagnosis: Monitoring of Sleep, External Approach      Referred By Provider Name  
Notification Date: 01/14/2022  
Decision Date: N/A  
Carrier Member ID:

[View & Print Auth](#) [View Notes](#) [View Docs](#) [View Letter](#) [View Guidelines](#) [View Discharge Plan](#)

\* Procedure Description:

\* Procedure Code:

\* From Date:

\* To Date:

\* Unit Type:    
Select  
Units

\* Req.:    Primary Procedure

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

# Authorizations: Best Practices

Always select 'Submit Request' within the MCG Interface to ensure the selected guidelines are transferred to Utilization Management. You may need to scroll down to see the button.

Do not select the 'X' within the MCG Interface. Should you select the 'X', select 'No, cancel' to avoid decision delays.

Select the Messaging function to check if additional information is being requested for a determination.

# Authorizations: Best Practices

Refrain from selecting CareFirst Community Health Plan DC Medicaid network providers when submitting requests for Commercial Members. Confirm this in the Advanced Search under the Network heading.

	Provider Name	Provider Type	Provider Code	NPI	Tax ID	Address	Office Phone	Network	Network status	Contract Start Date	Contract End Date
<input type="radio"/>	<a href="#">Provider Name</a>	Cardiologist	XXXXX	XXXXXXXXXX	XXXXXXXXXX			BlueChoice Network	PAR	08/01/2022	12/31/2099
<input type="radio"/>	<a href="#">Provider Name</a>	Cardiologist	XXXXX	XXXXXXXXXX	XXXXXXXXXX			Blue Essential Network	PAR	08/01/2022	12/31/2099
<input type="radio"/>	<a href="#">Provider Name</a>	Cardiologist	XXXXX	XXXXXXXXXX	XXXXXXXXXX			CareFirst Community Health Plan DC	NONPAR	10/01/2021	12/31/2099



# Observation Notification Update

Effective January 1, 2023, notification of admission to observation level of care for all in-network facilities will be required.



MCG guidelines are not required for observation notifications, so providers may receive a “No Guidelines Apply” message.



Notifications should be submitted when the services start or within seven calendar days of that date.



CareFirst will continue to review for medical necessity when claims are submitted.



Observation services will be limited to 72 hours, at which time the member should be admitted or discharged to a lower level of care.



If admitted after an observation, MCG guidelines will apply for the admission and will be used to review for medical necessity.



## Important Note for BlueChoice Members

BlueChoice patients already require notification for observation services. These notifications are currently entered as outpatient observation requests. Beginning January 1, 2023, a notification of admission to observation level of care will need to be entered instead of all Commercial patients.

The authorization system continues to go through enhancements to improve user experience and increase efficiency.



## Recent Enhancements

- The 'Medical Product' now displays first, making it easier to find the correct eligibility.
- 'No auth required' messaging for many procedure codes has been implemented, alerting providers when an authorization does not need to be entered or to remove codes from authorizations where they are not required.
- The messaging function on the home page is consistently being utilized by the Clinical Reviewers to alert providers when additional medical documentation is needed to make a decision on a submitted authorization.



## Enhancements Coming Soon

- The ability to edit services dates for approved authorizations.
- Enhancements coming for the MCG interface to ensure users select the 'Submit Request' button. This will ensure a complete authorization is entered and passed to CareFirst.

# Authorization Resources

## Courses

<p>Authorization Basics (Course)</p>	<p>Accessing the Authorization System (Course)</p>	<p>Entering Inpatient Authorizations (Course)</p>	<p>Entering Outpatient Authorizations (Course)</p>	<p>Requesting Outpatient Extensions (Course)</p>	<p>Withdrawing Pended Authorizations (Course)</p>
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## Guides

<p>Entering Inpatient Authorizations (Guide)</p>	<p>Entering Outpatient Authorizations (Guide)</p>	<p>Additional Features and Information (Guide)</p>	<p>How to Determine if an Authorization is Required</p>
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## FAQs

<p>MCG Walk Through</p>	<p>Frequently Asked Questions</p>
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# 2023 FEP UPDATES

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## Health and Wellness Updates

- Updates will be made to preventive care benefits throughout the year based on recommendations of the U.S. Preventive Service Task Force, Advisory Committee on Immunization Practices, U.S. Health Resources and Services Administration, and American Academy of Pediatrics: Bright Futures.
- Covers computed tomography (CT) colonography under the adult preventative benefit for colorectal cancer tests. Previously not covered under the preventative benefit.
- Covers preventative low-dose CT screenings for lung cancer for members aged 50-80. Previously benefit started at age 55.

## Maternity and Fertility Updates

- Increased the number of free mental health visits for members who are pregnant or recently gave birth from four to eight visits.
- Pregnant members can receive a blood pressure monitor at no cost to them through their MyBlue account or by calling the National Information Center.
- Egg and sperm storage is covered for members facing infertility due to a medical procedure or treatment. This is a once per lifetime benefit.

## Medical Updates

- Removed the limit on the number of non-full sibling donor screen tests for transplants. Previously limited screenings to three.
- Lowered the age coverage begins for weight-loss (bariatric) surgery from age 18 to age 16.
- Requires prior approval for proton beam therapy. This was not previously required.
- Requires prior approval for stereotactic radiosurgery and stereotactic body radiation therapy. This was not previously required.

## Pharmacy Updates

- Will cover approved weight-loss drugs through the Pharmacy Program to support members who are obese. Prior approval is required for this benefit. Previously drugs were not covered for the treatment of obesity.
- Cover the generic naloxone nasal spray with zero cost-share for the first purchase of up to a 90-day supply per calendar year. Previously covered the Narcan nasal spray under this benefit.
- Cover over-the-counter (OTC) condoms for all members with zero-member cost-share with a physician prescription when purchased in a Preferred retail pharmacy. Previously, benefits were available only for female condoms.
- Requires approval for certain high-cost drugs obtained outside of a pharmacy setting. This was not previously required.

## FEP Blue Focus Updates

- The calendar year deductible will be waived for all overseas services.
- Changes effective January 1, 2023 are made to the formulary: [2023 FEP Blue Focus Formulary](#)

## Standard Option Updates

- Added four new drug classes to the Standard Option Generic Incentive Program. Through this program, Standard Option members who switch from a brand name drug on our Generic Incentive Program list to a generic can get their first four generic fills and refills free.
- Preferred insulins will be covered at a flat copay amount rather than a coinsurance amount. Members will pay \$35 for a 30-day supply or \$65 for a 31 to 90-day supply.
- Changes effective January 1, 2023 are made to the formulary: [2023 Standard Option Formulary](#)

## Basic Option Updates

- Up to 12 acupuncture visits will be covered a year. Previously covered 10 visits.
- Increased the cost share for diagnostic tests, inpatient admission, outpatient services and emergency services.
  - Cost-share for outpatient surgical and treatment services performed and billed by a facility is now a \$150 copayment per day per facility. Previously \$100.
  - Cost-share for laboratory tests, pathology services, and EKGs is now a 15% coinsurance. Previously \$0.
  - Copayment for an inpatient admission is now a \$250 per day copayment for up to \$1,500 per admission for unlimited days. Previously \$175 copay per admission up to \$875 for unlimited days.
  - Copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is not a \$250 per day copayment up to \$1,500. Previously was \$175 per day copayment up to \$875.
  - Cost-share for outpatient diagnostic testing and treatment services performed and billed by a facility is now a \$200 copayment per day per facility. Previously \$150.
  - Cost-share for outpatient hospital emergency room services and supplies, including professional provider services, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by the hospital is now a \$250 per day per facility copayment. Previously \$175.

## Basic Option Updates Cont.

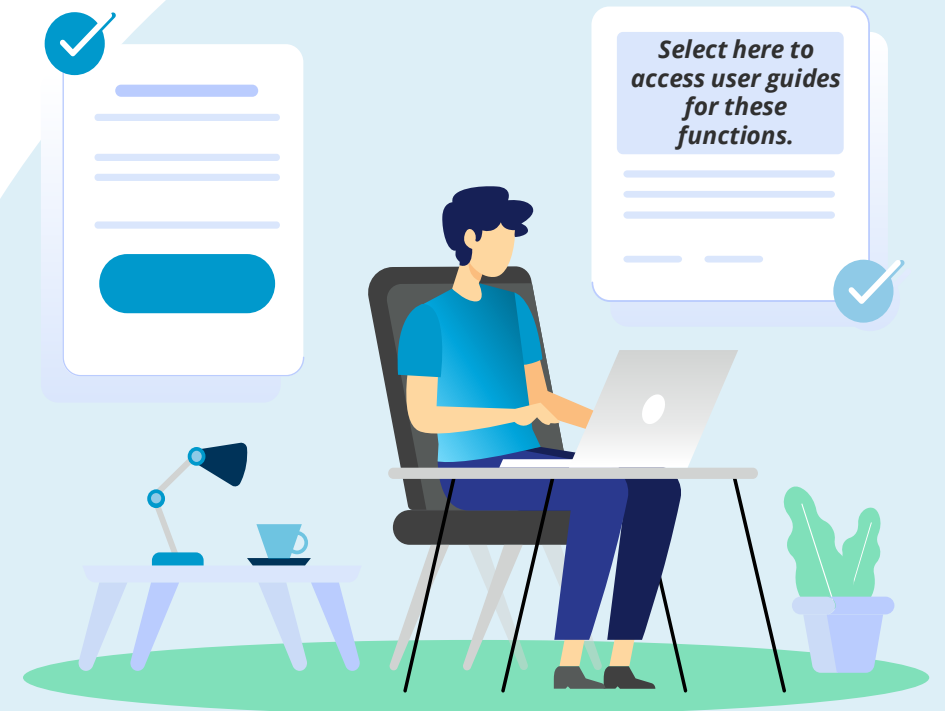
- Increased tiers 1, 2, and 3 cost share for covered drugs.
  - Copayment for Tier 1 (generic drugs), without Medicare Part B primary, is now \$15 for each purchase of up to a 30-day supply and \$40 for a 31 to 90-day supply. Previously \$10 for up to 30-days and \$30 for 31 to 90-days.
  - Copayment for Tier 2 (preferred brand-name drugs) without Medicare Part B primary, is now \$60 for each purchase of up to 30-day supply and \$180 for a 31 to 90-day supply. Previously \$55 for up to 30-days and \$165 for 31 to 90-days.
  - Copay for Tier 3 (non-preferred brand-name), without Medicare Part B, is up to a \$90 minimum copayment for up to a 30-day supply and \$250 minimum for a 31 to 90-day supply. Previously \$75 for each purchase of up to a 30-day supply and \$210 minimum for a 31 to 90-day supply.
- Changes effective January 1, 2023 are made to the formulary: [2023 Basic Option Formulary](#)

# SELF-SERVICE OPTIONS

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# CareFirst Direct Functions

- 1 Check claim status
- 2 Check eligibility
- 3 Check benefits
- 4 Submit claim inquiries
- 5 View electronic remittances (835 files)
- 6 View fee schedules
- 7 Determine if authorization is required for a benefit
- 8 Complete the mandated provider directory update and attestation



# Getting Started

Registering for CareFirst Direct takes only a few minutes and allows you access to all functions and features available to you 24/7.

1

**Login**

User ID

[Forgot User ID](#)

Password  [SHOW](#)

[Reset Password](#)

[Login](#) [Create an Account >](#)

Remember me [?](#)

2

**CareFirst**

**Provider - Create Account**

Step 1 My Organization Step 2 My Job Step 3 My Info

Medical Providers must be in Maryland, District of Columbia or Northern Virginia area to register for CareFirst Provider access.

Tax ID \*  9-digit Federal assigned number

Billing NPI \*  10-digit National Provider ID (Billing) associated with Tax ID

\*Required

[Cancel](#) [Next](#)

3

**Provider - Create Account**

Check your email (emailaddress@company.com) account for a message from CareFirst, which includes a link to validate your new account and sign in. You have 24 hours to confirm your email address and complete the account creation process.

Step 1 Check your Email Step 2 Confirm Email Step 3 Login

**Email Sent**

Go to your Email Account emailaddress@company.com

Click on the Confirm Email Button

Login with your UserID and Password to Complete your Account

The process varies slightly based on the type of user access being set up:

- Practitioner
- Facility
- Office Staff

You will need your organizations Tax Identification Number (TIN) to start.

You will need your organizations National Provider Identifier (NPI) to start.

Access a step-by-step interactive user guide on accessing and registering for CareFirst Direct [here](#).

CareFirst on Call is an Interactive Voice Response (IVR) system that allows providers to retrieve member information 24/7.



Eligibility



Benefits



Deductibles  
& Maximums



Claim Status



Authorization  
Status

To access CareFirst on Call, please use the number that corresponds to the member account.

- **Commercial:** 800-842-5975 | 202-479-6560
- **National Account Provider Service:** 877-228-7268
- **FEP (Northern VA, DC, Montgomery and Prince George's Counties):** 202-488-4900
- **FEP (all other MD FEP Providers):** 410-581-3568 | 800-854-5256

# LEARNING AND ENGAGEMENT CENTER

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The Learning and Engagement Center has all you need to know to learn how to utilize CareFirst's self-service tools.



- Getting Started
- CareFirst Direct: All Portal Users
- CareFirst Direct: Portal Administrators
- CareFirst Direct: Self-Service
- Authorizations: Inpatient
- Authorizations: Outpatient
- Authorizations: Additional Information
- Claims and Appeals
- Programs
- Products
- Administrative Resources

<a href="#">Accessing and Registering for CareFirst Direct</a>	<a href="#">Checking Claim Status in CareFirst Direct</a>	<a href="#">Checking Eligibility and Benefits in CareFirst Direct</a>
<a href="#">Claim Inquiries in CareFirst Direct</a>	<a href="#">Accessing Fee Schedules in CareFirst Direct</a>	<a href="#">Electronic Remittance (835) for Medical Providers</a>
<a href="#">Adding Access to a Current User in CareFirst</a>	<a href="#">CareFirst On-Call</a>	<b>Find more courses on the website!</b>

## On-Demand Courses and Webinars

[BlueCard  
Claims Filing](#)



[BlueCard  
101](#)



BlueCard  
201  
Coming in 2022



[Semi-annual live  
webinars](#)



## BlueCard Access Line



We recently updated the messaging on our BlueCard Access Line – 800-676-BLUE (2583) to help ensure you are reaching the appropriate place.

The new updated messaging states, **“Please check the listed carrier on the patient’s insurance card, does your patient have insurance through a BlueCross BlueShield carrier that is not CareFirst?”**

Callers should answer ‘yes’ to this question if they are calling about BlueCard.

Find even more resources!



# Learning and Engagement Center

Resources for CareFirst healthcare delivery partners

[www.carefirst.com/learning](http://www.carefirst.com/learning)

Check out the Learning and Engagement Center for even more resources!

On-Demand training on key-topics or by specialty

Recorded and live webinars

Continuing education opportunities

Health Equity on-demand courses and resources

# QUARTERLY WEBINARS

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## You're Invited!

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) invites you to our [Hospital Quarterly Webinar](#).

December 6, 2022 at 10:00 a.m.

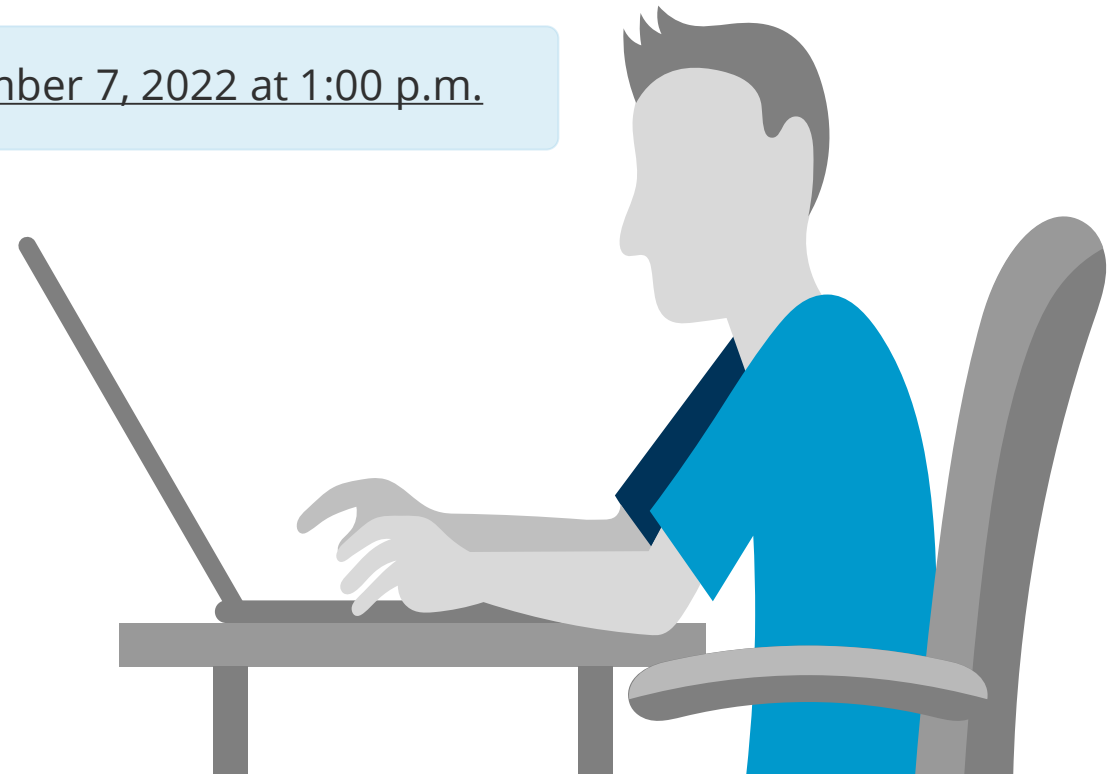
December 7, 2022 at 1:00 p.m.

### Discussion topics will include:

- Appeals
- Authorization Updates
- 2023 FEP Updates
- Learning and Engagement Center
- Year End Reminders
- Other CareFirst Updates and Reminders



Registration is required.



## You're Invited!

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) invites you to our [Professional Quarterly Webinar](#).

December 13, 2022 at 10:00 a.m.

### Discussion topics will include:

- Authorization Updates
- Self-Service Options
- Electronic Capabilities
- [Provider.carefirst.com](#)
- Claim Inquiries/Appeals
- Learning and Engagement Center
- Other CareFirst Updates and Reminders



Registration is required.



# OTHER UPDATES AND REMINDERS

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2022

PT and OT authorization is not required for the first six (6) visits.

2023

PT and OT authorization will not be required for the first **20 visits**.



Effective November 1, 2022, the genetic testing medical policy 11.01.073 was revised.

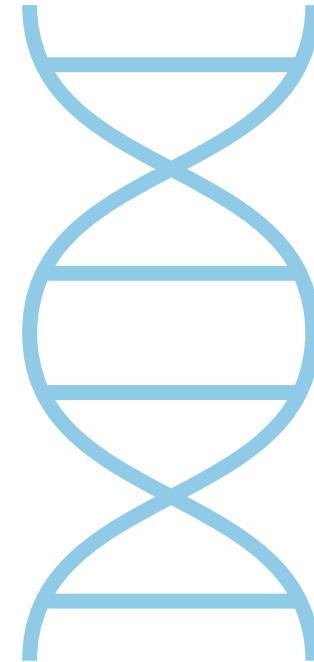
**There is no longer a requirement of pretest genetic counseling**

All other portions of the policy, including prior authorization requirements, remain in effect

The change was made per recent conversations with AIM Specialty Health® (AIM)

Continue to submit authorizations through AIM

- Call AIM at 844-377-1277 or
- Log onto the CareFirst Provider Portal and select the Genetic Testing (Commercial) tile under the Prior-Auth/Notifications tab



# Prior Authorization Program Additions

Effective January 1, 2023, the medications listed below have been added to the prior authorization list.

- Prior authorization approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

Drug Name	Drug Class
<b>Alymsys</b>	Oncology
<b>Amvuttra</b>	Amyloidosis
<b>Byooviz</b>	Ocular
<b>Camcevi</b>	Hormonal Therapies
<b>Cimerli</b>	Ocular
<b>Pemfexy</b>	Oncology
<b>Synjoynt</b>	Osteoarthritis
<b>Zynteglo</b>	Gene therapy

# Site of Care Program Additions

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Effective January 1, 2023, the medications listed below have been added to the site of care list.

- Coverage for these medications at an outpatient hospital setting are approved only if medical necessity criteria are met at the time of prior authorization. Members have the option to receive their infusion at an alternate site including their home, an ambulatory infusion center or a physician's office.

Drug Name	Drug Class
<b>Amvuttra</b>	Amyloidosis
<b>Opdualag</b>	Oncology

# Upcoming Closings

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CareFirst will be closed on the below dates.



Thanksgiving Day: Thursday, November 24



Day After Thanksgiving: Thursday, November 25



Christmas Day (Observed): Monday, December 26



New Years Day (Observed): Monday, January 2





**THANK YOU**

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